TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-fire be filed within 72 hours after death with the State Dept. of Health and Mental hygiene prior to burial, cremation, or removal.
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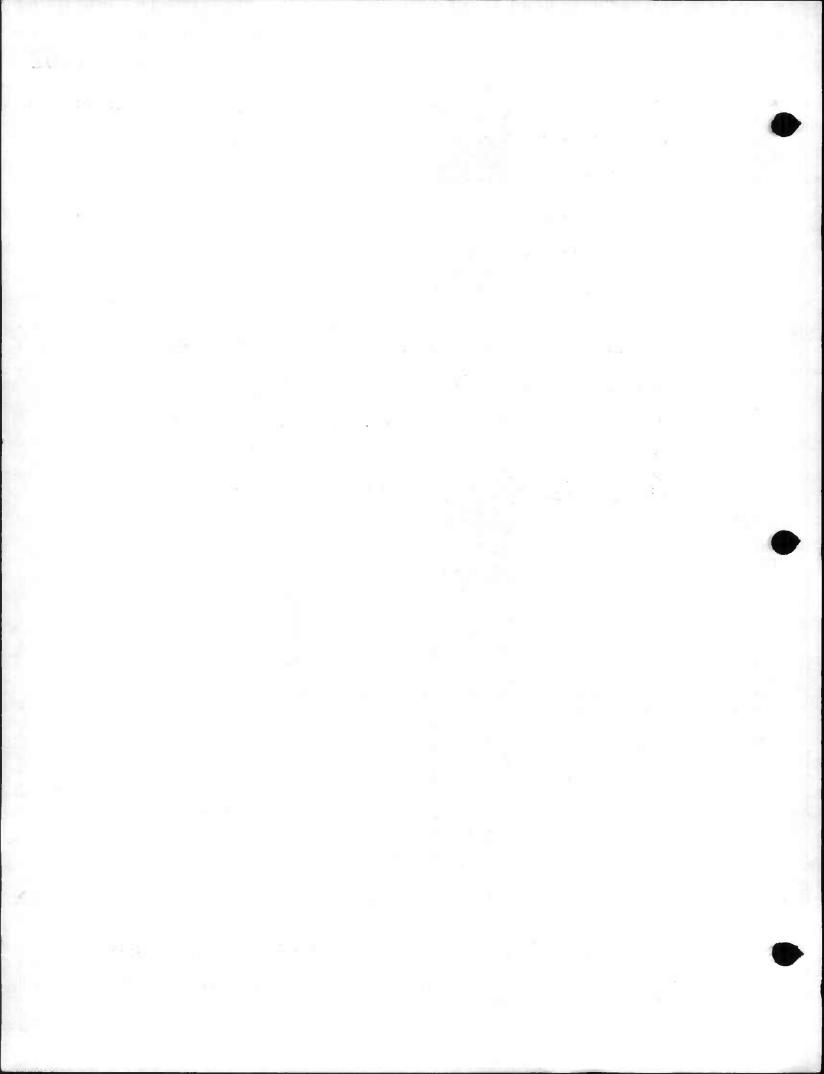
]	TEMS: 1. PER F.H. FILM G-733 3/12/96 t.	t					90 01001			
	1 - FOR STATE OF MARYLAN		CATE OF D			GIENE G. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) REGINALD GERALD	MARION K.	JONES		2. DATE OF DE MONTH	DAY	YEAR 0500 AM			
		rs. last birthday)		F UNDER 24 HRS. OURS MIN.	7. DATE OF BIF (Month, Day, May 2	пн	BIRTNPLACE (State or Foreign Country)  New York			
OR	NFACILITY NAME (If not Institution, give street and number)  Church Home Hospital		96. CITY, TOWN OR Baltim		ATH /	9c. COUNTY OF DEATN N/A				
DIRECTOR	106. STATE 106. COUNTY Maryland N/A	10d. INSIDE CITY LIMITS? 1 X YES 2 NO								
ERAL	10a. STREET AND NUMBER 2842 Harlem Avenue			P CODE 1216			zen of what country? ited States			
BY FUN	11. MARITAL STATUS  1 X Never Married 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U. FORCES? 1 VES IF YES, GIVE WAR OR DATE	2 XNO		DENT OF HISPANI by Cubert, Mexicen NO Specify:	, Puerto Ricen,		14. RACE — American Indian, Black, White, atc. Specify: Black			
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  12th  18. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  McDonald's Restarant										
BE COMPL	17. FATHER'S NAME (First, Middle, Lest) Late Rufus Jones				ine Bar	field				
70	190. INFORMANT'S NAME (Type/Print) Geraldine Jones		ADDRESS (Street and Harlem Av							
20a. METHOD OF DISPOSITION  1   Buriel 2   Cremetion 3   Removal from State  4   Donation 8   Other (Specify)   Cedar Hill Cemetery 3-13   Anne Arundel										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Karen m. Koge		March E	uneral North	Home	, Baltin	more, MD 21202			
NOIL	23. PART I. Enter the diseases, or complications that caused the ahock, or heart failure. List only one cause on each immediate cause (Final disease or condition resulting in death)  a. Due to (OR AS A Complete	onsequence of the consequence of	mmuno		icer		interval Between Onset and Beath north			
RTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated eventa resulting in deeth) LAST	ONSEQUENCE OF	Tion.				Imonth			
MEDICAL CE	PART II. Other algorificant conditions contributing to deeth book	not reaulting i			_ 10	WAS AN AUTOPSY PERFORMEO7 YES 2 NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2  40			
CIAN	DID TOBACCO USE CONTRIBUTE TO CAUSE OF  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL:		TH (Check only one) OTHER:	UNCERTAIN	111					
BY PHYSICIAN:	1 YES 2 NO 1 Minpatient 2 ER/Outpati 27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	28b. TIM	4 Nursing Home IE OF 28c. INJURY WORK	Y AT	-	city) E NOW INJURY OC	CURED			
	3 Suicide 8 Could not be determined  28e. PLACE OF INJURY — building, etc. (Specify,	At home, ferm, (	street, factory, office		281. LOCATION City or Tow		er or Rural Route Number,			
COMPLETED	29e. CERTIFIER (Check only one)  1 CERTIFYINO PNYSICIAN: To the best of my knowled one)  2 MEDICAL EXAMINER: On the best of examination of									
BE	296. SIGNATURE AND TITLE OF CERTIFIER	MI		D 45	IBER 530	<b>▶</b> 3	TE SIGNED (Month, Day, Veer) 3 - 6 - 9 6			
0	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEAT SOLVEN IN SOLVEN IN THE SOL	N (ITEM 27) (Type)	ROADH	RCH H	T, T	3AUTIN	MORE, MD.			
	MAR 1 2 1996 Julia d'avelor	Rardall								

### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Q C

96 0700:

					Certifica	ate of Death		Reg. No.	0 01	002
	Physici	ian	1. Decedent's Neme (First, Middle, Last) William E.	Jacks			2. Dete of De Month		Year Ci	ime of Deeth
	/Medi	cal	4e. Facility Name (If not institution, give s		on	Ab City Town or	March Location of Deeth	loth	1110	:30 PH
1	Examir	ner 	Harbor Hospital	Center		Balti	more	٨	J A	
L	Funeral Director		5. Sociel Security Number 6. Sex 217-03-0539	(M 2□ F 7. Age (In yrs.	lest birthdey) If Und Yrs. Month	der 1 Yeer If Under 24 Hr. Is Deys Hours Mir	8. Dete of Bin (Month, Da Mach	th y, Year) 914	9. Birthplece (S Country)	State or Foreign
	a-f ahow	ctor	10e. Stete 10b. County	10c. Cit	y, Town or Location	5				Ide City Limits Yes 2□ No
	23a or 28	Funeral Director	100. Street and Number 1544 N. Pays	in st.	10f. 2	Zip Code 21217		10g. Citizen of V	Whet Country?	
020	72 hours after deeth with the Maryland natural', or ferms 23a or 28a-f ahow dical Examiner must be notified at	11. Meritel Stetus 12. Wes Decedent Ever in U,S. Armed Forces? 1								k.
21215-0020	within ene. then	Completed	15. Decedent's Educ (Specify only highest grade Elementery/Secondery (0-12)	cation completed) Coilege (1-4or 5+)	elhem S	iteel				
	i filed with it Hygiene other than	Be C	17. Fether's Neme (First, Middle, Last)			18. Mother's Na	ame (First, Middle,			·
ylar	should be nd Mentei marked o	ToB	James Jac	Kson Jr.		Sal	ly Ja	ckson		
Maryland	alth and 27 is m		19e. Informent's Neme/Reletionship (Ty)	ackeen-wife	19b. Meiling Addre	ess (Street end Number or F	( ()	1	1 .	
re,	es 1 and of Health I item 27 r other tr		20e. Method of Disposition	20b. P	Pleca of Disposition (A	Verne of	Dete		City or Town, Ste	
Baltimore	Pages ment of I ant: If its ury or of		1 Buriel 2 □ Cremetion 3 □ R 4 □ Donation 5 □ Other (Specify)	emovel from State	butus	mem. Pk	3/14/96	Arbu	itus, r	nd
Balt	permit. Pages 1 a Department of Her Important: If item any injury or othe		21. Signature of Funeral Service License	Thimpson	22. Name	end Address of Fecility	uest .		-	
			23a Parti. Enter the disease, or compile				·		Appro	ximete al Between
	Physician /Medical		Immediete Cause (Finel						Onset	end Deeth
	Examiner		diseese or condition resulting in deeth)	Sep	r es e consequence o	si.			5	days
	D #	iner		0) 01 60 (0	es e consequence c	,,,.			] ]	
,00	icata be executed physician and s the buriel-transit	I Examiner	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury	Due to (o	r es e consequenca o	f):				
(68760,	ntificata b ng physic s es the b	Medical	resulting In death) Lest		r es e consequence o	f):				
Box	that tha death cer ed by the attendir datached for use	Physician/	d							
P.O.	t tha de by the tached	hysic	Part II. Other eignificant conditions conf		ulting in the underlying	g cause given in Pert I.			ntribute to the ca	
	es that igned to be date	by P	Lung Canc	er				Yes 2□ No	3 Probably	4XI Unknown
Records,	aw requir is been s 2 should	Completed						an eutopsy med?	24b. Were auto eveilable completio of death?	prior to in of cause
al B							10)	res 2 No	1 ☐ Yes	28 No
of Vital	Physician: The this certificate ral director, pag	o Be	25. Wes case referred to medical examiner?	ospitei:		Othor	eth (Check only o			
10	Physer this	n: To	27. Menner of Deeth	28a. Dete of Injury (Month, Dey Year)	ER/Outpatient 3□ I 28b. Time of	28c. Injury et Work?	Home 5 Resid	dence 6 □Othe now injury occurr		
sior	Attending For death.	atlo	1 ⊠ Neturel 5 ☐ Pending 2 ☐ Accident Investigation	(Month, Dey Year)	Injury M	1 Yes 2 No				
Division	of the death.  Offer death.  Director: A filled in by the filled in the	Certification:	3 Sulcide 6 Could not be 4 Homicide determined	28e. Plece of Injury - At ho building, etc. (Specif)	ome, ferm, street, fector)	ory, office	28f. Location (S City or Tov	Street and Numb vn, Stete)	er or Rural Route	Number,
(	To the House within 24 nour To the	edical	29e. Certifier (Check only one)  1 ☐ Certifying Phyel 2 ☐ Medical Examin	clan: To the best of my knower: On the basis of examinet end menner steted.	wiedge, deeth occurre tion end/or investigetion	ed at the time, date and place on, in my opinion, death occ	e, and due to the urred et the time,	cause(s) end ma date end pieca, d	nner as stated. and due to the ce	use(s)
_	To the To the Complex	Me	29b. Signeture end title of certifier			9c. License number		29d. Dete signed	d (Month, Dey, Yo	ear)
			May 7	on An 1	PGY1 A	3 244-14-17	p	Jarih, 1	0th, 19	196
	(0)		30. Neme and eddress of person who cor Hung-Tzi An. 300	noleted cause of deeth (Item	23e) (Type, Print)	3 244/4/6-17 altimore, M	40.0	1 2/2	25	
	Sta	te	31. Dete filed (Month, Day, Year)	P. Registrar's Signe	street Di	airinure, M	aryean	2 212		
	Desire		1 9 1006	THAT EN AL PROPERTY STATE OF						



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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth TENKINS **Physician** LIFTON Month 1-37 AM March 0 /Medical 4e. Facility Neme (If not institution, give street end number 4b. City Town, or Location of Deeth 4c. County of Deat Examiner 20 imore 6. Sex-1 M 2 □ F If Under 1 Year If Under 24 Hrs. South Carolina 7. Age (In yrs. lest birthdey) **Funeral** 248-38-7787 Usuel Residence of Decedent Deys Director 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show the Medical Examiner must be notified at Maryland 1XYes 2□ No Director Itimore 10e. Street and Number 10f. Zlp Code 10g. Citizen of What Country? b Items 23a Funeral 12. Wes Decedent Ever In U,S. Armed Forcas? 1 M Yes 2 □ No If Mes, Give Year or Detes: Wes Decedent of Hispenic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Meritei Sletus 14. Rece - American Indien, Bieck, White, etc. 1 ☐ Never Merried 2 Married Baltimore, Maryland 21215-0020 "natural", or 1□ Yes 2No Specify: b 3 ☐ Widowed 4 ☐ Divorced ear Korean Completed 15. Decedent's Education (Specify only highest grade completed) 18e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) pemit. Pages 1 and 2 should be filed wit Department of Health and Mentel Hygiene Important: if item 27 is marked other tha any Injury or other traumatic event, that once. 17. Father's Neme (First, Middle, Last) 16. Mother's Neme (First, Middle, Meiden Sumeme) Be Damue 19a. Informent's Neme/Reletionship (Type, Print) 19b. Malling Address (Street and Nymber or Ru enkins loroth 20b. Plece of Disposition (Neme of gemetery, cremetory or other) 22. Neme end Address of Secility

Joseph L. Kuss

North 3 ☐Removel from Stete 4 Donetion 5 ☐ Other (Specify) re of Funeral Service Licensee Joseph 2222 Enter the disease, or complications thet caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory errest, or heart gliure. List only one cause on each line. Approximete Intervei Between Onset and Death **Physician** /Medical Immediete Cause (Finei disease or condition resulting in deeth) Examiner Physician/Medical Examiner allway attending physician and for use as the burial-transit The law requires that the death certificate be sxecuted Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last Box 68760. Due to (or es a consequence of). P.O. 1 Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown signed t Records. þ 24b. Were autopsy findings evalleble prior to completion of cause of death? Completed 24e. Wes an eutopsy performed? 1 ☐ Yes 2 ₽No Division of Vital Attending Physician: Be 25. Wes case referred to medical 26. Piece of Deeth (Check only one) Hospitel: 1 ☐ Inpatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Medical Certification: To 2€ ER/Outpatient 3□ DOA this 28a. Dete of Injury (Month, Dey Year) the funeral 27. Manner of Death 28c. Injury at Work? 28b. Time of 26d. Describe how Injury occurred After 1 Netural 5 Pending Investigation offter death. 1 Yes 2 Accident 6 Could not be determined 3 ☐ Sulcide 28e. Piece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 26f. Location (Street end Number or Rural Route Number, City or Town, Stete) filled in by 4 - Homleide Hospital 1 Critifying Phyaician: To the best of my knowledge, deeth occurred et the time, dete end piece, and due to the ceuse(s) and menner as steted.

| Wedical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, dete end piece, and due to the cause(s) end menner steted. (Check only one) To the T 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) Hmatun N Nacem

State Registrar 31. Dete filed (Month, Dey, Year)

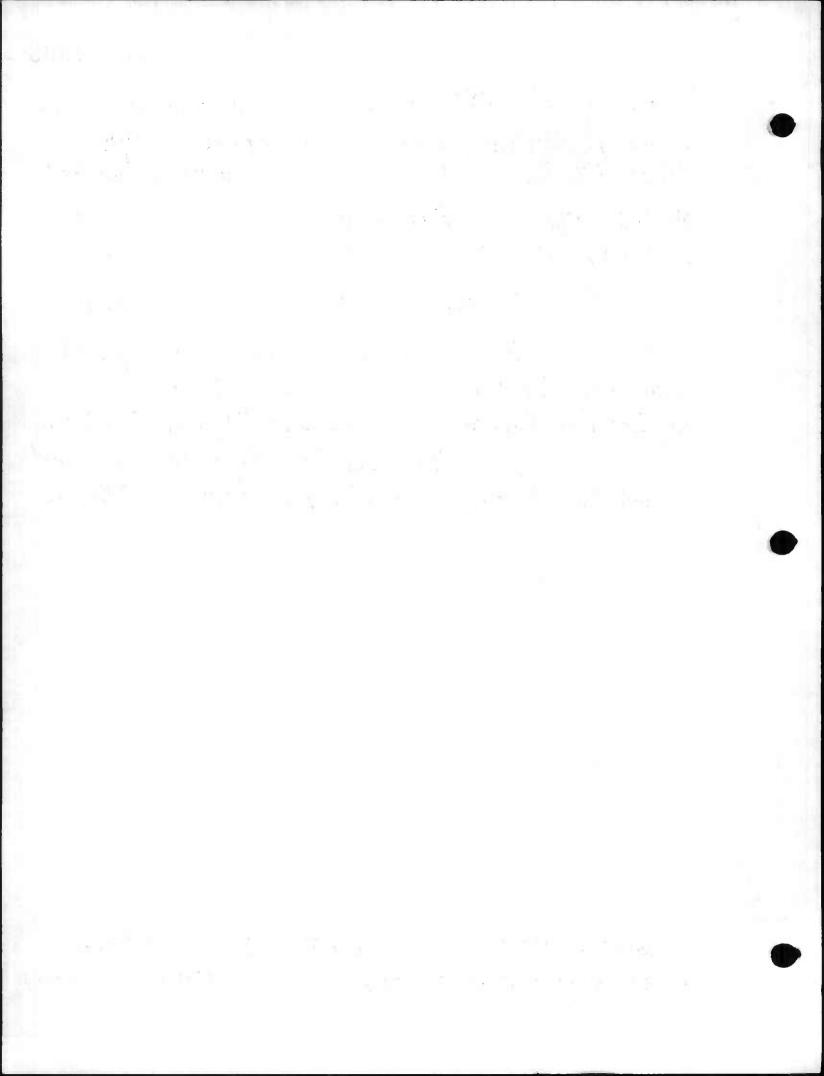
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32. Registrer's Signeture

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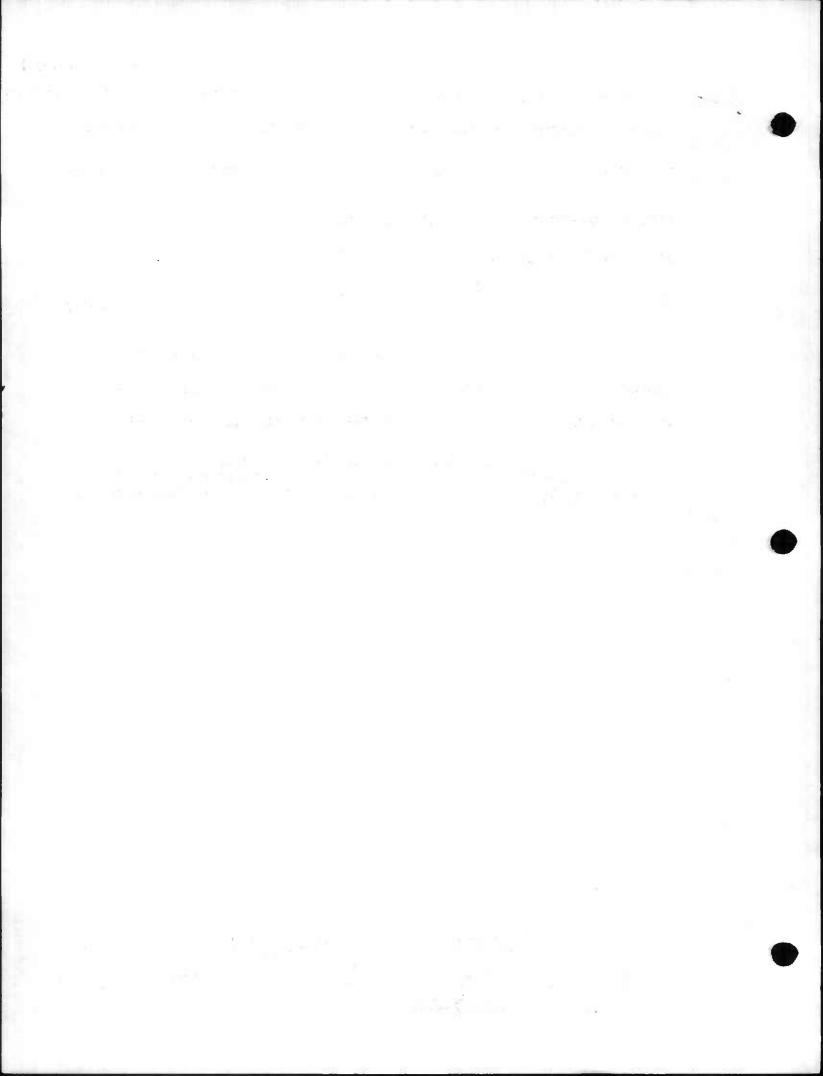
30. Name and eddress of parson who completed cause of deeth (Item 23a) (Type, Print)



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State of Maryland / Department of Health and Mental Hygiene

							Cer	titicate o	i Dea	U1		Reg. No.	
	Physic-		1. Decedent's Neme (First, Midd MARGARET	dle, Last) ARA		JONES					2. Date of D	Dey09	Yelp96 3. Time of Death F
	Exami		4e. Fecility Neme (If not institution GREATER BAI	on, give street end n LTIMORE ME	EDICA	L CENTE	ER		4b. City	WSON	Location of Dee	th 4c. Ceyen	CIPMORE
	Funeral Director		5. Social Security Number 232-78-5271	6. Sex 1 ☐ M 2[X]F	7. Age	(In yrs. last birti	hdey) rs.	If Under 1 Ye Months Dey		der 24 Hr rs Mir		rth ay, Year) 23, 1912	Birthplace (Stete or Foreign Country)     MARYLAND
	e Meryland Sa-f ehow	Director	Usuei Residence of Decedent  10e. Stete 10b. Count  MARYLAND BALT	y IMORE		10c. City, Town		eation MILLS					10d. Inside City Limits 1 ☐ Yes 20 No
	Vith th	Dire	10e. Street end Number					10f. Zip Code	•			10g. Citizen of 1	What Country?
	a 23a		10729 PARK HEI				40.11	211				U.S.A.	
Maryland 21215-0020	is 1 and 2 should be filed within 72 hours efter death with the Meryland of Health and Mental Hygiene. Item 27 is marked other than "natural", or items 23s or 28s4 show other traumstic event, the Medical Exercices must be notified at	by Funeral	11. Meritel Status 1 □ Never Merried 2 □ Me 3 ☒ Widowed 4 □ Divorce	If Vac C	Forces? 2 2 No Sive	ver in U,S.	lf.	Yes, specify C	iben, Mex	icen, Pue	Specify Yes or N rto Rican, etc.)		e - Americen Indien, ck, White, etc. y: WHITE
5-0	72 h	etec	15. Decede (Specify only high	nt's Education est grade completed	1)	16a.	Decede (Give k	ent's Usuel Occ	upation e during i	nost of w	orkina	16b. Kind of B	usiness/industry
121	vithin ne. han	Completed	Elementery/Secondery (0-12)	College	(1-4or 5+	)		on of work do	red)			OLDY HOM	
7	filed will Hygien offher tha	ပိ	12 17. Father's Neme (First, Middle	Z (ast)			HOM	EMAKER	10 M	othorfo Nic	ma /First Middle	OWN HOM	
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Ž	nd 2: alth a 27 is r trau		DAVID ROY JONE								MONIUM,		
ore,	s 1 and 27 Health Hem 27 I		20e. Method of Disposition					ition (Neme of atory or other p			Dete		City or Town, Stete
E	Peges nent of 1 ant: if he ury or of		1 Burial 2 ☐ Cremetion 4 ☐ Donetion 5 ☐ Other (		n Stete			GE CEME			3/12/96	BALTIMO	ORE, MARYLAND
Baltimore,	permit. Peges 1 and 2 Department of Health 1 Important: if item 27 is any Injury or other tra		21. Signature of Funeral Service	Signature of Furniral Service Meanwerd 22. Name and Address of Fecility SINGLET									
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7	/Medical		Immediata Cause (Finel diseese or condition		CO	PD							
	Examiner		resulting in deeth)	θ	D	ue to (or es e c	onsequ	ience ot):					
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ox 68760,	certificate be axecuted nding physician end use es the buriel-transit	n/Medicai	resulting in death) Last	L	Di	ue to (or es a co	onsequ	ence ot):					
m	d for u		Part II Other elapificant conditi	lone contribution to	donth hut		Man in	4-4-1	-11-0	- 41	ant Die	A-b	
s, P.O.	ires that the death signed by the atte d be detached for	by Physicia	Part II. Other significant conditions to the significant conditions are significant conditions.			not resulting in	the un	denying cause	given in P	эπ I.		Yes 2 No	ntribute to the cause of death? 3 ☐ Probably 4 ☑ Unknown
Owision of Vital Records,	aw requisite parts of the second seco	Completed				·						s en eutopsy ormed?	24b. Were eutopsy findings evaileble prior to completion of cause of deeth?
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VIE S	ystclen: The is s certificate he director, page	å	25. Wes case raferred to medical examiner?							laca ot De	eth (Check only	one)	
of	this c	7	1 Yes 2 No		Inpatient			3LI DUA		Nursing		Idence 6 Oth	
0	ding h. After funer	tion	27. Menner of Deeth 1 ☐ Natural 5 ☐ Pendi	ing (Mo	nth, Dey	/ear) 28b. Ti	me or jury	28c. In W	ork? □ Yes 2	□No	28d. Describe	how injury occur	red
Nisi	I or Attending Ph after death. Director: After thi d in by the funeral	Certification:	3 Suicide 6 Could	not be	e of Injury	/ - At home, fen (Specify)	m, stre					(Street end Numb wn, Stete)	per or Rural Route Number,
	To the Hospital or Attending Physicien: Within 24 hours after death. To the Funeral Director After this certifical completaly filled in by the funeral director,	edlcai C	29a. Certifier 1 Certifyle (Check only one) 2 Medical	ng Physician: To the Examiner: On the I	a best of e	kaminetion end	daath (	occurred at the astigation, in my	time, data opinion,	end plac	e, end due to the urred at the time,	cause(s) and ma date end place,	annar as stated. and dua to the cause(s)
	To the within To the	Me	29b. Signeture end title of cartifie		<b>\</b>	7		29c. Lide	se numb	er	14	29d. Dete signe	d (Month, Day, Year)
	0		30. Nema end eddress of pereon	who completed cau	ise of dee	5-11	ype, P	(rint)	) -	100	1 200 l	Ш -	7 17 000
	Sta Registr		31. Dete tiled (Month, Dey, Year, MAR 1 2 1996	Julia Dai	Registrar'	Admitable	-					5) 2	107



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HUSPITAL OR ALLENDING PRISIDIAN: THE IBM TEQUIFES THAT THE DEADLI CELLINGAGE OF CACCURA MITTING ALIES DESCRIPTION OF TEXAMEN BY THE THOSPITAL OF	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for u	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ITANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN DAY MONTH 5 YEAR 13.34 SERTRUDE 96 05 4. SOCIAL SECURITY NUMBER B. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign Country) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. HOURS 1 M 2 F 579-12-5175 (Unknown) PRS. (Unknown) Hungary 9s. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH Washington Adventist Hospital Takoma Park DIRECTOR Montgomery RESIDENCE OF DECEDENT 10d. INSIDE CITY 10s. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION Maryland Montgomery Takoma Park 1XXYES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 1514 Elson Street 20912 U. S. A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indien, Black, White, etc. If yes, specify Cuben, Mexicen, Puerto Rican, etc.)

1 YES 2 XXIO Specify: FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Merried ВУ White 3 Widowed XXXDivorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KINO OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) 1 Year Administrative Asst. U. S. Government once. 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Jacob Gorin Charlotte Niefeld Ħ notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Louise B. Janus 10 Avonshire Court, Silver Spring, Maryland 20904 pe 20e. METNOD OF DISPOSITION 20c. LOCATION - City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE Will Buriel 2 Cremetion 3 Removal from State must Mount Lebanon Cemetery 3/6/96 Adelphi, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY STEIN HEBREW MEMORIAL FUNERAL HOME, INC. Donald ( 232 CARROLL STREET, N.W. WASHINGTON, D.C. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, medical Approximata shock, or heart failure. List only one cause on each line Interval Between **Onset and Death** IMMEDIATE CAUSE (Final RESPIRATIONY DISTRESS STUPPON ADULT the diseese or condition\_ resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): On Funon A 96 BICATERAC other traumatic CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate cause. Enter UNDERLYING ASTHAMA 1980 CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 0 23 shows any injury. PART II. Other significant conditions contributing to death but not recuiting in the underlying ceuse given in Part I. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? PERFORMED? 26 06 ARROW 1 TES 2 10 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES INO X UNCERTAIN [ 26. PLACE OF DEATN (Check only one 25. WAS CASE REFERRED TO MEDICAL Item . HOSPITAL: **EXAMINER?** OTHER 1 YES 2 10 4 Nursing Name 5 Residence 6 Other (Specify) 6 27. MANNER OF DEATN 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Accident 5 Pending м 1 YES 2 NO BY Investigation 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 28t. LOCATION (Street end Number or Rural Route Number, City or Town, State) 99 3 Suicide 8 Could not be COMPLETED 28 4 Homicide 29e, CERTIFIER 1 SERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. 2 🗓 MEDICAL EXAMINER: On the beels of examination end/or investigation, in my opinion, death occurs at the time, date end place, and due to the cause(e) and manner se stated. TO THE HOSPITA
TO THE FUNERA
De filed within 7 295. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIONED (Month, Day, Year) 29c. LICENSE NUMBER BE 9971 03 05 9 9

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DAR K

NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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32 REGISTRAR'S SIGNATURE

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2 1996

31. DATE FILED (Month, Day, Year)

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Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 07006

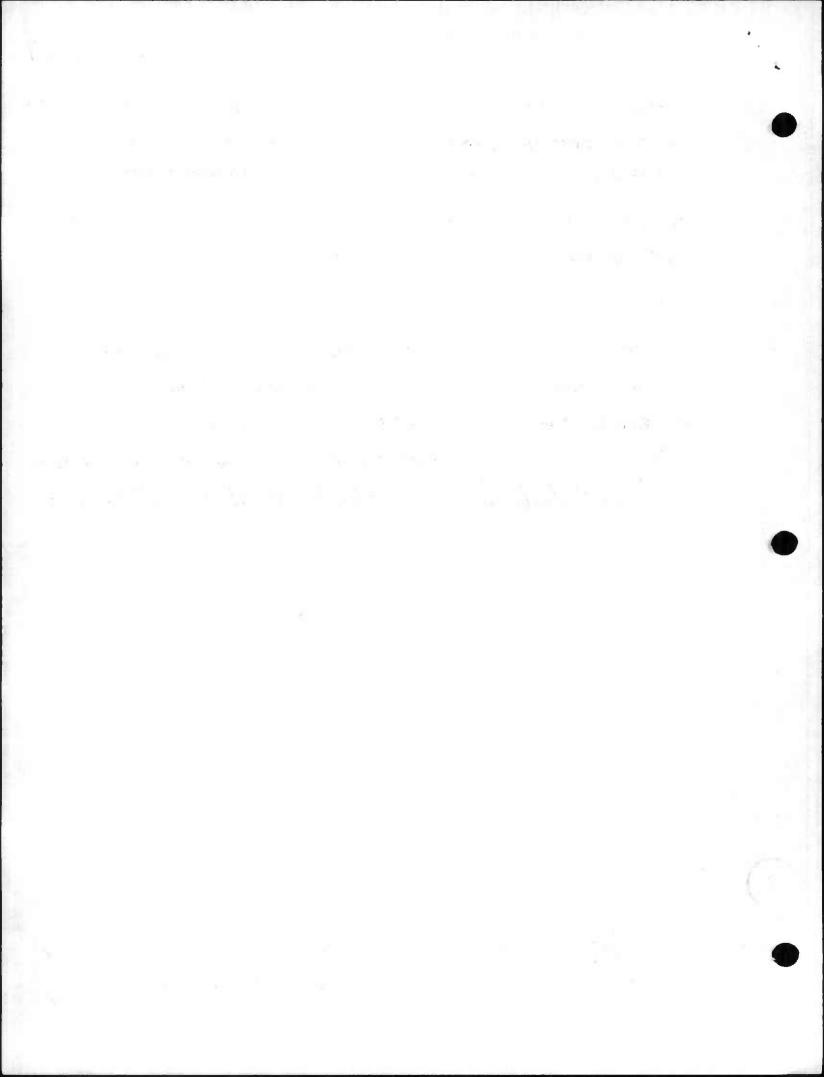
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Description of Contract (Section 1)    Description   Contract Contract (Section 2)   Description   D	re,	T Tea		20a. Mathod of Disposition		20b. Plac	se of Dispo	sition (Nama	a of	1			City or Tov	vn, Stata		
Physician   Medical Examiner   Size   Pent   Size   Si	timo	ment of tank the tank of tank the tank		4 Donation 5 Othar (Specify)  BETH EL MEMORIAL PARK 3							-7-1996- RANDALLSTOWN, MD					
Physician Medical Examiner  Medical Examiner  Modules Examiner  Mo	Ba	Departimon Important In any In		21. Signatura of Funaral Sarvice Llo	ensaa	00	S	OL LEV	INS	SON & BROS						
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Security				In-madiate Ones (Single										Oriset and Death		
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Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.    23b. Did tobacco use contribute to the cause of death?   1   Yee 2XI No 3   Probably 4   Unknown   24a. Was an autopsy performed?   24b. Wars autopsy findings available prior to contribute prior to cause of death?   1   Yee 2XI No 3   Probably 4   Unknown   24b. Wars autopsy findings available prior to cause of death?   1   Yee 2XI No 3   Probably 4   Unknown   24b. Wars autopsy findings available prior to cause of death?   1   Yee 2XI No 1   Yee 2XI		\$ 0 a	Me.										-			
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29a. Carifier (Check only one)  1 Certifying Physician: To the best of my knowledge, death occurred at the time, data and piace, and due to the cause(s) and mannar as stated. (Check only one)  29a. Carifier (Check only one)  1 Certifying Physician: To the best of my knowledge, death occurred at the time, data and piace, and due to the cause(s) and mannar as stated. (Check only one)  29b. Signature and title of certifier  29c. Licansa number  29d. Data signed (Month, Day, Year)  AS2402321AS9788  MARCH 6, 1996  30. Nema antit address of person who complated causa of deeth (Item 23e) (Type, Print)  DR. AMY SOLOMON SINAI HOSPITAL OF BALTIMORE BALTIMORE, MD 21215  31. Date filed (Month, Day, Year)  32. Registrar's Signature	9	parth parth the t	cati	2 ☐ Accidant invastigati				М	1 🗆							
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DHMH 16 Rev 6/95

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07007

<i>i</i>					,		tificate of	Death		Reg. No.		07007	
ı	Physic	ian	1. Decedent's Neme (First, Middle, L Marie M. K	noedler					2. Dete of D	Day	1 <sup>Y</sup> 996	3. Time of Deeth 8:45 P.M	
ų.	/Medi		4e. Fscility Neme (If not institution, gi					4b. City, Town, or I	March			8:45 P.M	
7	Examii	ıer	Harford Gardens					Baltimor					
-	Funeral				ge (In yrs. last i	birthday)	If Under 1 Yeer	If Under 24 Hrs.	8. Dete of B	irth	9. Birthpl	ece (Stete or Foreign	
	Director		217-26-8167 Usuei Residence of Decedent	1□ M 2×F 9	8	Yrs.	Months Deys	Hours Min.	More, City N/A 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 9. Birthplece (Stete of Country) February 22, 1898 Maryl				
	Inyland show		10a. Stete 10b. County		10c. City, To	wn or Lo	cation						
	Se Me	Director	Maryland N/A		Balti	imore						1 ☐ Yes 2 ☐ No	
	with the		10e. Street end Number				10f. Zip Code			10g. Citizen of What Country?			
	s 23	eral	2230 Lake Ave.	12. Wes Decedent	Ever in H.S.	12 1	21213		U.S.A			an Indien,	
21215-0020	s 1 and 2 should be filed within 72 hours after death with the Maryland I fleath and Mental Hyglene. If leath and Mental Hyglene. Item 27 is marked other than "natural", or ferms 23e or 28a-f show other traumatic event, the Medical Examinet must be notified at	by Funeral	1 Never Merried 2 Married 3 ☑ Widowed 4 Divorced	1 ☐ Yes 2 ☑ No		f Yes, specify Cub	es Decedent of Hispanic Origin? (Specify Yes or N res, specify Cuban, Mexican, Puerto Rican, etc.) Yes 2 No <i>Specify:</i>			ck, White, e	etc.		
2-0	72 ho	ted	15. Decedent's E	ducation	16	Se. Deced	ient's Usuei Occup	pation	deina	16b. Kind of 8			
2	ithin Ban	15. Decedent's Education (Specify only highest grade completed)  Elementery/Secondery (0-12) College (1-4or 5+) Home Maker						d) most of wor	Kirig				
7	be filed within trai Hyglene. d other than "	Co	Ь			HOIT	ne Maker				Home		
and	ntai F	Be	17. Fether's Neme (First, Middle, Las Andrew A. Albert	0						e, Meiden Sumei	ne)		
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Maryland	and 2 sho saith and n 27 is m		Mrs. Emma K. Mill				Fuller A		21206	oer, City or rown	, State, Zip	Code)	
ē,	f Health them 27 other to		20a. Method of Disposition		20b. Pleca		sition (Name of netory or other ple		Dete	20c. Location	- City or Tox	wn, State	
altimore,	Pages nent of H ant: If Its ury or of		1 ☑ Burial 2 ☐ Cremetion 3 ( 4 ☐ Donetion 5 ☐ Other (Speci				Cemetery	1	13/96	Baltimo	re.	Maryland	
a	permit. Pages 1 an Department of Heal Important: if Item 2 any injury or other once.		21. Signeture of Funerei Service Lice	disee /			. Name end Addre	ess of Fecility					
m	80 = 20		Moneld & Se	hader She			Leonard	J. Ruck I	Funeral	Home, I	nc.	21214	
			23a. Pert1. Enter the diseese, or con shock, or heart feilure. List only	polications that caused	d the deeth. D	o not ente	er the mode of dyl	ng, such es cardiec	or respiretory	errest,	Jamila	Approximete intervel Between	
7	Physician											Onset end Deeth	
	/Medical Examiner		immediate Cause (Finel disease or condition resulting in death)	e. My	ocarol	).	Storetra	7	_		i		
		ē		e. ASCV	Due to (or es	a conseq	uence of):				l l		
	outed ansit	Examiner	Sequentially list conditions	6. 43CV	Due to (or es	e consen	nence off:				i		
Ó	ficate be executed physician and s the burial-transit	Exc	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying		200 10 (01 00	0 0011304	deriod dij.	35			 		
68760,	ate be hysici the bu	edical	Cause (Disease or injury thet initieted events resulting in death) Last	C	Due to (or es	a consequ	uence of):						
				d							1		
Box	The law requires that the death certifule has been signed by the attending tage 2 should be deteched for use e	Physician/M							,				
o	the d	hysi	Pert II. Other significant conditions	10			. 17	- 11				the cause of death?	
, L	s that ned b e det	by P	Dring	ma / C	onge	10m	5 ACA	LACT PAIL	ulf 1L	Yes 2 No	3 □ Prob	ably 4 🗆 Unknow	
sion of Vital Records, P.O.	v require been sig should b	pe			,				24e. We	s sn eutopsy formed?	24b. We	re sutopsy findings llable prior to	
ဝင္	e law re has be ge 2 sh	ple							por	ioinieg i	con	npietion of cause leeth?	
<u>~</u>		Completed							ìc	Yes 2000	10	Yes 2 No	
	inding Physicien: Thath.  After this certificate he funeral director, pag	Be	25. Wes case referred to medical examiner?					26. Plece of Dee					
0	shysic this c	7	1 Yes 2 No	Hospitel: 1 inpatie			t 3 DOA Ott	ner: Nursing H	ome 5 Res	idence 6 □Ott	ner (Specify	)	
ם	After funer	lon	27. Menner of Deeth  Neturei 5 Pending	28a. Dete of inju (Month, De	y Year) 28b	. Time of Injury	28c. injui Woo	ryat/ rk? Yes 2 □ No	28d. Describe	how injury occur	red		
9	death ctor: y the	ficat	2 Accident investigetion 3 Suicide 6 Could not t	OB Diese of let	ury - At home	form stre	eet, fectory, office	Tes ZUNO	28f Location	(Street and Num	her or Rurei	Route Number	
á	of in b	Certification:	4 ☐ Homicide determined	building, et	c. (Specify)	101111, 0111	50t, 100t01y, 011108			wn, Stete)	JOT 07 110701	riodio ridinosi,	
	To the Hoppital or within 24 hoppital Director To the Funeral Director completely filled in	edical (	29e. Certifier (Check only one)	nysician: To the best of miner: On the basis of end menner ste	examinetion e	ge, death end/or inv	occurred et the tir restigetion, in my o	me, dete end plece opinion, deeth occu	, end due to the rred at the time	e cause(s) end m , dete end plece,	enner es sta and due to	sted. the cause(s)	
	To the To the Com	Σ	29b. Signeture end ittle of certifier				29c. Licens	se number		29d. Dete signe	d (Month, D	Day, Year)	
)	10		0/				0 1	24276		5.11	16		
	4		30. Neme and eddress of person who										
	1		Simon Scalia, M 31. Dete flied (Month, Dey, Year)			Bal.	timore Si	treet B	altimor	e, md. 2	21224		
	Sta Registr				er's Signeture								
DHI	MH 16 Rev 6/9		MAR 1 2 1996	hi deversor	Markett								



		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs, last birt	LKKBKII hday) IF UNDE		IF UNDER 24 HRS.	March 7 DATE OF BE	9 1	996	HPLACE (State or Foreign
			1 ₩ 2 □ F		RS. MONTHS	DAYS	HOURS MIN.	(Month, Day,	Year)	Coun	try)
should		9e. FACILITY NAME (If not institution, give street	Λ	77		Y, TOWN O	R LOCATION OF DE	Dec. 15	The second second	COUNTY OF	nnsylvania
3 8	E		10000					AIII			
1. 2.	СТОВ	4100 Chardel Roa	d, Apt 2D			erry	Hall Hall		IBa	ltimo	ce County
Pages	DIRE	10e. STATE 10b. COUNTY		10	c. CITY, TOWN	OR LOCAT	ION				10d. INSIDE CITY LIMITS?
it. P		Maryland Baltim	ore County		Perry	_Hal	1			1 TYES 2 TO NO	
permit.	ĭ	10e. STREET AND NUMBER				101.	ZIP CODE	_	109	. CITIZEN OF	WHAT COUNTRY?
an. ransit	剪	4100 Chardel Ro					21236			HS	SA
physician. burial-transit	FUNERAL	11. MARITAL STATUS  t Never Merried 2 Merried	I2. WAŚ DECĒDENT EVER FORCES? 1 ₩ YES	2 NO	13.	WAS DEC	ENDENT OF HISPAN	IC ORIGIN? (Sp.	ecify Yea or N	0 14, RAC Blac	E — Amaricen Indien, ck, White, etc.
	Β¥	3 Wildowed 4 Divorced	IF YES, GIVE WAA OR	DATES		1 YES	2 NO Specify	,	-11	Spec	
as as	ED	15. DECEOENT'S EDUCA		16a, DECEO	ENT'S USUAL C	CCUPATIO	N N	16b, KIND	OF BUSINES	S/INDUSTRY	White
6 2	ᇤ	(Specify only highest grade co	College (1-4 or 5+)	(Give k	ind of work done NOT use retired.)	during mos	st of working				
	릴	12 yrs		Hous	ing Ins	pect	or	Civ	il Ser	vice (	Construction
the hospit detached once.	COMPL	17. FATHER'S NAME (First, Middle, Lest)					18. MOTHER'S NAI				JOHN LICELION
8 E E	w	Joseph Leonar	dI	Kirkhr.	ide		Ida		Mae		Stane
retained 5 should notified	10 B	19e. INFORMANT'S NAME (Type/Print)		19b. M	AILING ADDRES	S (Street e	nd Number or Rural F			te, Zip Code)	
2 5	-	Mrs. Margaret Be	atrice King	2 4	100 Cha	rdel	Road, A	pt 2D.	Balti	more.	MD 21236
. 60 -		20e. METHOD OF DISPOSITION  1 R Burlel 2 Cremetion 3 Remove			DATE OF DISPO		ma of	OATE	20c. LOCATIO	ON - City or T	own, State
		4 Donation 5 Other (Specify)		ardens	of Fa	ith	Cemetery 10 ADDRESS OF FAC	3/13	Overl	ea. Ma	rvland
		21. SIGNATURE OF FUNERAL SERVICE LIGHT	NSEE							,	
		Martin D. Yaw	son				hell-Wie				1 1 04046
E 3 %		23. PART i. Enter the disesses, or co	mplications that cause	ed the deeth	. Do not ente	r the mo	de of dylng, such	ac Ra	or rescional	ry arrest,	
		shock, or heart fellure. Li IMMEDIATE CAUSE (Finel	et only one ceuee on	each ilne. CHRO	NIC OBST	RUCTI	VE PULMONA	RY DISFA	SF		Onset and Deati
		disease or condition resulting in death)	-Empl	145E	MA	_		01001	0.2		204rc
completely ial. cremat		resulting in death)	DUE TO (OR AS	A CONSEQUE	NCE OF):						
executed and con o burial.	Z	Sequentielly list conditions, b.									
e be execut sician and o nior to buri traumatic	CATION	If any, leading to immediate	OUE TO (OR AS	A CONSEQUE	NCE OF):						
1 2 2 2		CAUSE (Disease or Injury	OUE TO (OR AS	1 0011850115	105.05						_==
certificat nding phy Hygiene p	ERTIFI	that initiated events resulting in death) LAST	OUE TO (OR AS	A CONSEQUE	NCE OF):						
- a - U	SE	d.									
the dear y the att of Menta Injury,	- 1	PART II. Other significant conditions	contributing to deeth	but not reeu	iting in the u	nderiying	g cauee given in	Part I. 24a.	WAS AN AUTO		b. WERE AUTOPSY FINDINGS
that thar	DICAL	ANEMIA							YES 2 X		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?
requires theen signed of Health	ME										1 TYES 2 KNO
3 0 5 0	ä	DID TOBACCO USE CONTRI	BUTE TO CAUSE	OF DEATH	YES 🔲	NO [	UNCERTAIN	4 D			
N: The lancate has State Der	⋖	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	LOCOLTA!	28. PLACE O	F OEATH (Check						
OR ATTENDING PHYSICIAN: The OIRECTOR. After this certificate in rours after death with the State I tem 28 Is marked, or item	YSICI	1 TYES 2 NO	HOSPITAL:    I   Inpatient 2   ER/Ou	ripatient 3 🗆	DOA 4 K Nu		e 5 🗆 Residence	8 Other (Spe	icffy)		
PHYSIC this ce with th	PHY	27. MANNER OF DEATH  1 Netural 5 Pending	28e. OATE OF INJURY (Month, Day, Year)		Bb. TIME OF INJURY	28c. INJ WO	URY AT	28d. OESCRIB	E HOW INJUR	Y OCCUREO	
DING PHYS After this death with	BY	1 Natural 5 Pending 2 Accident Investigation			М	1 🗆 1					
TTENDI TOR: A after de	8	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUI building, atc. (Sp	RY — At home, recity)	ferm, street, fe	ctory, office		281. LOCATION City or Tox		lumber or Rural	Route Number,
OR ATTENDING DIRECTOR: After hours after death Item 28 Is ma	<b> -</b>										
	필	(Check only one)									
	COMPLE	2 MEDICAL EXAMINER:	On the basis of examinat	ion end/or Inve	atigation, in my	opinion, d	eath occured at the	time, date end	place, end due	to the ceuse	(s) end manner ee stated.
THE PHEN	ш	296. SIGNATURE AND TITLE OF CERTIFIER	00				29c. LICENSE NUN	BER	290		D (Month, Day, Year)
25 H	TO B	12100	lly "	~>			D4+6	25	•	3/11	196
/	F	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CÂUSE OF D	DEATH (ITEM 2)	) (Type, Print)						
		Richard O'Malle		0 Koni	lworth	Duis	ve, Suite	202	T	34	1 1 0400/
		31. DATE FILED (Month, Day, Year)	JEGISTPAR'S SIG			DET	ve, bure	202,	104201	ii, mai	yland 21204
		MAK 1 2 1996	June whom	per ir de de							

ITEMS: 23 PART I, II, PER DR. FILM g-733 3/12/96 t.t

**LEONARD** 

CERTIFICATE OF DEATH

KIRKBRIDE

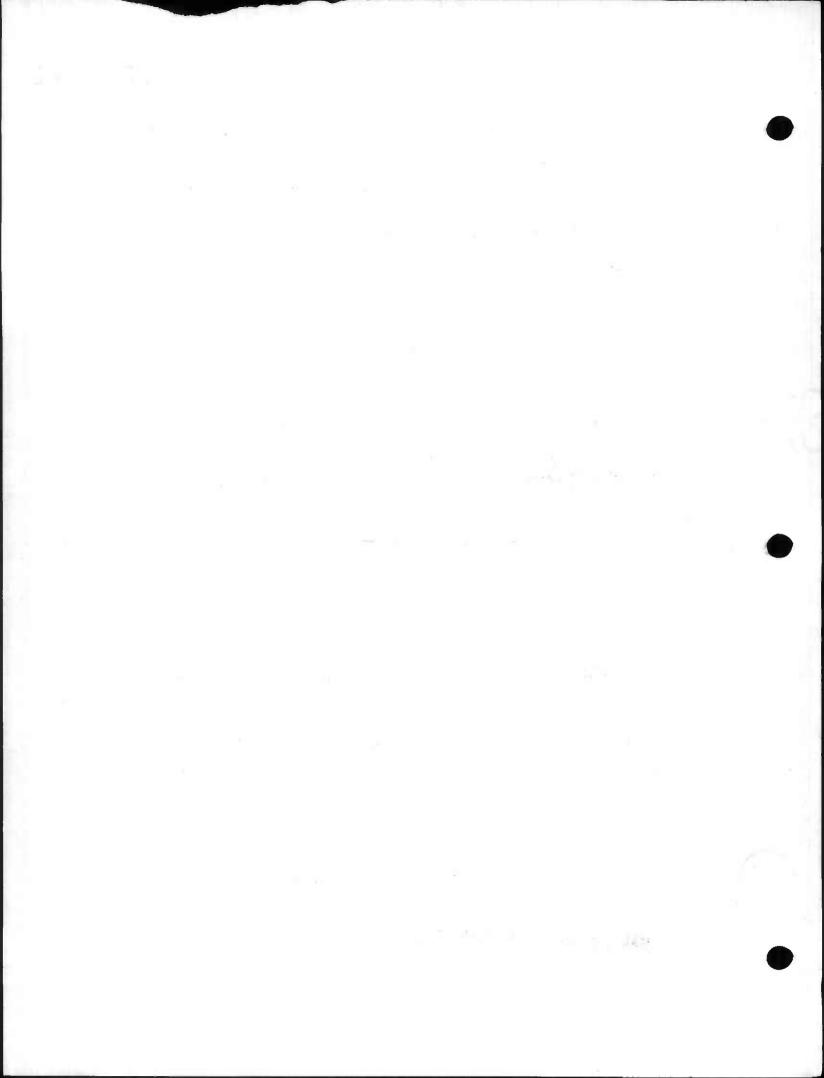
FOR STATE REGISTRAR

1. OECEOENT'S NAME (First, Middle, Last)

**GEORGE** 

96 07008 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. 2. DATE OF DEATH DAY 3. TIME OF DEATH 7:50P 1996 . BIRTHPLACE (State or Foreign Country) 96. COUNTY OF DEATH Baltimore County 10d. INSIDE CITY 1 YES 2 7 NO 10g. CITIZEN OF WHAT COUNTRY? USA es or No-14. RACE — American Indian, Black, White, etc. Specify: White USINESS/INDUSTRY Service Construction Stape wn, Stete, Zip Code) Itimore, MD 21236 OCATION - City or Town, State erlea, Maryland me Approximats
Interval Batween more M Mary land **Onset and Death** Zoyrs

DHMH-16 Rev 1/89



ITEM: 1. PER F.H. FILM G-733 3/12/95 ... Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 07009 Certificate of Death THOMAS KEETER 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 9.30 p.m **Physician** Month mach /Medical 4e. Facility Nama (If not institution, give street end number) 4b. City Town, or Location of Deeth Examiner Dalt A Manor 6. Sex∧ If Under 1 Year | If Under 24 Hrs. 9. Birthpiece (Stete or Foreign 5. Social Security Number 7. Aga (In yrs. last birthday) 6. Data of Birth (Month, Dey, Year) **Funeral** Deys Hours 56 213-36-1955 Yrs Director Usuel Residence of Decedent the Meryland 10a. Steta 10b. Count 10c. City, Town or Location 10d. Inside City Limits ns 23s or 28s-f show 2a 1t 1 Nes 2 No ma NI Director 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? Pages 1 and 2 should be liled within 72 hours after death with nent of Health and Mentel Hyglane.

nt: If Item 27 is marked other than "natural", or items 23s or 21217 as S 4.5 Funeral 12. Was Decedent Ever in U,S. Armad Forces? 1 ☐ Yes 2 DNo If Yas, Giva Yeer or Datas: 7 is marked other than "natural", or items traumatic event, the Medical Examiner in Was Decedent of Hispanic Origin? (Specify Yas or No If Yes, specify Cuban, Maxican, Puarto Rican, atc.) 14. Raca - American Indien, Biack, Whita, atc. 11. Marital Status 1 Never Married 2 Marriad 1□Yes 2 No altimore, Maryland 21215-0020 Specify B þ Specify: 3 ☐ Widowed 4 ☐ Divorced lack Completed 16e. Decedent's Usuel Occupetion (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grada complated) Eiamentery/Secondery (0-12) College (1-4or 5+) 12 Unknown 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) Be ninnie Kee tson 19e. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2404 Balto, Ave mel Cleavy OSWego Inomas ( musin other 20b Place of Disposition (Neme of cametery, cremanary or other f 20a. Method of Disposition 20c, Location - City or Town, Stata 1 Buriel 2 ☐ Cremation 3 ☐ Removel from State ò permit. Page Department of Important: M any injury or once. andalls town, mal 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funerel Sarvica Licensee 22. Name and Address of Facility & March F. H. West 21211 Ukibash 300 to, red 23a. Part1. Enter the disease, or complications that caused the deeth. Do not antar tha mode of dying, such es cardiec or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximete Intervel Between Onsat and Deet! **Physician** /Medical 3 months Immediate Ceuse (Final uncl ances disease or condition resulting in deeth) **Examiner** ue to (or es a consequenca of): Examiner physician and s the burial-transit The law requires that the death certificets be executed Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Couse (Diseese or injury that initiated events resulting in death) Lest Dua to (or es e consequenca of): Physician/Medical Due to (or es a consequence of) use as been signed by the should be detached Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 2□ No 3 Probably 4 Unknown Yes by 24b. Were autopsy findings available prior to completion of cause of deeth? Completed 24a. Wes an autopsy performed? 2 No certificate director, 25. Was case referred to medical exeminer? Be 26. Place of Deeth (Check only one) Other: 1 Yes 2 No 2 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Homa 5 ☐ Residence 8 ☐ Other (Specify) After this the funeral 27. Manper of Deeth 28e. Date of Injury (Month, Dey Year) 28c. Injury at Work? 28b. Time of 28d. Describe how injury occurred Certification: 5 Pending investigation Naturei 1 Tes 2 ☐ Accident Director: 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At homa, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide ò edical 29a. Certifier

ision of Vital Records, P.O. Box 68760, filled In by Funeral

To the hour within 24 For To the Fune completely fi

(Check only

30. Neme end eddress of pers

31. Date filed (Month, Pall

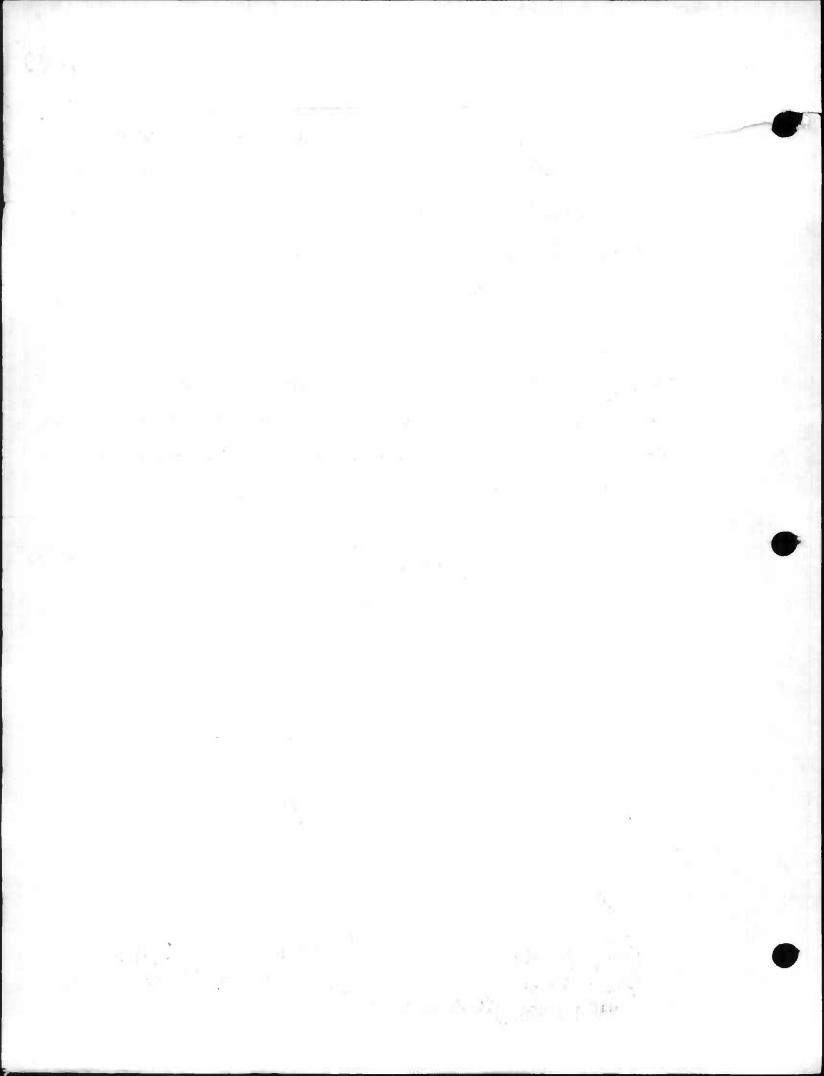
State Registrar

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, end due to the ceuse(s) and manner as stated.

Medical Examiner: On the basis of axeminetion end/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. 29c. Licensa number

29b. Signeture and title of cartifier

29d. Deta signed (Month, Dey, Year)



1. Decedent's Neme (First, Middle, Last)

96-1249-510

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

ITEMS: 23 PART I, 27, PER MEO State of Maryland / Department of Health and Mental Hygiene FILM G-733 3/27/96 t.t Certificate of Death

Physician
/Medical
Examiner

KRONNER

2. Date of Death Month Dey

3 Time of Death 1996 10:21F.M

12 Yes 2 No

**Funeral** Director

with the Maryland 28a-f show Director or items 23a or Funeral à Completed

other traumatic event, the Medical Examiner must be notified at

Baltimore, Maryland 21215-0020

**Physician** /Medical **Examiner** 

Examiner

Physician/Medical

þ

Completed

Be

Medical Certification: To

attending physician and for use as the burial-transit The law requires that the death certificate be executed sata has been signed by paga 2 should be detac cardificata or Attending Physician: The star death.

Director: After this cardificate in by the funeral director, pa ad in by

P.O. Box 68760,

Records,

Division of Vital

KAREN E., MARCH 4e. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth GOOD SAMARITAN HOSPITAL BALTIMORE 5. Sociel Security Number If Under 1 Yeer | If Under 24 Hrs. 7. Age (In yrs. last birthday) / 5<sup>3</sup>4 Birthplece (State or Foreign WARYLAND 12/11 1 M 2 F Months Deys Hours 217-64-3371 41 Yrs. Usuel Residence of Decedent 10a Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits MD. BALTIMORE BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 7803 ARDMORE AVE 21234 USA 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give 11. Maritel Stetus Wes Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 Never Merried 2 Married 1 Yes 2 No Specify: WHITE 3 Widowed 4 Divorced Decedent's Usuel Occupetion
 (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) NURSE GOOD SAMARITAN HOSPIT 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumame) Be NORMAN E. BUCHTA CATHERINE A. KUHN 19e. Informent's Neme/Reletionship (Type, Print) 19b. Malling Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code) JAMES R. KRONNER 7803 ARDMORE AVE BALTIMORE MD 21234 20e. Method of Disposition 20b. Plece of Disposition (Name of cemetery, crematory or other plece) 20c. Location - City or Town, Stete 1 Buriel 2 ☐ Cremetion 3 ☐ Removei from Stete MORELAND MEM PARK 3/13 BALTIMORE MD. 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funeral Servica Licensee 22. Name end Address of Fecility
HARTLEY MILLER FUNERAL HOME 7527 HARFORD ROAD BALTIMORE MD. 21234 23e. Pert1. Enter the disease, or compilications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Immediate Ceuse (Finel MYOCARDIAL FIBROSIS. FOCAL diseese or condition resulting in deeth) Due to (or as e consequence of): Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest

Due to (or es e consequence of):

Due to (or as a consequence of)

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown

24b. Were autopsy findings availeble prior to completion of cause of deeth? 24e. Wes en eutopsy performed?

1 Yes 2 No

28d. Describe how Injury occurred

1 Yes 2□ No

Approximete ntervel Beb Onset end Deeth

25. Wes case referred to medical 1)X Yes 2 □ No

5 Pending investigation

6 Could not be determined

1 Inpatient 28e. Dete of Injury (Month, Day Year)

2 ☐ ER/Outpetient 3 ☐ DOA 28b. Time of injury

28e. Pleca of Injury - At home, ferm, street, factory, office building, etc. (Specify)

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28c. Injury et Work?

1 Yes 2 No

28f. Location (Street and Number or Rural Route Number, City or Town, State)

29a, Certifier

27. Menner of Deeth

1 XXNeturel

2 Accident

4 Homleide

3 Suicide

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner as stated. 22 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end menner stated.

29b. Signature end title of cartifier

29c. License number

29d. Dete signed (Month, Day, Year)

sile

O.C.M.E.

MARCH 8,1996

30. Neme end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

Hospitel:

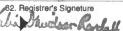
A. KOREU LIN MARYDOWA

111 Penn Street, Baltimore, Maryland 21201

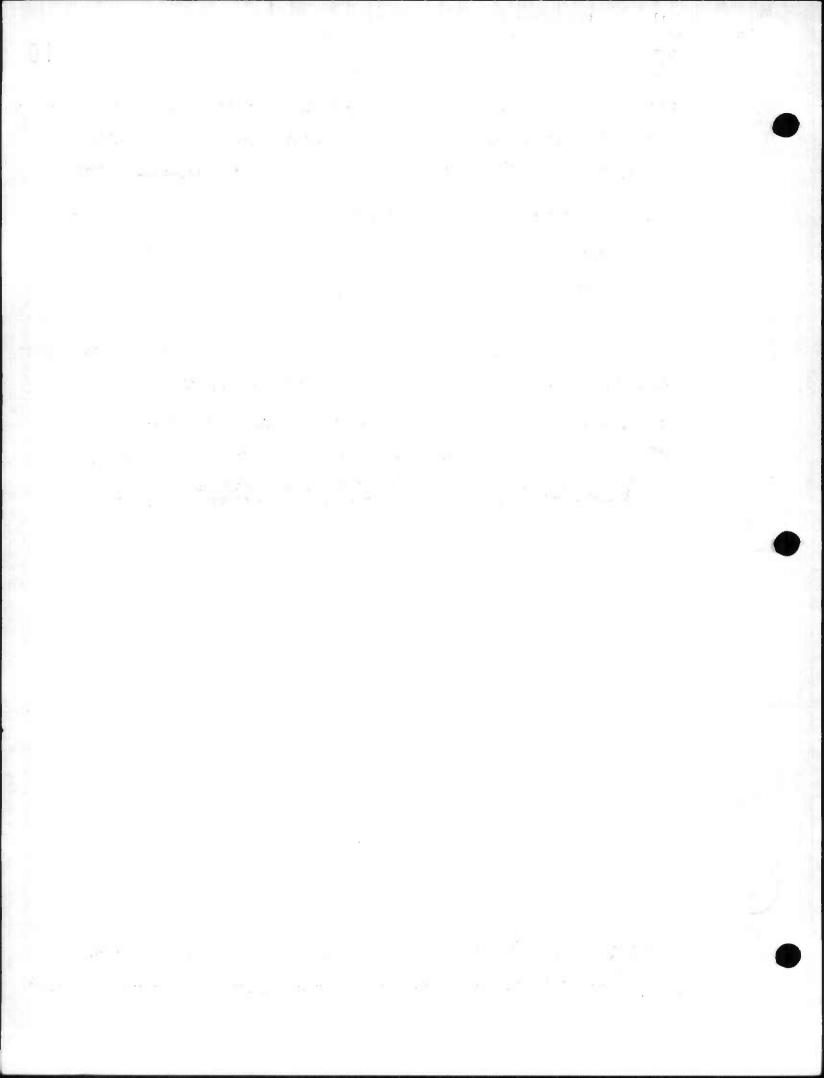
26. Piece of Deeth (Check only one)

State Registrar

31. Dete filed (Month, Dey, Year) MAR 1 2 1996



To the To the



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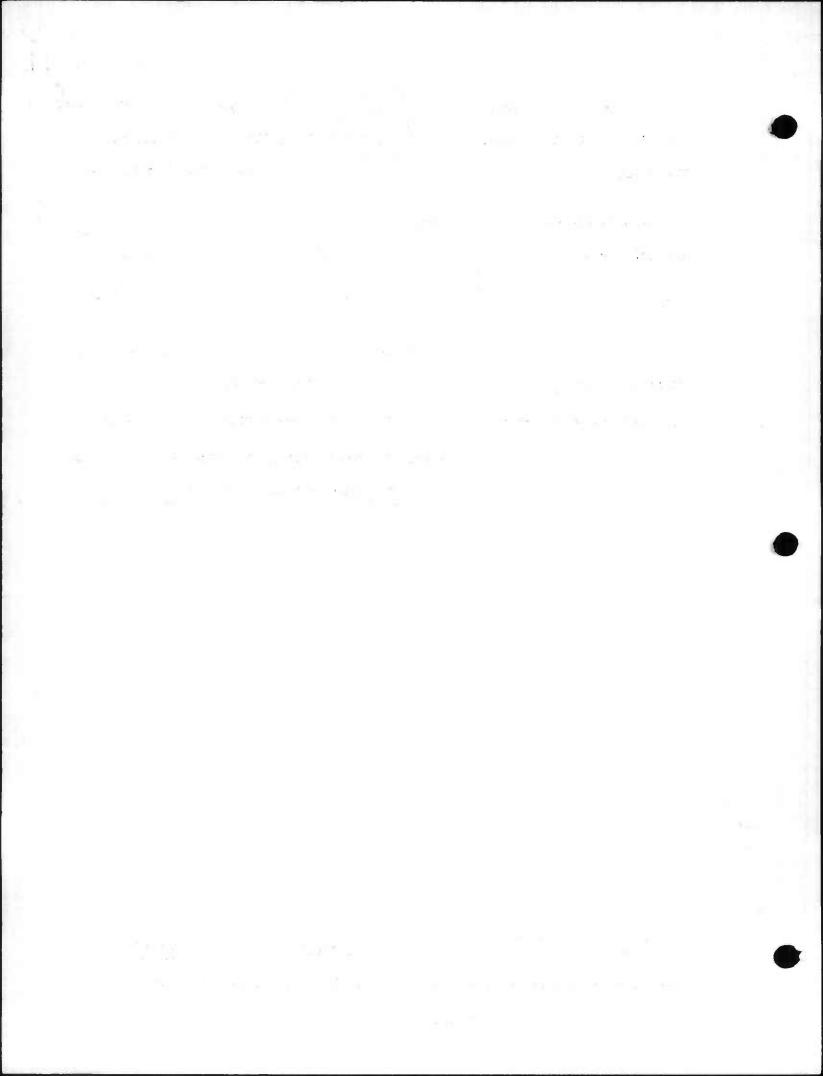
State of Maryland / Department of Health and Mental Hygiene

Department of Health and Mental Hygie

36

07011

Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Ray 1996 March 4:40 AM Raymond Kelly /Medical 4a. Fecility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Baltimore Med Bridge Nursing Center Rossville Hours Min. 8. Dete of Birth (Month, Day, Year) 404 Mary Land Mary Land 5. Social Security Number If Under 1 Yaar 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign **Funeral** Deys 1₽M 2□ F 91 212-05-6896 Yrs. Director Usual Rasidance of Decedant Pages 1 and 2 should be filed within 72 hours after death with the Maryland nent of Health and Mental Hyglene. Into it fear 27 is marked other than "natural", or items 23a or 28a-1 show any or other traumatic event, the Medical Extention 1 want by notified at uny or other traumatic event, the Medical Extention 1. 10a, Steta 10b. County 10c. City, Town or Location 10d. inside City Limits 1 Yes 20 No Director Maryland Baltimore **Essex** 10e. Streef and Numbar 10f. Zip Code 10g. Citizan of What Country? 21221 U.S.A. 726 Holly Road Funeral 12. Was Dacedant Evar in U,S. Armed Forces? 1 ☐ Yas 2 ☐ No If Yas, Giva Yaar or Datas: Was Decedant of Hispenic Origin? (Specify Yas or No. If Yas, specify Cuban, Maxican, Puarto Rican, etc.) 14. Race - Amarican Indian, Black, Whita, atc. 1 ☐ Naver Married 2 ☐ Married Baltimore, Maryland 21215-0020 White 1 ☐ Yas 2X No Specify: Completed by 3 Widowed 4 □ Divorced 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT use ratired) 15. Decedent's Education 16b. Kind of Businass/Industry (Specify only highest greda complated) Elemantary/Sacondary (0-12) Coilega (1-4or 5+) Supervisor Steel Company 17. Fathar's Name (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be Cora Beckley William E. Kelly 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) 19a. informant's Name/Relationship (Type, Print) 3913 Boxwood Rd. Jarretsville , MD. 21084 Charles Kelly (SON) 20b. Place of Disposition (Nama of cematary, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 Burial 2 Cramation 3 Ramoval from Stete Department if important: if any injury or Oak Lawn Cemetery March 11, 1996 Baltimore, Co. 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funaral Sarvice Licensaa 22. Nama and Addrass of Facility Bruzdzinski Funeral Home P.A. 1407 Old Eastern Ave. Balt. MD. 21221 23a. Part1. Entar the disease, or complications that ceused the death. Do not anter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Betwaan Onsat and Death **Physician** /Medical Immediate Cause (Final 1 hr. MyoCardial Infarction disease or condition resulting in daath) Examiner Dua to (or as a consequence of): Examiner CAD Year sician and burial-transit The law requires that the death certificate be executed Sequantially list conditions, if any, laading to Immadiafa ceuse. Entar Undarlying Cause (Disaasa or injury that initiated avants rasulting in daath) Lesf Dua to (or as a consequence of): Box 68760. Physician/Medical the Dua to (or as a consaquanca of) P.0. Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 □ Probably 4 ☑ Unknown Records, þ should be 24b. Ware autopsy findings available prior to Completed 24a. Was an autopsy performed? complation of causa of daath? page 2 1 Yes 2X No 1 Yas 2 No of Vital Be 25. Was casa rafarrad to medicat axaminer? 26. Placa of Daath (Chack only ona) Other: 4 Nursing Homa 5 Rasidance 6 Othar (Spacify) 2 1 ☐ Yes 2 No 1 Inpatiant 2 ER/Outpatient 3 DOA 28a. Date of Injury (Month, Day Year) Certification: 27. Mannar of Death 28b. Tima of 28c. injury at Work? 28d. Dascribe how injury occurred Division 5 Panding 1 Natural 1 ☐ Yas 2 ☐ No Invastigation 2 Accidant Atther 6 Could not be datermined 3 Suicide 28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 90 after Direct 4 Homicida within 24 hours a Medicai 29a. Cartifiar 🖎 Certifying Phyeiclan: To the best of my knowledga, daath occurred at tha tima, data and placa, and due to tha cause(s) and manner as stated. 2 Medical Exeminer: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the causa(s) and manner stated. 29b. Signature and title of certifiar 29c. Licansa number 29d. Defe signed (Month, Day, Year) D 28127 ATCU16 30. Name and addrass of person who complated cause of death (Itam 23a) (Type, Print) Howard S. Freeland, M.D. 5601 Loch Raven Blvd. Baltimore, MD. 21239 31. Data fitad (Month, Day, Year) 32. Ragistrer's Signatura State 1 2 1996 Dan deor Redall Registrar



#### Piease Type or Print in Biack indelibie ink. Assure Ali Copies Are Legibie.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

1. Decedant's Nama (First, Middle, Last) 2. Data of Death **Physician** Month RUTH PHYLLIS KELSO 8:50 P.M 8, 1996 March /Medical 4a. Facility Nama (if not institution, giva street and number) 4b. City. Town, or Location of Deeth 4c. County of Death Examiner BROOKLANDVILLE BALTIMORE MERIDIAN HEALTH CARE 5. Social Sacurity Number If Under 1 Yaer | If Under 24 Hrs. 7. Aga (in yrs. iast birthdey) 8. Date of Birth (Month, Day, Year) Birthpiaca (Stata or Foreign Country) **Funeral** Deys Hours 1□ M 2√F 84 Yrs. 200-32-0917 Director PENNSYLVANIA APRIL 20,1911 Usual Rasidanca of Dacedant the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. inside City Limits r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at Director 1 ☐ Yes 2 X No BALTIMORE BROOKLANDVILLE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? deeth with 21022 U.S.A. 515 BRIGHTFIELD ROAD Funeral 12. Was Decedent Ever in U,S. Armed Forcas? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yas, specify Cuben, Mexican, Puarto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Maritel Stetus pemit. Peges 1 and 2 should be filled within 72 hours effer a Department of Heelth and Mental Hyglene. Important: If item 27 is marked other than "natural", or han any injury or other traument. 1 ☐ Yes 2₹ No If Yas, Giva Yaer or Detes: 1 ☐ Never Marriad 2 ☐ Merried Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☐ No Specify: þ Specify: 3 XWidowed 4 ☐ Divorced WHITE Completed 16a. Decedant's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT usa retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Eiemantery/Secondary (0-12) Coilega (1-4or 5+) SCHOOL TEACHER SCHOOL SYSTEM 4 YRS 17. Fathar's Nema (First, Middle, Last) 18. Mothar's Name (First, Middla, Maldan Surnama) Be ELIZABETH WEBSTER PHILLIP MILLER 19e. Informant's Name/Relationship (Type, Print) 19b. Malling Addrass (Straat end Number or Rural Route Number, City or Town, State, Zip Code) 1415 JOHNS STREET - BALTIMORE, MD 21217 DOUGLAS A. KELSO (SON) 20b. Place of Disposition (Nama of cemetary, crematory or other place) 20e. Mathod of Disposition 20c. Location - City or Town, State 1 ☐ Buriel 2 【Cramation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Othar (Specify) HILLTOP SERVUCE CORPORATION 3/12 TOWSON 22. Nema and Addrass of Fecility
HUBBARD FUNERAL HOME, INC. 21. Signature of Fune/al Service Licember 21229 4107 WILKENS AVENUE-BALTIMORE, MD 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiratory arrest, shock, or heart failure. List only one cause of each line. Approximata intarval Between Onset and Death **Physician** /Medical immediete Causa (Final disease or condition rasulting in daeth) Examiner Due to (or as a consequence of) Examiner pertension ettending physician and for use as the burlal-transit be executed Sequentially list conditions, if any, laading to immadiata causa. Enter Underlying Cause (Disease or injury that initiated events rasulting in death) Last Dua to (or as a consequence of): Box 68760. Physician/Medical Dua to (or as a consequence of) P.O. | Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contributs to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown ementia Records, ģ 24b. Wara autopsy findings available prior to completion of causa of death? Completed 24a. Was an autopsy performed? peen cate hes certificate 1 Yes 2 2 No 1 Yes 2 No 25. Was casa rafarred to medicai B 28. Place of Deeth (Check only ona) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yas 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatlent 3 ☐ DOA

Division of Vital this Affar Athending death. Director: d in by the after a pital ours i

1 Certifying Physician: To the best of my knowledge, daeth occurred et the time, deta and place, and due to the causa(s) and mannar as stated.
2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and mennar stated. 29b. Signature/end title of cartifier

5 Panding invastigation

6 Could not be

29c. Licansa number 35/05

1 Yes 2 No

28c. injury at Work?

29d. Data signed (Month, Day, Year)

28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)

30. Nama and addrass of person who complated causa of daath (Itam 23a) (Type, Print)

GALLERIA TOWERS SUITE 508 - LUTHERVILLE, MD. 21093

28d. Dascribe how injury occurred

State Registrar

Certification:

Medical

27. Manner of Death

1 Naturei

2 Accident

3 ☐ Suicida

29a. Cartifier

4 Homicide

(Check only

31. Dala filed (Month, Day, Year)

2 1996

HELEN E. WALKER - 1447 YORK ROAD 32. Registrar's Signature

28e. Deta of injury (Month, Dey Year)

28b. Time of

28a. Placa of injury - At homa, farm, street, factory, office building, etc. (Specify)

ITEMS: 1. & 4c, PER F.H. FILMPlease Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene G-733 3/12/96 t.t Certificate of Death 1. Decedent's Neme (First, Middle, Last) EDWARD DONALD KILLIAN 3. Time of Death 2. Date of Deeth Month **Physician** 5:45AA march 96 /Medical 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death N/A Examiner Q 20 ew LTIMORE dust 0 ( 6. Sex 1XXM 2□ F If Under 1 Year | If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) 5. Sociel Security Number 7. Age (In yrs. lest birthday) 9. Birthplece (State or Foreign **Funeral** Deys PENNSYLVANIA Yrs. Director 169-14-8518 04-20-1923 Usual Residence of Decedent with the Maryland 10e. Stete 10b. County 10c. City. Town or Location 10d. Inside City Limits must be notified at 1 ☐ Yas 2 No Director MARYLAND ANNE ARUNDEL LINTHICUM 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? Items 23a 709 EDGEWOOD ROAD 21090 U.S.A. death Funeral 12. Wes Decedent Ever in U.S. Armed Forces? XXYes 2 □ No If Yes, Give Yeer or Dates: Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien. permit. Pages 1 and 2 should be filed within 72 hours after to Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural". or having lightly or other trauments. Bleck, White, etc. 1 ☐ Never Married 2 ☑ Merried Baltimore, Maryland 21215-0020 WW II 1 ☐ Yes XXNo Specify: WHITE þ 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) ADMINISTRATION Elementery/Secondary (0-12) College (1-4or 5+) 12 N/A CHIEF OF STATISTICS SOCIAL SECURITY 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Surneme) KILLIAN NORA McDONNELL JOHN **JOSEPH** MARCELLA 0 19e. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) LUCILLE KILLIAN 709 EDGEWOOD ROAD, LINTHICUM, MD. 21090 20b. Plece of Disposition (Name of cametery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 3/13/96 Buriel 2 Cremetion 3 Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) GLEN HAVEN MEMORIAL PARK GLEN BURNIE, MD. 22. Neme end Address of Fecility 21. Signeture of Funerel Service Licensee SINGLETON FUNERAL HOME. 23a. Pert1. Enter the disease, or complications that causes the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feiture. List only one cause on each rate. 21061 Approximete Interval Between Onset end Death **Physician** /Medical Immediete Cause (Finai disease or condition resulting in deeth) Examiner Examiner The law requires that the death certificate be executed bunal-transit Sequentielly list conditions, if eny, leading to Immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting In deeth) Lest Due to (or as a consequence of) and P.O. Box 68760. attending physician for use as the burie Physician/Medical the Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? detached signed by the 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Records, þ 24b. Were eutopsy findings avellable prior to completion of cause of deeth? Be Completed 24e. Was en autopsy peed cate has t certificate 1 Yes 2 PNo 1 ☐ Yes 2 ☐ No Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director. 25. Was case referred to medical 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) ۲ 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Manner of Deeth 28e. Date of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Medical Certification: 5 Pending investigation 1 Maturel 1 ☐ Yes 2 ☐ No 2 Accident 3 ☐ Suicide 6 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end plece, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, dete end pieca, and due to the cause(s) end manner steted. 29e. Certifier (Check only one) 29b. Signeture and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) ORDONEZ 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 30015. Hanover ORDONFZ

32. Registrate Signature.

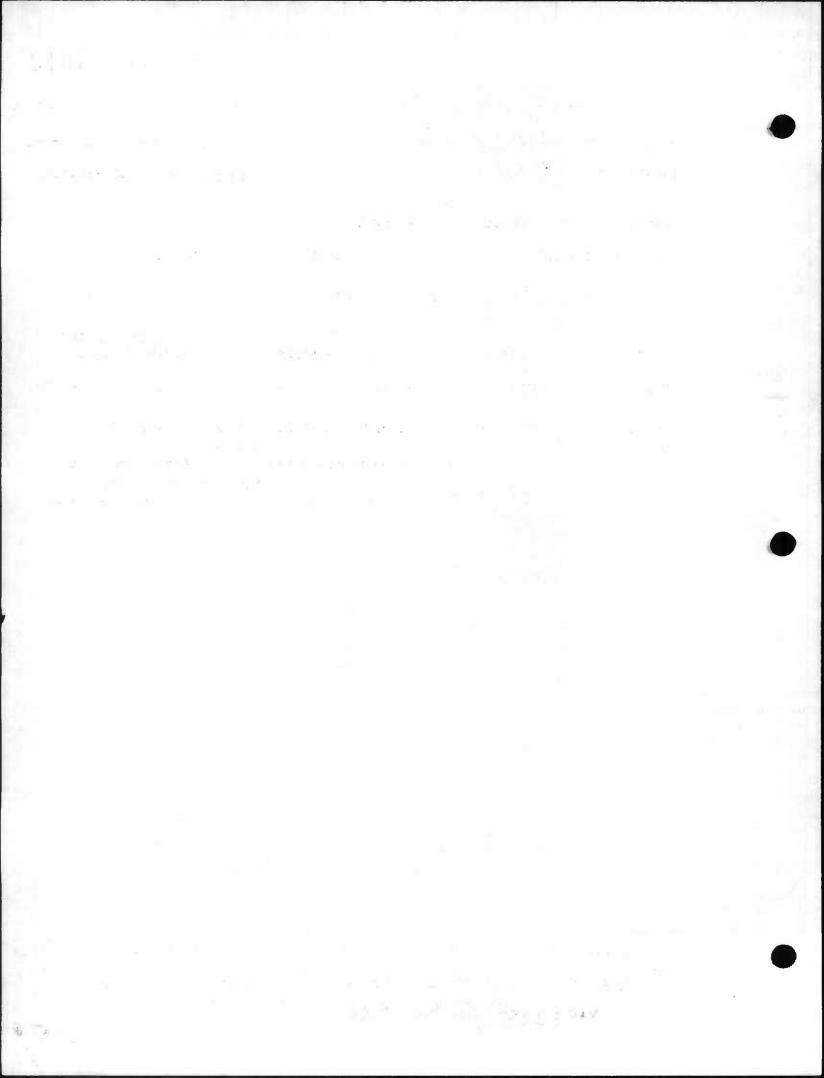
ORD Falsa Shouther Randall

State

Registrar

31. Date filed (Month, Dey, Year)

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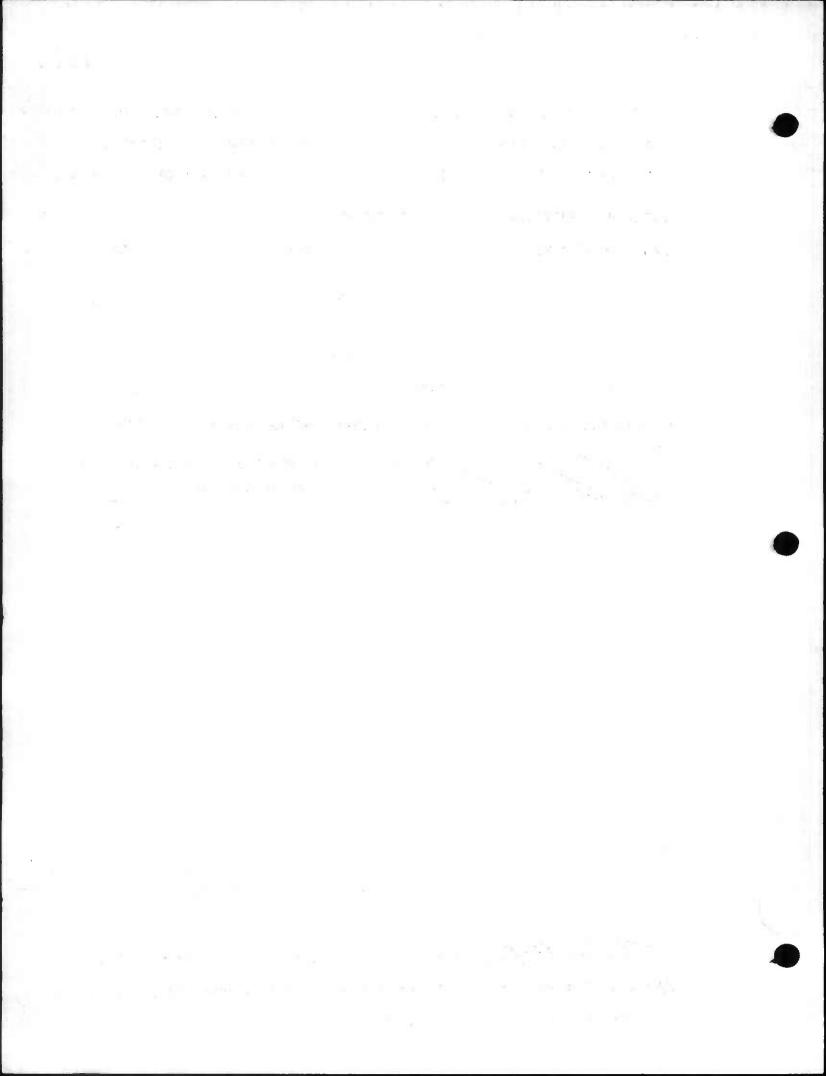
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	/Medic	cal		<del>DMAN</del>	LIBE	RMAN	41 An T	MARCH	1,04,19	9.6	15:09 P
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Di	uneral irector			<b>X</b> M 2□ F	71	Yrs. Months Deys		6. Date of Birt (Month, Day AUG 22	1924	VI	lace (Steta or Foraign itry) RGINIA
death with the Maryland	and show	ctor	10e. Stete 10b. County  MARYLAND BALT	IMORE	10c. City, To	own or Location BALTIMORE				1	0d. Insida City Limits 1 ☐ Yes 2 🖾 No
th with th	23a or 28 ant be no	Funeral Director	10e. Street and Number 6502 DEANCROFT R	D.		10f. Zip Coda	21209		10g. Citizen of V	Vhet Cour USA	ntry?
.0020 hours after dea	of other than "natural", or items 23s or 28s-f show event, the Medical Evandret invast be notified at	by	11. Marital Status  1 Never Merried 2 Marriad  3 Widowed 4 Divorced	12. Was Decedant Ev Armed Forces? 1 XYes 2 No If Yes, Giva Yeer or Detes:		13. Was Dacedent of If Yes, specify Cui		ecify Yes or No- Rican, etc.)	14. Race Blec Specify	k, White,	
5-0	natur	eted	15. Decedent's Edu (Specify only highest grad	ication	16	ie. Decedent's Usuai Occu (Giva kind of work done	upation	ina	16b. Kind of Bu	siness/înc	dustry
Maryland 21215-0020 12 should be filed within 72 hours at h end Mental Hygiene.	r than the Mex	Completed	Elementery/Secondery (0-12)	College (1-4or 5+) 5+	)	life. DO NOT use retin	ed)	ang .	NSA		
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Maryland d 2 should be file th end Mental Hyg	r is m treum		19e. Informent's Neme/Reletionship (T)			9b. Meiling Address (Stree					,
e, ende	18 Per		MRS. SANDRA S. L 20a. Method of Disposition	IBERMAN (	WIFE)	of Disposition (Name of	ROFT RD.	BALTIMON Dete	RE, MD 2 20c. Location -		
non sages to to	Y OF T		1 ☐ Burial 2 ☐ Cremation 3 ☐ F	Removal from State	cema	tary, cremetory or other pl					
Baltimore, permit. Pages 1 er Department of Hea	Important any injury once.		4 ☐ Donation 5 ☐ other (Specific 21. Signature of beneral Service scene	0.0	MIK	RO KODESH BE 22. Name and Addi		3-7-19	96 BALTI	MORE	, MD
B F	any any		May 12		`	SC	DL LEVINSO				
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Phys	sician		shock, or heart failure Lift only o	ceuse on each line.			, , , , , , , , , , , , , , , , , , , ,	,		i	Interval Between Onset end Death
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Exa	miner		resulting in deeth)	e. D	ue to (or es	a consequence of):	2/				
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DO /	phys	-	rasulting in deeth) Lest	Du	ue to (or as	a consequance of):				1	
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The law requires thet the deeth	igned by the ettending phy be deteched for use as th	by Physician/Med		who all good of the	TIOT TOOURING	in the disenying casse g			/es 2□ No	3 Prot	1
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	certificate rector, pag	0	25. Wes case referred to medical				26. Piece of Deet	h (Check only o			7 143 20110
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LIVISION OF	Director:	Certification:	3 Suicida 6 Could not be 4 Homicide determined	28e. Pieca of injury building, etc. (	- At home, (Specify)	farm, street, fectory, office		28f. Location (S City or Tow	treet and Number, State)	or or Aura	Route Number
	filled		200 Cortifica			edway		in Mont	Scinery (	cunit	Maryland
To the nospital within 24 hours	To the Funeral Director: After th completely filled in by the funeral	edical	29e. Certifier (Check only one)  1 Certifying Phy: 2 Medical Exsmi	sicien: To the best of r ner: On the besis of ex and manner state	xaminetion e	ge, deeth occurred at the tend/or investigetion, in my	ime, date and pieca, opinion, deeth occur	end due to the red at the time, o	euse(s) end me date end plece, a	nner es st ind due to	ated. / the ceuse(s)
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F 51	- 0		To also	11-11							
- 1	11	1	30. Neme end eddress of person who co	empleted cause of dee	th (Item 23e		OCME		MARCH	05,1	996
l.	10		THE ODORE M.K	N/		Penn Stre	et Ral+	imoro	Marrel	and.	21201
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State Registrar

111 Penn Street, Baltimore, Maryland 21201
32. Begistrer's Signeture

Advisor Randell MAR 1 2 1996



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the trained physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

	1. DECEDENT'S NAME (First,	, Middle, Last)		il la .						2. DATE C	F DEATH			3. TIME OF OEATH
- 3	Edward	F.	L	entz						February 29 1996			7:10 ₪ м	
	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER	1 YEAR	IF UNDER		7. DATE O	E BIRTH	29		LACE (State or Foreign
	213-03-3890		1 🖾 M 2 🗆 F	82	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month,	Day, Year) 7, 1	013	Country	Md.
	9a. FACILITY NAME (If not in	stitution, give s	treet and number)	02		9b. CITY	, TOWN (	OR LOCATI	ON OF DE		7, 1		NTY OF DE	
Œ	Stella Mari	C												
81	RESIDENCE OF DEC					Towson Baltin								lore
DIRECTOR	10a. STATE Md.	10b. COUNTY	timore		10c. CIT	10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY LIMITS?
0	Mu.	Dal	cimore					· T	imon	ium				1 YES 2X NO
AL	10e. STREET AND NUMBER						101	. ZIP COD	E			10g. CITI	ZEN OF WI	NAT COUNTRY?
FUNERAL	2 Wingate G	arth						2	1093	}		1	U.S.A	٠.
5	11. MARITAL STATUS			T EVER IN U.S. AR		13.	WAS DEC	ENDENT (	OF HISPAN	NIC ORIGIN?	(Specify Yea	or No-	14. RACE	- American Indian,
BY	1 Never Married 2 🔀 3 Widowed 4 Divo		IF YES, GIVE V		10			2 K NO		n, Puarto Ri	can, atc.)	- 1	Specify	White, etc.
	011	D. V.				<u> </u>								White
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ا ت	Elementary/Secondary (0	1-12)	College (1-4 or 5	+)	Do NOT us	,							-	
M	12			Sal	es M	anag	er				elf E		yed	
8	17. FATHER'S NAME (First, M	iddle, Last)		-				2.7		ME (First, Mi	ddle, Maiden			
BE	Felix			Lentz				Hel					hitca	bage
2	19a. INFORMANT'S NAME (7										r, City or Town		Code)	
	Mrs. Jean D		Z						ımon	-	Md. 2			
	1 CBurial 2 Crematio	n 3 🗆 Rame	ovel from Stata	20b. PLACE / cometary, cra Dulane	matory or o	OF DISPOS (her placa)	ITION (Na	ma of		DATE	20c. LO		City or Tow	
	4 Donation 5 Other		TENERE	Dulane	y va						d Ti	monı	um, M	d.
21. SIGNATURE OF AMERIAL METWICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Ruck Towson Funeral Home, Inc.														
	1050 York Rd. Towson, Md. 21204										[1]			
	23. PART I. Enter the di	iseasea, or o	complications the	t ceused the de	eth. Do r	ot enter	the mo	de of dy	ing, sucl	h aa cardi	ec or reapli	ratory arr	eat,	Approximate
	IMMEDIATE CAUSE (Fir		Clet only one cat	ise on each line										Onset and Death
ľ	disease or condition resulting in death)	<b>→</b>	Respi	ratory F	ai1u	re								3 days
ı	, and a second			(OR AS A CONSEC										Jaays
Z	Commentally II a secondar		. CHRONIC	OBSTRUCT	IVE LI	JNG D	ISEAS	Ε						YEARS
[ ]	Sequentially list conditi if any, leading to immed	diate	DUE TO	(OR AS A CONSEC	DUENCE OF	F):								
2	cause. Enter UNDERLYI CAUSE (Disease or Inju		C											
	that initiated eventa resulting in death) LAS	т .	OUE TO	(OR AS A CONSEC	DUENCE OF	F):								
5			d									-		
MEDICAL CERTIFICATION	PART II. Other significe				esulting l	in the un	derlying	g cause i	given in	Part I.	24a. WAS AN			WERE AUTOPSY FINDINGS
2	LUNG CANCER,	DIABET	ES MELLITU	S							PERFOR			WAILABLE PRIOR TO COMPLETION OF CAUSE
										_	1 1 160 2	May		OF DEATH?
	DID TOBACCO U	SE CONTI	RIBUTE TO CA	USE OF DEA	THE YE	S V I	NO F	1 11NC	ERTAIN	u Da				YES 2 NO
Ž	25. WAS CASE REFERRED TO				E OF DEAT			1 0110		, 0				
PHYSICIAN:	EXAMINER?		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER		a 5 ∏ R	aldence	6 Other	(Specific)			
ξ	27. MANNER OF DEATH		28a. DATE OF (Month, D	INJUIN	28b. TIM	E OF	28c. INJ	URY AT			RIBE HOW IN	JURY OCC	CURED	
BY F		Pending Investigation	(Month, D	7	N IND	URY M		RK7	] NO					
	2 Cutation	Could not be	28a. PLACE O	F INJURY — At hor atc. (Aphority)	ne, farm, s	street, fact	ory, offici	h.			TION (Street a	nd Number	or Rural Ro	ute Number,
TED		detarmined	bonany,	The state of						City or	Town, State)			
COMPLET	29a. CERTIFIER (Check only	IFYING PHYSI	CIAN: To the beat of	my knowledge, de	th becume	d at the t	ime, data	and place	and due	to the cause	nem hos (s)s	ner se etet	ed .	
<u> </u>														and menner as stated.
	29b. SIGNATURE AND TITLE				and all the latest devices the l				-					
H		01 0211111121						1	INSE NUM	Se 4			SIGNED (	Wonth, Day, Year)
2	30. NAME AND ADDRESS OF	PERSON WHO	O COMPLETED CALL	SE OF DEATH OTER	1 27) /France	Print)						7	-	
	Eddie Nakhu						7)	a			010	0.4		
H	POOTE NOVIII	V/Cla IV	. 1/4 / 71/1	, LULIADA	v val	LLev	коа	C. T	OWSO	$\mathbf{n}$ . MD	212	()4		
THE STATE OF THE S	31. DATE FILEO (Month, Day,"			Dulane	, vas				0 11 0 0 1	11/ 11/		<u> </u>		
	31. DATE FILEO (Month, Day,			R'S SIGNATURE	all.					117 110	507 42 500			

garding early age

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Meme (First, Middle, Last) 2. Dete of Death **Physician** MArch nne 1996 /Medical Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Medic DAltimore Center If Under 24 Hrs. 8. Date of Birth Hours Min. Month, Day, 5. Social Security Number 214-58-8565 Usual Residence of Decedent 6. Sex 12 M 2□ F If Under 1 Yeer last birthday) Birthplace (State or Foreign Country) Months Days Hours Yrs Director permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hyglane. Important: If Item 23 is or 28e4 ahow any injury or other transmitted other than "natural", or items 23e or 28e4 ahow any injury or other traumatic event, as and other traumatic event, as and other traumatic event, as and other traumatic events. 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland Yes 2 No Director more 10e. Street and Number 10g. Citizen of Whet Country? 10f. Zip Code 305 2/21 Ave. by Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Detes: Wes Decedent of Hispanic Origin? (Specify Yes or No-II Yes, specify Cuben, Mexican, Puerto Rican, etc.) Rece - American Indian, Black, White, etc. 11. Marital Status 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify. Specify: legro 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usual Occupetion
(Give kind of work done during most of working
life. DO NOT, use retired)

O Company

O 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Coligge (1-4or 5+) Elementary/Secondary (0-12) 10 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surname) Be Benjamin an 19a. Informant's Name/Relationship (Type, Print) Ploute Number, City or Town, State, Zip Code) Mrs. Nanci ,21215 Ho. Md Important: If Item 27 any injury or other tr once. 20a. Mathod of Disposition
1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removal from State 20b. Place of Disposition (Name of cometagy, cramatory of other place) City or Town, State 20c. Location 4 Donation 5 DOther (Specify) butu 21. Signature of Funeral Service Lensee 22. Neme end Address of Facility Fune Home Joseph Balto. us 21216 North Ave. Enter the durage, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory errest, or hear fairns. List only one cause on each line. Approximate interval Between Onset and Deeth **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical DECLUSIVE CELL DISTASE SICKLE YEARS, Examiner Due to (or as a consequence of): Examiner physician and the burial-transit Sequentially list conditions, if any, laading to immadiata cause. Enter Underlying Cause (Disease or Injury that initiated evants resulting in death) Last Dua to (or es a consequence of): P.O. Box 68760. Physician/Medical Due to (or as e consequence of): 89 980 ate has been signed by the a page 2 should be detached it Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown PNUE MUNIA Division of Vital Records. þ 24b. Were autopsy lindings available prior to completion of cause of death? 24a. Wes an autopsy performed? INTRA-VENUMS DRUG 1 Yes 200 No 1 ☐ Yes 2 ☐ No the Josephal or Attending Physicien: in 24 hours after death.

The Funeral Director: After this certifica 25. Was case relerred to medical examiner?

1 Yas 2 No Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28a. Date of Injury (Month, Day Year) 27. Manner of Deeth 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? 5 Pending investigation 1 Natural 2 Accident 1 Yes 2 No 8 Could not be datamined 3 Sulcide 28l. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, streat, lectory, office building, etc. (Specify) 4 Homicida within 24 hours a To the Funeral D 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner steted. 29a. Cartifier Medical 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) My. D 23300 30. Name and address of person who completed cause of death (Itam 23a) (Type, Print) Liber Ty medic

DHMH 16 Rev 6/95

State

Registrar

SUDHIR.

31. Date filed (Month, Day, Year)

MAR 1 2 1996

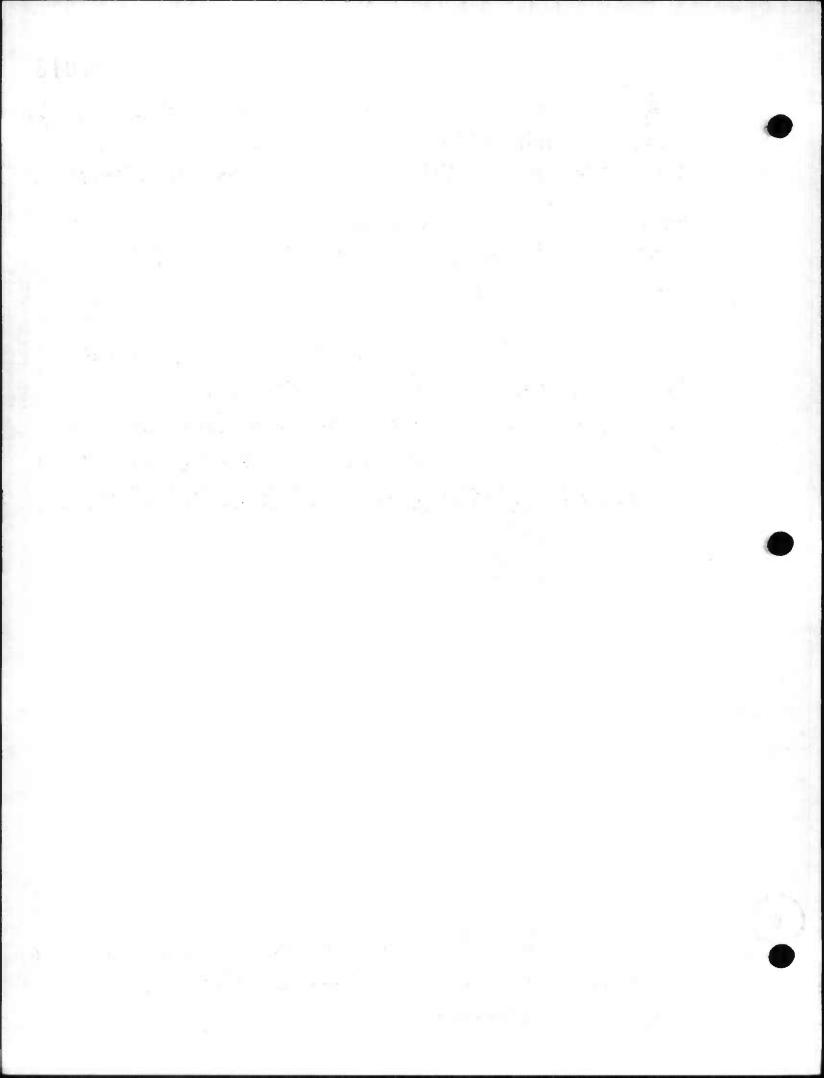
PATE2

32. Registrer's Signature

Dhu Ksor Co

2600 LiberTy

Heights

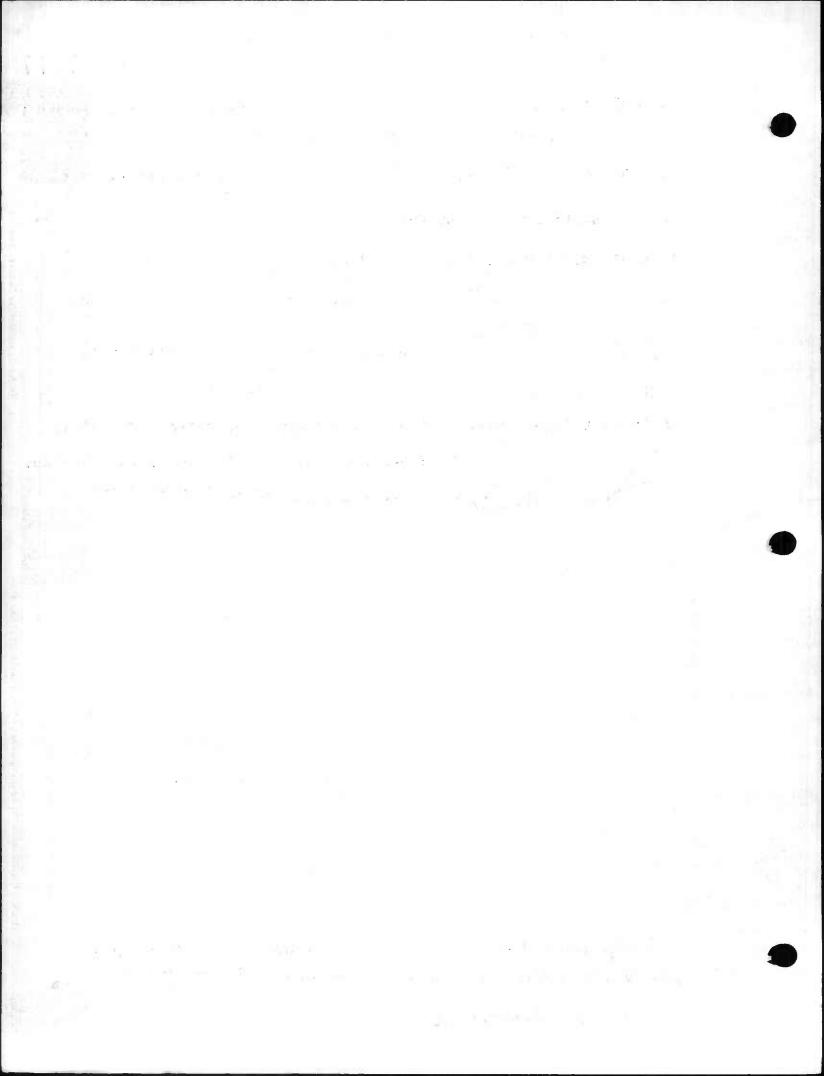


#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Month Veer LUCILLE LAWSON MARCH 10:45 AM 10 1996 /Medical 4e. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner JOHNS HOPKINS BAYVIEW MEDICAL CENTUR BALTEMORE BAYEMORE If Under 1 Year If Under 24 Hrs.
Months Davs Hours Min. Birthplace (State or Foreign Country) 5. Social Security Number 8. Data of Birth (Month, Day, Year) 7. Aga (In yrs. last birthday) **Funeral** Days 1 ☐ M 2 💢 F 218-09-9400 Yrs Director 06-25-1914 Virginia Usuel Residence of Decedent deeth with the Meryland 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Medical Examiner must be notified at 1 □ Yas 2 No Md. Director Baltimore **Dundalk** 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 1046 Old North Point Rd. USA Funeral 21224 12. Wes Decedant Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Dates: Wes Decedant of Hispanic Origin? (Specify Yas or No-lf Yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - American Indien, Bleck, White, etc. filed within 72 hours after 1 ☐ Never Merried 2 ☐ Married 1 ☐ Yes 2/□XNo Specify: þ Specify: 3 Widowed 4 □ Divorced Black. 16a. Decedent's Usuel Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedant's Education 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within 7 Department of Health and Mentel Hygiene. Important if flem 27 is marked other than "na any injury or other traumatic aven". (Specify only highest grada completed) Elementary/Secondary (0-12) College (1-4or 5+) Domestic Worker Home-Maker 7 th 17. Father's Neme (First, Middle, Last) 18. Mother's Nema (First, Middla, Maiden Surnama) Pinkey Epperson Willie Epperson 19e. tnformant's Neme/Reletionship (Type, Print) 19b. Maiting Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Roxie Woolridge (Cousin) 4536 St. Georges Ave. Balto., Md. 21212 Saltimore, 20b. Pleca of Disposition (Name of cametery, crematory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete Dete 1 Burlel 2 Cramation 3 Removal from Stata 4 ☐ Donetion 5 ☐ Other (Specify) Woodlawn Cemetery 3 - 15Woodlawn, Maryland 22. Nama and Address of Fecility Caple Funeral Service 5502 Winner Ave. Balto., Md. 21215 23a. Rart1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, should or heart failure. List only one cause on each line. Approximata Interval Between Onset and Deeth **Physician** /Medical tmmediate Cause (Finet SEPSIS 3 DAYS disaesa or condition resulting in deeth) Examiner Due to (or as a consequence of): buriel-transit Sequentially list conditions, if eny, leading to immediate cause. Entar Underlying Cause (Disease or Injury that initiated events resulting in death) Lest and Due to (or es a consequença of): physician s the buriel Physician/Medical Due to (or as a consequence of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. Unision of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 ≥ Unknown DEMENTIA, CARDIOMY OPATHY, HYPOTHYROIDIST à 24b. Were autopsy findings available prior to completion of cause of death? 24a. Wes an autopsy performed? (R) FEMUR FRACTURE, CEREBROVASCULAR ACLIDENT IN PAST, CHRONIC ATRIAL PIBRILLATION, HYPERKALEMIA 1 ☐ Yes 2 Ø No 1 Yes 2 No 25. Wes case referred to medical examiner? Be 26. Plece of Death (Check only one) Other: 4 Nursing Homa 5 Residence 6 Other (Specify) Hospitel: 1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 2 1 Yes 2 No #IS 28e. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred Certification: Atter 5 Pending Investigation 1 Netural 1 ☐ Yas 2 ☐ No 2 Accident 3 Sulcide 6 Could not be determined 28e. Pleca of Injury - At homa, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide †© Certifying Physicien: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and menner as stated.
2 Medicat Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) 29a. Certifier Medical (Check only one) To the Hol within 24 h To the Fur completely 29b. Signature and title of certifler 29c. License number 29d. Date signed (Month, Day, Year) Carolem House M.D. 96008A 30. Name and address of person who completed cause of death (Item 23a) (Type, Print).
TOHNS HOPKINS BALLIEW LEDICAL CENTER 4940 EASTERN AVENUE BALLIMORE, MARYUTNO 21234 31. Deta filed (Month, Day, Year) 32. Registrer's Signature State 2 1996 Registrar

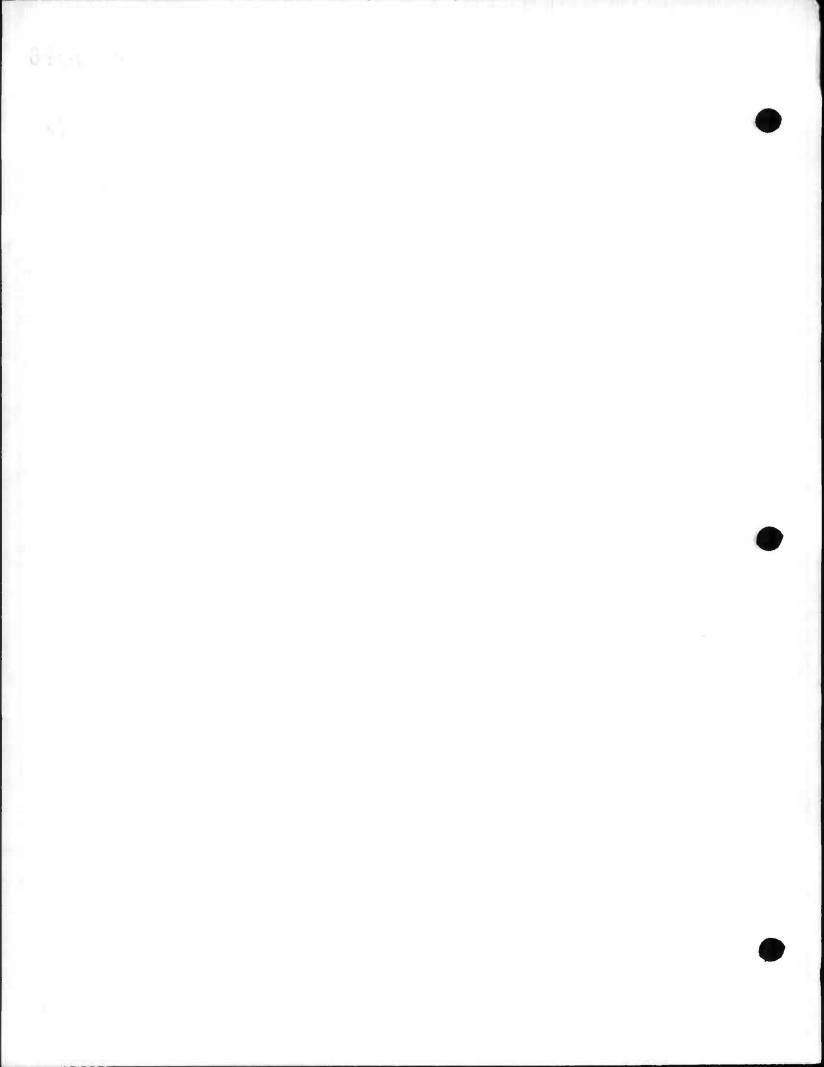
**DHMH 16 Rev 6/95** 



DIVISION OF VITAL RECORDS, P.O. BOX 68760

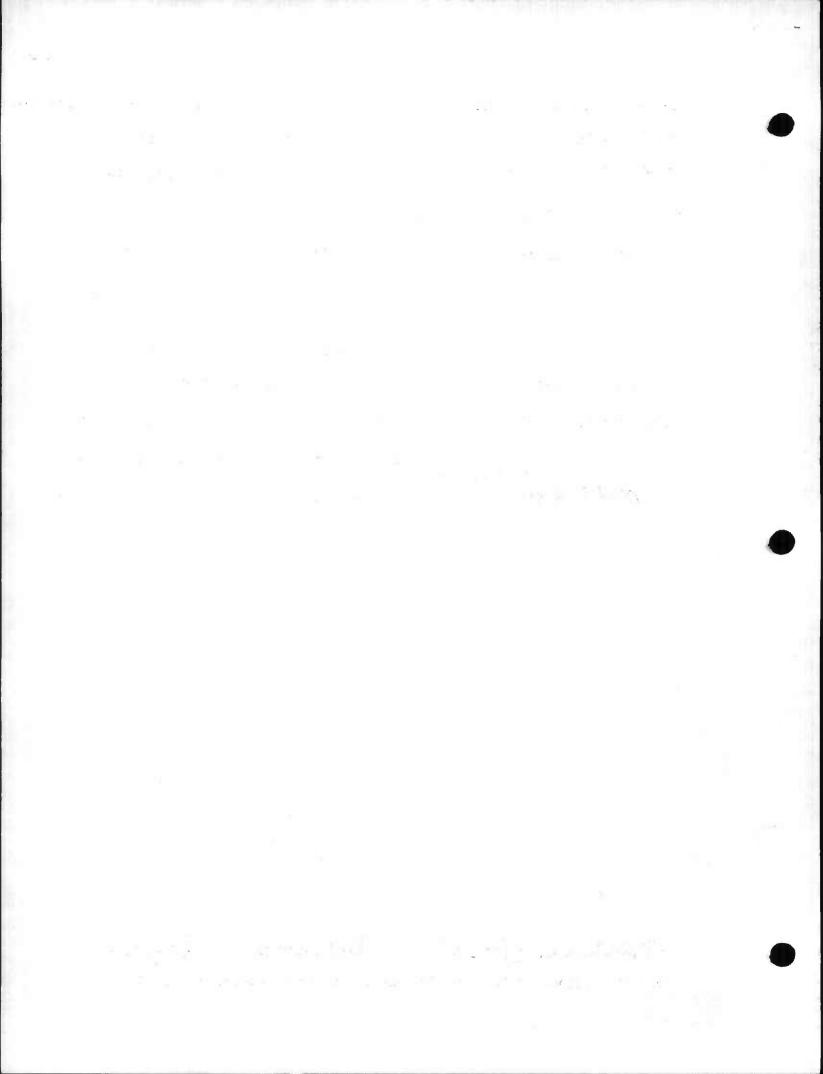
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the fours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Det or Health and Memai Health and Memail Health and Mema
Item 23 shows any injury, or other traumatic event, the medical

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.						
	1. DECEDENT'S NAME (First, Middle, La		4		2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH	
	Jasephine	>	McC		03 06		
1	4. SOCIAL SECURITY NUMBER		1 / 1	UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)	
	244-46-4126		6 6 YRS.		10/05/2	9 North Carolina	
00	9e. FACILITY NAME (If not institution, git			CITY, TOWN OR LOCATION OF D		9c. COUNTY OF DEATH	
DIRECTOR	RESIDENCE OF DECEDENT	Meridian multi- Med. Towson, MD2/204 Baltimone					
180	10a. STATE 10b. COU	NTY	10c. CITY, TO	WN OR LOCATION	,	10d. INSIDE CITY	
ă	LMD	N/A		BALTO		LIMITS?	
A I	100. STREET AND NUMBER			101. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?	
FUNERAL	1626 E. 28th		21218		U.S.A.		
5	11. MARITAL STATUS  1 Never Merried 2 Merried	12. WAS DECEDENT EVER I FORCES? 1 YES	N U.S. ARMED	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexico	NIC ORIGIN? (Specify Yes o	or No— 14. RACE — American Indian, Black, White, etc.	
¥	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 YES NO Specif		Specify: BLACK	
80	15. DECEDENT'S E	16a. DECEDENT'S USU	e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BU				
E .	(Specify only highest gr Elementary/Secondary (0-12)	ade completed)  College (1-4 or 5+)	(Give kind of work of the Do NOT use reti	done during most of working	TOUR KIND OF BOSIF	NEGO/MDOS/AT	
₹ F	12th	N/A	NUIRSING	A C C M	CONVERS	SARY	
COMPLET	17. FATHER'S NAME (First, Middle, Last)			THOU IS NOT THE OWNER.	18. MOTHER'S NAME (First, Middle, Melden Surname)		
BE	HENRY SMITH			MARY MCCRAY			
199. INFORMANT'S NAME (Type/Print)  199. MARTHA MCCRAY  1626 E. 28+b ST BALTO MD 212						State, Zip Code)	
						21218	
	20s. METHOD OF DISPOSITION  TO Burlel 2 Cremetion 3 Removal from State  4 Donetion 5 Other (Spbchy)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  20b. PLACE AND DATE OF DISPOSITION (Name of committee), cremetory or other place)  MAR  1 OTHER NO ADDRESS OF FACILITY  22c. NAME AND ADDRESS OF FACILITY						
1 8							
San Traine And Address of Pacific						FUNERAL HOME	
$\vdash$	Muller	or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate					
	23. PART I. Enter the diseases, o shock, or heart failui	or complications that cause re. List only one cause on e	d the deeth. Do not e ach line.	nter the mode of dying, suc	h aa cardiec or reapira	tory arrest, Approximate interval Between	
	IMMEDIATE CAUSE (Final						
	disease or condition resulting in death)  a. RESPIRATORY FRILURE 2.4825						
_	SEE TO (OT AS A CONSECUENCE OF).						
2	Sequentially list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):						
8	cause. Enter UNDERLYING CAUSE (Disease or Injury	END STAGE RENAL DISEASE 3 YRS					
1	that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  resulting in deeth) LAST						
CERTIFICATION	readiting in deetin) CAST	d					
AL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 24e. WAS AN AUTOPSY FINDINGS						
	PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE						
MEDIC		Dialect	on ou	00.000	_   ''' ''' '	OF DEATH?	
	DID TOBACCO USE CON	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN V					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL:  OTHER:						
YSI	1 TES 2 NO	1   Inpatient 2   ER/Out		HER: Nursing Home 5 - Residence	6 Other (Specify)		
표	27. MANNER OF DEATH  1 Natural 5 Pending	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	26d. DESCRIBE HOW INJ	URY OCCURED	
B	2 Accident Investigatio			M 1 YES 2 NO			
8	3 Suicide 8 Could not t 4 Homicide determined	Dulliding atc. (Spe	— At home, ferm, street city)	, factory, office	28t. LOCATION (Street and City or Town, State)	1 Number or Rural Route Number,	
COMPLETED	29e. CERTIFIER CONTENUES PLUMOCOLAN TO A CONTENUE PLUMOCOLAN TO A						
₩.	(Check only one)  298. CERTIFFING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated.  MEDICAL EXAMINER: On the beat of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated.						
	20h SIGNINTIDE AND VIVE OF GENERAL						
B						29d. DATE SIGNED (Month Day, Year)	
						7 1 16-	
						717 PARIL	
	31. DATE FILED (Month, Day, Year) 32 REGISTRAR'S SIGNATURE						
	MAR 1 2 1996						
			7				



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

						Ce	rtificate	of	Death			Reg. No.			
	-		1. Decedent's Nama (First, Middle, L	ast)							2. Data of De	ath	Vee	3. T	ime of Death
	Physic /Medi		Grace Louis	e Mer	edith						March	1 I	1996	12	:00 a.m
	Exami		4a. Facility Nama (If not institution, ga	ve street end numba	r)				4b. City, To	wn, or L	ocation of Deat		unty of Death		
	,		Stella Maris						Tow				altimo	re	
	Funeral Director			Sax 7. A 1 □ M 2 X F	ige (In yrs. lest L	Yrs.		Year Days	If Under Hours	24 Hrs. Min.	8. Date of Bli (Month, Da January	ay, Year)	Col	rylace (Suntry)	stete or Foreign nd
	dand ow		10a. State 10b. County		10c. City, To	wn or Lo	ocation						-	10d. Ins	ide City Limits
	Mary	tor	Maryland Balt	imore	Tim	oniu	um							1 [	Yes 2 No
	r 28a	Director	10e. Street and Number				10f. Zlp C	ode				10g. Citizer	of What Co	untry?	
	h wit		230 Deepdale D	rive			2:	109	3			United	d Stat	es	
	dea	Funeral	11. Marital Status	12. Was Deceden Armed Forcas	t Ever in U,S.	13.	Was Dacada If Yes, specif	nt of h	Hispanic Ori	gin? (Sp	ecify Yes or No	)- 14.	Race - Amer		lan,
Maryland 21215-0020	n 72 hours elter death with the Maryland "natural", or frama 23a or 28a-f show soldest Examinet must be notified at	by	1 X Nevar Married 2 Married 3 Widowed 4 Divorcad	1 ☐ Yes 2 🔀 If Yas, Give Year or Dates	No		1 ☐ Yes 2			i, r dario	ritoan, atc.)	Sp	Black, White ecify: Wh	i te	
5-0	72 h	etec	15. Decadent's E (Specify only highest gi		16	a. Dece	dent's Usual	Occup	pation during mos	t of work	ina	16b. Kind	of Businass/I	ndustry	
121	C * S	Completed	Elemantary/Secondary (0-12)	College (1-4or	5+)	_	kind of work DO NOT use		d)			Τ.		00	
2			8 17. Fathar's Name (First, Middle, Las	Ab		3	Secreta	ary	10 11-11	d. 81-	e (First, Middle		nsuran	ce	
and	2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Be								nes	Birmir		mame)		
7	d 2 should be th and Mental 7 is marked of traumatic eve	10	Henry Mere		10	ah Maili	ina Address /	Stran			al Routa Numb		um State 7	in Code	
Ma	d Table		Mrs. Jean M. He		15		Deepd				imoniun				.093
ē,	of Health item 27 I		20a. Method of Disposition	7 011	20b. Placa	of Dispo	osition (Neme	of			Date		ion - City or		
mo	age: ent of t: If i		1 ☑ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Spec		9		metory or oth edral (			3 /1	3/06	Ral+	imore,	Man	vland
Baltimore,	permit. Pages 'Department of Inportant: If its any injury or of once.		21. Signature of Funeral Sarvica Lice				2. Name and				3/30	Daic	illioi e,	riai	yrana
ä	Depa Impo any l		> ymack T. &		Zavojii	۵.	Leona	rd	J. Ru	ck,					
	_		23a. Part1. Enter the disease, or cor	V	ed the death. Do	not en	5305 ter the mode	Har	ford	Road	Balt	imore,	Md.	212	L4 eximate
Ų.	Physician		shock, or heart failure. List only	ona cause on each	line.			-2			, , , , , , , , ,		i	interv	al Between t snd Death
	/Medical	Ш	Immediata Cause (Final	End Ch	oco Tuno	· Di	20220						į	2 1	reeks
ı	Examiner		disaasa or condition resulting in daath)	a. Elid Sta	age Lung							-	-	2 W	eers
		ner			Dua to (or us t	2 0011901	querice orj.						1		
ó	certificate be executed ding physician and use as the burial-transit	Examiner	Sequentially list conditions, if any, leading to immadiata cause. Enter Underlying	b	Due to (or as a	consac	quance of):						]		- 7
68760,	ifficata be g physici as the bu	ledical	Cause (Disaasa or Injury that initiated evants resulting in death) Last	C	Due to (or as a	consec	quence of):								
Вох	0 2 2	an/M		d									i		
	death of for u	Physician/	Part ii. Other significant conditions	contributing to death	but not resulting	in tha u	indarlying cau	ise gi	ven in Part i		23b. Did	tobacco use	contribute	to the c	nuse of death?
P.0	that the de led by the detached	Phy									10	Yes 201	No 3□Pr	obably	4 Unknown
	5 G	by													
Records,	lew requires es been sign 2 should be	Completed									24a. Was	an autopsy ormed?	8	vailable	on of cause
	9 4 5	E O									10	Yes 20	lo 1	□Yes	2 No
Vital	iclan: The	Bec	25. Was case referred to medical						26. Placa	of Deat	h (Check only				
<u> </u>	S 00 TO	70	axaminer? 1 ☐ Yas 🐪 No	Hospital: 1 ☐ Inpat	ient 2 ER/0	Outpatier	nt 3 DOA	Ott	her: 4 Nu	rsing Ho	ma 5□Rasi	idence 6	Other (Spec	cify)	
_	ndin Ph		27. Manner of Death  1 ☐ Natural 5 ☐ Pending investigation		ury 28b	Time of Injury	M 286	. Inju Wo 1 □	ryat rk? ]Yes 2⊡l	No	28d. Dascribe	how injury o	ccurred		
Division	al or Attendars safar dailth	Certification:	3 Suicide 8 Could not l 4 Homicide datamined	28a. Place of it	njury - At home, tc. <i>(Specify)</i>	farm, str	raat, factory,	office			28f. Location ( City or To	Street end N wn, Stete)	umber or Ru	ral Route	Number,
	To the Hospital or Attention within 24 hours star dailin. To the Funeral Director: Aftar completaly filled in by the fune	edica! (	29a. Certifiar (Check only one)	hysician: To the best miner: On the basis and manner s	of examination a	ga, daatt	h occurred at vestigation, in	the the	me, date an opinion, daa	d place, th occur	and dua to tha red at the time,	cause(s) and date and pla	d manner as ace, and dua	stated. to tha co	ausa(s)
	To the Within To the	X	29b. Signature and title of certifier				29c.	Licans	se number		T	29d. Date s	igned (Month	, Day, Y	ear)
			Exanda 00	PER	uller		D	2	564	3		3/11	194		
	5	ŀ	30. Name and address of person who	completed ceuse of	daath (Itam 23a	) (Type.						1	, 18		
			Kendall Faulkne		2300 Du			.ey	Road	, To	wson, M	1D 21	204		
	Sta Registr	-	31. Date filed (Month, Day, Year) MAR 1 2 1996	alia di Pegisi	rar's Signature										



LAND	the hosp	e detache	t once.
BALTIMORE, MARYLAND	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	"TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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-	urs afte	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	edica
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DIVISION OF VITAL RECORDS, P.O. BOX 68760	be ex	cian a	- Bum
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-	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I CERTIFICATE OF DEATH		HYGIENE REG. NO.
	ECEDENT'S NAME (First, Middle, Last)	Moscati	2. DATE OF	DEATH DAY

•	STATE REGISTRAR STATE OF MARTLAND / DEPARTMENT OF HEALTH AND MENTAL HTGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last) Mary Ernestine Moscati  2. DATE OF DEATH MONTH March 9, 1996 2:10 A	M
	4. SOCIAL SECURITY NUMBER 218-60-4425  5. SEX 6. AGE (In yrs. lest birthdey) 1	ign
OR	98. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN DR LOCATION OF DEATH  9c. COUNTY OF DEATH  8c. COUNTY OF DEATH  Baltimore  RESIDENCE OF DECEDENT	
DIRECTOR	Maryland Baltimore    106. COUNTY   106. COU	0
FUNERAL	100. STREET AND NUMBER  101. ZIP CDDE  102. CITIZEN OF WHAT COUNTRY?  21212  USA	
BY FU	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMEO FDRCES? 1 YES SHOOT IF YES, GIVE WAR OR DATES  13. WINDOWN Marken, Puerto Rican, etc.)  14. RACE - American Indian Black, White, etc.  15. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No- If yes, specify Cuben, Maxican, Puerto Rican, etc.)  16. YES 2 DID Specify  17. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No- If yes, specify Cuben, Maxican, Puerto Rican, etc.)  18. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No- If yes, specify Cuben, Maxican, Puerto Rican, etc.)	•
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12) 12  16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  Teacher  16b. KIND OF BUSINESS/INDUSTRY  16b. CON DOT use retired.)  Education	
	17. FATHER'S NAME (First, Middle, Lest)  Joseph Moscati  18. MOTHER'S NAME (First, Middle, Melden Surneme)  Catherine Dantoni	
TO BE	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  S.Bernice Feilinger  6401 N. Charles St., Baltimore, Md.21212	
	20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION /Name of DATE 20s. LOCATION — City or Town, State	
	4 Donation 6 Donation	ıd
	Mitchell-Wiedefeld Home Inc. 6500 York Rd. Baltimore, MD 21212	
	23. PART I. Ebfer the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a.	reewi
NO	DUE TO JOB AS A CONSEQUENCE OF):  LEVEL OF LINE AS A CONSEQUENCE OF):  DUE TO JOB AS A CONSEQUENCE OF):	
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	
ERTIF	that initiated events resulting in deeth) LAST	
	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert i. 24e. WAS AN AUTOPSY PERFORMED?  24b. WERE AUTOPSY FIN AMILABLE PRIOR TO COMPLETION OF CA	0
MEDICAL	1 VES 2 NO DF DEATH?	
PHYSICIAN:	DID TOBACCO USE CONTRIBUTE TO AUSE OF DEATH YES NO UNCERTAIN  25. WAS CASE REFERRED TO MEDICAL  26. PLACE OF DEATH (Check only one)	
YSIC	EXAMINER?  1 YES 2 NO  1 Insultant 2 Elifo patient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)	
ву РН	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation  28b. TIME DF INJURY AT WORK? 1 YES 2 ND	
	3 Suicide 6 Could not be 4 Homicide 6 Could not be determined 28f. LOCATION (Street and Number or Rural Route Number, Str. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	
COMPLETED	29s. CERTIFIER (Check only one)  1 CERTIFIED PHYSICIAN. To the same of my knowledge, death occurred at the time, data and piace, and due to the cause(s) and menner as stated.  2 MEDICAL EXAMINER: On the pasie of examine and injuristigation, in my opinion, death occurred at the time, data and piace, and due to the cause(s) and manner as stated.	ited.
띪	29b. SIGNATURE AND TITLE DF CERTIFIER  29c. GENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)	
5	30. NAME AND ADDRESS DE DENSON WHO COMPLETED CAUSE DF DEATH (ITEM 27) (Type, Print)	
	2300 Dulaney Valley Road Towson, MD 21204  31. DATE FILED (Manife Day 1996)  MAR 12 1996  July 22. Solis Paris Schattlee	
	DHMM 48	

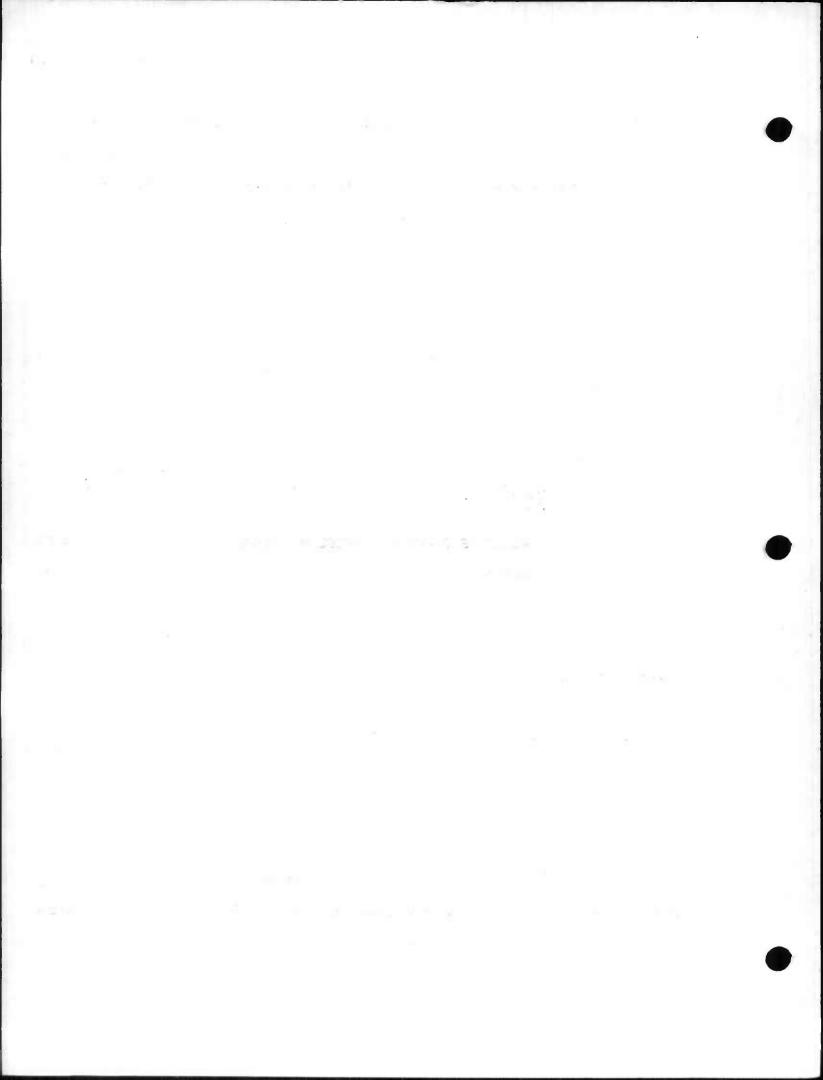
th. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

1. DECEDENT'S NAME (First, Middle, Last)

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	OSPITA

	1. DECEDENT'S NAME (First, A	fiddle, Last)			MC	CALL			MONTH	Mar 11	1996	YEAR	3. TIME OF DEATH  3:25 pm M
	4. SOCIAL SECURITY NUMBER 189-26-2158		5. SEX	6. AGE (In yrs. 61	lest birthday) YRS.	#F UNDER 1 YEAR		MIN,	7. DATE (	DE BIRTH (29/19)		8. BIRTN	PLACE (State or Foreign
	9a. FACILITY NAME (If not inst	itution, give st	reet and number)			9b. CITY, TOW			ATN	23/13.	9c. COU	NTY OF DE	EATH
TOR	Saint Joses		lical Center			Тс	waon,	Man	yland		E	3altim	ore
DIRECTOR	MD MD	Balt	imore		10с. сат Lj	y, town or Lo Lnover/	Balti	more					10d. INSIDE CITY LIMITS? X 1 YES 2 X NO
IERAL	100. STREET AND NUMBER 5127 Henz	cy Ave	enue				101. ZIP COD	€ 236				J.S.A	HAT COUNTRY?
BY FUNE	11. MARITAL STATUS  1 Never Married 2 X X M  3 Widowed 4 Divorce		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	T EVER IN U.S. YES 2. WAR OR DATES	ARMED	If yes,	ECENDENT ( specify Cubi ES 2 XNO	n, Maxica	n, Puarto F	? (Specify Yes Rican, atc.)	or No		,—American Indian, White, etc.
PLETED	15. DECEI (Specify only in Elementary/Secondary (0-1			+)	(Give kind of a life, Do NOT us	usual occupi work done during se retired.)	most of worki		16b.	KIND OF BU	siness/ind		
COMPL	17. FATHER'S NAME (First, Mid	die, Last)			телері	ione be			ME (First, A	Aiddle, Maiden		202	
BE	Edward Du				105 MARING	AODBECC (State			Degr		on Chata Zin	Cardal	
2	Neil Mc Cal				512	AODRESS (Sire Henry	Aven	ue Ba	altin	iore,	Maryl	land	21236
	20a. METNOD OF DISPOSITION	3 🗆 Ramo	oval from Stata			OF DISPOSITION			DATE		CATION -		1 10000
	4 Donetion 8 Other (S		ENGEZ /	Gree	nmount	ther place) Crema 22. NAME		SS OF FA					Maryland ral Home In
	* klin	XX.	ffeel	h		7110	Bela	ir Ro	oad E	Baltim	ore,	Mary	land 21206
	23. PARTA Enter the dis- shock, or her IMMEDIATE CAUSE (Fina disease or condition resulting in death)	ishaels, or a art failures	ADULT			Y DISTRE				liac or respi	iratory an	reat,	Approximata Interval Between Onset and Death
CERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF):  SEPSIS  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
EDICAL	PART II. Other significan			death but no	ot resulting	in the underly	ring couse	given in	Part i.	24a. WAS AN PERFOR	RMED?	24b.	WERE AUTOPSY FINDINGS AWARABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 O
AN: M	DID TOBACCO US	E CONTI	RIBUTE TO CA	USE OF D	EATH YI	ES NO	W UN	CERTAII	N 🗆				10 165 2 100
SICIA	25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 YES	MEDICAL	HOSPITAL:			TN (Check only o							
BY PHYS	27. MANNER OF DEATH  1 Netural 5 P	ending vestigation	28a. DATE OF (Month, I	INJURY	28b. TIN	JURY	INJURY AT WORK?	NO NO		CRIBE HOW	NJURY OC	CUREO	
ETED B	3 Suicide 8 C	ould not be starmined	28e, PLACE ( building,	OF INJURY At , etc. (Specify)	home, larm,	street, fectory, o	ffica			ATION (Street or Yown, State)		r or Rural R	loute Number,
COMPLE	onel		CIAN: To the best of a										) and menner as stated.
TO BE	29b. SIGNATURE AND TITLE (	3	DIO	ingor	/	m.D.	_	ENSE NUI					(Month, Day, Year) . 11, 1996
	BEATRIZ P. C						ENTER	7620	YOR	K ROAL	D, TOI	NSON	, MD. 21204
	31. DATE FILED (Month, Day, N	o 100	SI NEGISTR	AR'S SIGNATUR	Carlall								
	MARI	C DD	Carried II			_							DHMH-18 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

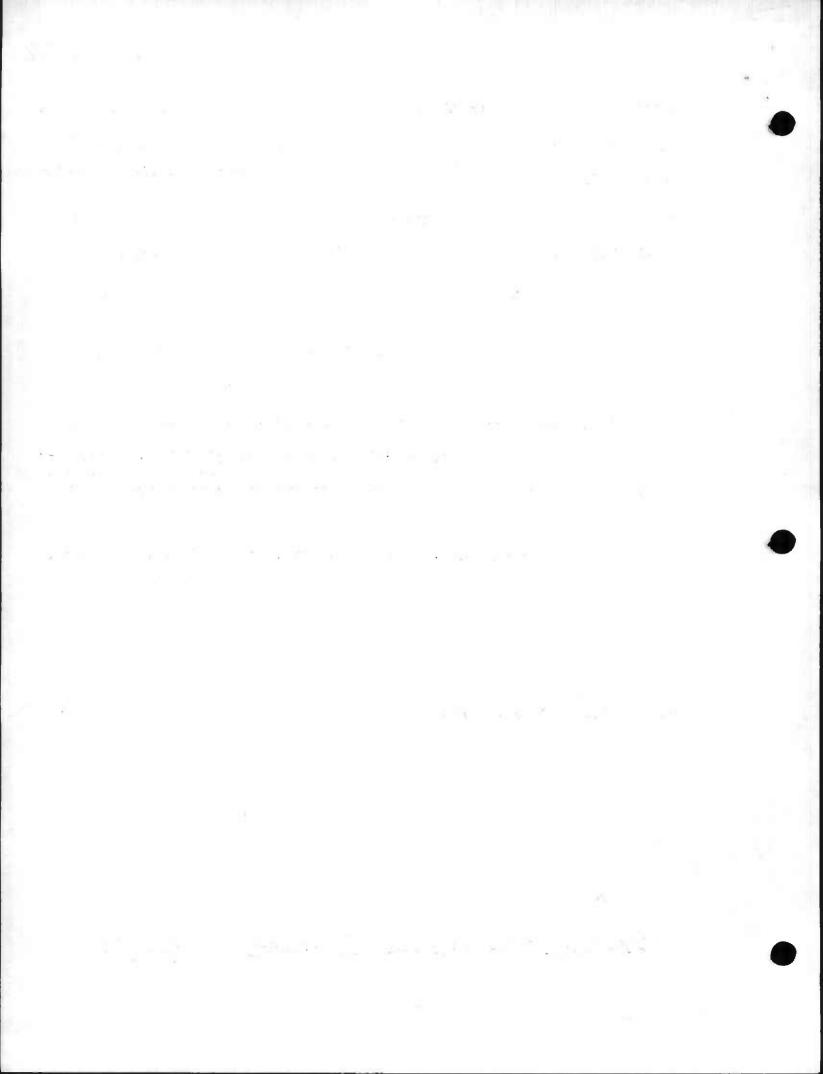


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State of Maryland / Department of Health and Mental Hygiene

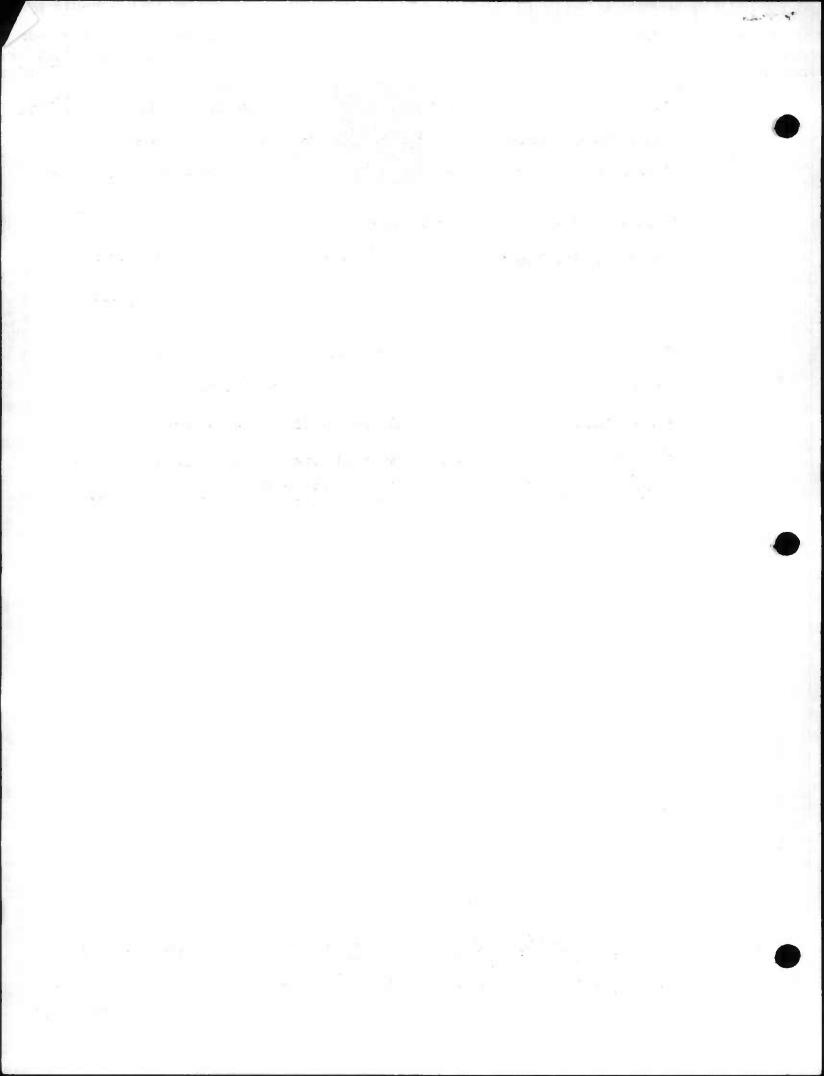
96 07022

						Certin	ficate of	Death			Reg. No.		
			1. Decedent'a Name (First, Mide	dle, Last)						2. Date of De		Voce	3. Tima of Death
8	Physic /Medi		GEORGE	MA	TEREWIC	Z				MArch	Day	1996	245AA
	Exami		4a. Facility Nama (If not Institution	on, give straat end number)				4b. City, To		cation of Death	4c. Cour	ty of Daath	
	Funeral Director		Stella Maris 5. Social Sacurity Number  215-38-8875 Usuai Residence of Decedent	Hospice 6. Sex 7. Ag	a (In yrs. last bi		f Undar 1 Year Ionths Days		On 24 Hrs. Min.	8. Date of Bir (Month, Da August	B y, Year) 25, 19	altimo 9. Birthp Cour 10 Po	ore place (Steta or Foreign ntry) ennsylvania
	show		10a. State 10b. Count	dy	10c. City, Tow		ion					1	10d. Inside City Limits
	Se-f	Director	MD		Baltin	nore							1 Yas 2□No
	th with the		10e. Street and Number 6203 Moyer	Avenue			10f. Zip Code 212	206			10g. Citizen o		ntry?
020	n 72 hours efter deeth with the Maryland *natural", or liems 23a or 28a-f show edical Examiner must be notified at	by Funeral	11. Marital Status  1 □ Navar Marriad 2 □ Ma 3 ☑ Widowed 4 □ Divorce	If Xes. Give		If Ya	S Dacedent of as, specify Cub Yes 2 X No	oan, Maxicar	n, Puarto	ecify Yes or No Rican, atc.)	В	ace - Americ lack, Whita, city: Whit	etc.
21215-0020	도 교회	Completed		ent's Education ast grade completed)  College (1-4or 5		(Give kind life. DO	t's Usuai Occu d of work done NOT use retire	duning mos	t of worki	ng	16b. Kind of		
Maryland 2	be filed het Hygi d other event,	To Be Cor	12 17. Fether's Name (First, Middle Unknown	ə, Last)		LT.	Col. I			(First, Middle,		. Army	у
ary	S DE E	-	19e. Informent's Name/Reletion	nship (Type, Print)	198	. Mailing A	Address (Stree	t end Numb	er or Rure	I Route Numb	er, City or Tow	m, Stete, Zij	Code)
	1 en leel		George L. Mat	erewicz Jr.	20b. Piece o	f Disposition	on (Neme of		Perr	y Hall,	Mary1		
Baltimore,			1 Burial 2 Cremation 4 Donation 5 Other (		cemete	ry, cremete tanis	ory or other ple laus Ce	emeter	-	/14/96	Baltim	ore, N	Maryland
Ball	permit. Pege Depertment of Important: If eny Injury or once.		21. Signatura of Funeral Service	e Licensaa	01-					Dippel ltimore			
	Physician		23a. Part1. Enter the disease, shock, or heart failure. Lis										Approximata Interval Between Onsat and Death
0.	/Medical Examiner	Jer	Immediete Cause (Finel disassa or condition resulting in death)	a ARTEA	Que to (or es e	consequer	once of):	CAR	Dia	VASCU	LAR		yrs.
68760,	sertificate be executed ding physician and se as the burial-transit	edical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events rasulting in death) Last	c	Due to (or as a								
. Box	6 5	Physician/M	Part II. Other significant condit	d	ut not resulting i	n the unde	rlying ceuse g	iven in Part		23b. Did	tobacco use	contributs t	o the cause of death?
, r.O	thet the ed by detect	by Phy	PROSTATE	CANC	ER					10	Yes 2□ No	3 ☐ Pro	bably Unknown
Records,	s been s 2 should	Completed b									an autopsy ormed?	av	ere autopsy findings vallable prior to impletion of causa death?
	The ate h	Con								10	Yes 200 No	11	☐ Yas 2☐ No
VII	ysician: The is certificate director, peg	Be	25. Was case referred to medic examiner?						of Deeth	(Check only o	one)		
o uo	5 00	on: To	1 Yes No  27. Manner of Death Natural 5 Pand		ry 28b.	Time of Injury	28c. Inju	iry at ork?		me 5 Residence R			W Hospice
DIMISIK	er deet ector: by the	Certification:	3 Suicide 6 Could	tigation d not be mined 28e. Place of inj building, etc				Yes 2		28f. Location ( City or To	Street and Nur wn, Stete)	n <i>ber or Run</i>	al Route Number,
	To the Hospital or within 24 hours eft to the Funeral Discompletely filled in	edicai C	29a. Certifier 15 Certifyi (Check only one) 2 Madica	ing Physician: To the best of Examinar: On the basis of and manner sta	examination ar	e, deeth oc ad/or invest	curred at the t tigetion, In my	lme, date an opinion, dea	d place, a	and due to the ed at the time,	cause(s) and date and place	menner as a e, and dua t	stated. o the cause(s)
	vithin Fo the compl	Me	29b. Signature and titla of certifi				29c. Licen	se number			29d. Date sign	ned (Month,	Day, Year)
	. 210		Mendal	e P.Fru	ella	ero	De	2-56	43		3/1	1/9	6
,	10		30 Name and address of person	who completed causa of d	eath (Item 23a)	(Type, Prir	301	T	اں	ANE	V	All	eu Rd
	Sta Regista		31. Date filed (Month, Dey, Year MAR 1 2 1	996 32, Redistr	ars Signado	للما				1	-		



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 07023 Certificate of Death

					Cel	runcate of	Dealli	1	Reg. No.				
	Physici /Medi		Decedent's Name (First, Middle, Last)     LINELL		URPHY			2. Date of De Month March	<sup>Day</sup> , 199	Year 3. Time of Death			
	Examir	ner	4a. Facility Neme (If not institution, give street and nu 431 E. Lanvale Street				4b. City, Town, or Baltimo	ore	4c. County of N/A				
	Funeral Director		5. Sociei Security Number 212-22-1277 6. Sex 1 □ M 2 🖾 F	7. Age (In yrs. 85	last birthday) Yrs.	Months Deys		8. Dete of Bir Month, De APR 8	V. Year	9. Birthplace (State or Foreign Country) 5. Carolina			
	lend W		Usual Residence of Decedent  10a. State 10b. County	10c. Cit	y, Town or Lo	ocation		10d. Inside City Limits					
	Mery	tor	Maryland N/A	I	Baltim	ore				1 XYes 2 □ No			
	r 28a	lrec	10e. Street and Number			10f. Zip Code			10g. Citizen of Wh	nat Country?			
	th wit	al	431 E. Lanvale Street			212	02		United	States			
50	filed within 72 hours after death with the Meryland Hygiene. ther than "natural", or flems 23a or 28a-f ahow int, the Meoicel Exeminet must be recited at	y Funeral Director	Armed Fo	2 (ZANo /e		Was Decedent of If Yes, specify Cul	Hispanic Origin? (S ban, Mexican, Puer Specify:	Specify Yes or No to Rican, etc.)		American Indian, White, etc.			
Maryland 21215-0020	ural',	d by	3 XWidowed 4 □ Divorced Year or D	etes:	10.0		The second second						
15	in 72	lete	15. Decedent's Education (Specify only highest grade completed)		16a. Deced (Give	dent's Usual Occu kind of work done DO NOT use retin	ipation e during most of wo ed)	orking	16b. Kind of Bus	ness/Industry			
212	should be filed withind Mental Hygiene. I marked other than umatic evant, the M	Completed	Elementary/Secondary (0-12) College (1	1-4or 5+)		estic Wo			Outsid	e Home			
P	be filed tal Hygie d other evant, to	BeC	17. Father's Name (First, Middle, Last)					me (First, Middle	, Malden Sumame,				
/lar	should be nd Menta marked imatic ev	ToE	Wil Jet				Class	Classey Hornton					
lan			19a. Informant's Name/Relationship (Type, Print)		19b. Mellir	ng Address (Stree	and Number or R	or Rural Route Number, City or Town, State, Zip Code)					
	5 5 N F		Willie Murphy				le Street	, Baltin	nore, MD	21202			
ore	pes 1 and 1 of Heeli		20a. Method of Disposition 1 🛣 Burial 2 □ Cremation 3 □ Removal from	State	emetery, crer	sition (Name of matory or other pla	.,	Date	20c. Location - C	ity or Town, Stete			
Ë	men men jury		4 Donation 5/ Other (Specify)	Ark	outus N	Memorial	Park	3-13-96	Arbutus,	Maryland			
Baltimore,	permit. Pages Department of I Important: If ite any injury or of		21. Signature of Funeral Service Licensee	Po.	22	Name and Addr March Ful	ess of Facility neral Hom	ie					
_	005.00		Japlin & Allen	1		1101 E. 1	North Ave	nue, Bal	timore,	MD 21202			
			23a. Part / Enter the discount, or complications that c shock, or heart failure. List only one cause on e	adsed the death ach line.	h. Do not ent	er the mode of dy	ing, such es cardia	c or respiratory a	rrest,	Approximate Intervel Between Onset end Death			
	Physician /Medical Examiner	16	Immediate Cause (Final disease or condition resulting in death)	Aval. Due to (o	AZ r as a consec	And A	/mia	2					
	nted Insit	Examiner	Immediate Cause (Final disease or condition resulting in death)  e. CAVOLINA Arrhym.pa  Due to (or as a consequence of):  Sill Siny, leading to immediate cause. Enter Underlying Cause. Disease or injury  Cause. Disease or injury  c.										
,	axecu n end ial-tra	Exa											
68760,	certificate be executed rding physician end use as the burial-transit		that initiated events		1								
68	iffical og ph as th	Physician/Medical	The initiated events resulting in deeth) Last Due to (or es e consequence of):										
SOX	endin r use	any	d										
O. B	he atter	slcl	Part II. Other significant conditions contributing to de	eath but not resu	ulting In the u	nderlying cause g	iven in Part I.	23b. Dld	tobacco use cont	jbuts to the cause of death?			
s, P.0	as that the death gned by the atter be deteched for i	by Phy	End stage some Congestive h	le c	deme,	ntiA		10	B Probably 4 Unknown				
Vital Records,	a iaw requiras that hes been signed I je 2 should be dat	Completed	Congestive h	ent	fin	hlure		24a. Was perfo	en eutopsy ormed?	24b. Were autopsy findings aveilable prior to completion of cause of death?			
<u>=</u>	The ate h	Con						10	Yes 2 3 No	1 ☐ Yes 2 ☐ No			
/ita	Physician: The rthis certificate ral director, peg	Be	25. Was case referred to medical examiner?					ath (Check only	one)				
of	Physic this c	70		1	ER/Outpatien	IL SLI DOA		Home 5 PResident					
nc	After After funer	on	T Driatulal	th, Day Year)	28b. Time of Injury	Wo		28d. Describe	how Injury occurred	1			
Division	of or Attending after death.  Director: After din by the fune	Certification:	2 Accident Investigation 3 Suicide 6 Could not be	of Injury At he	ma farm at	M 1 [	]Yes 2□No	29f Loontion (	Ctroot and Alumbau	or Rural Route Number.			
οį	after Direct	ert	4 Homicide determined 286. Place building	ng, etc. (Specify	/)	eet, factory, office		City or To		or narar noure reuniber,			
	To the Hospital or Attending within 24 hours after death.  To the Funeral Director: After completely filled in by the fune	edical C	29a. Certifier (Check only one)  1 Certifying Physician: To the be and ment and ment	best of my know asis of examinet her stated.	wledge, deeth ion and/or inv	n occurred at the t vestigetion, in my	ime, dete and place opinion, death occu	e, end due to the urred at the time,	cause(s) and mani date and piace, an	ner as stated. d due to the ceuse(s)			
	ro the	Me	29b. Signature end title of certifier			29c, Licen	se number		29d. Dete signed	(Month, Day, Year)			
	2		30. Name and address of person who completed caus	y MO	23a) (Tune	DZ	27860		MARCH	12, 1996			
1			CHRISTOPHEK DIK	GARN	RY N	10 76	D WASHI	NGRN	BIUD &	PAT MD			
	Sta Registr		31. Date filed (Month, Day, Year) MAR 1 2 1996	egistrar's Signa	work!					4230			



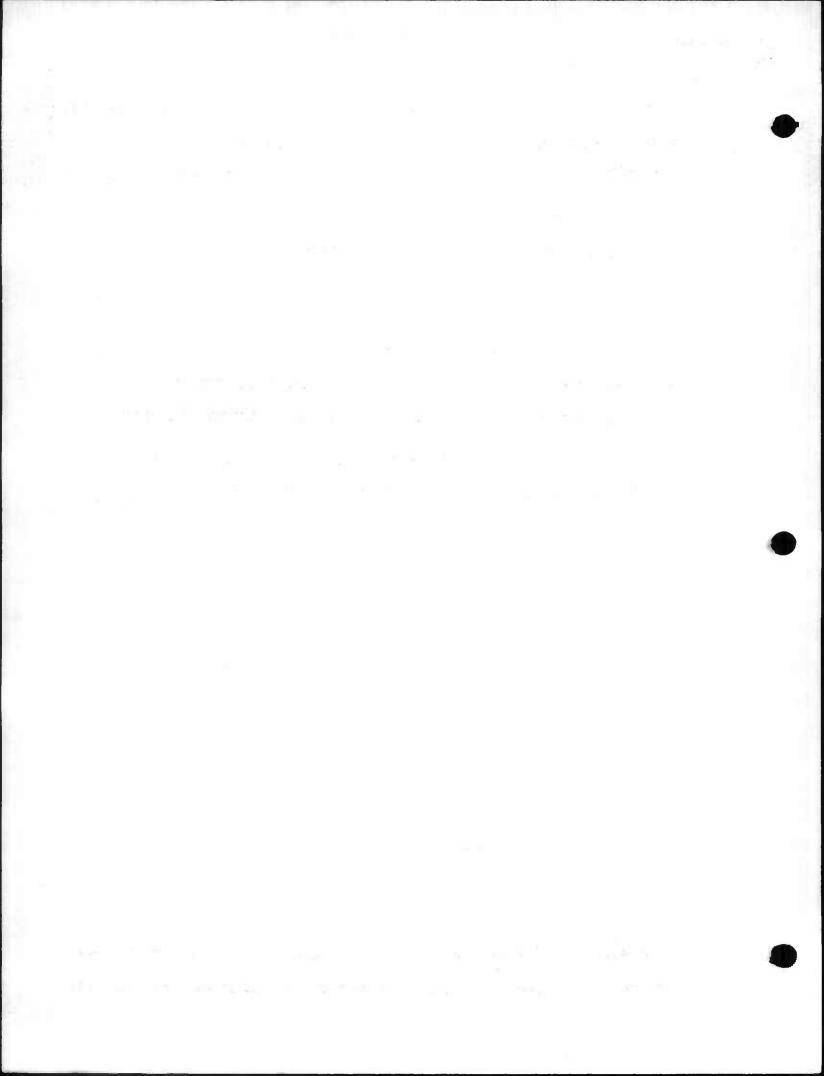
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 96-1258-510 State of Maryland / Department of Health and Mental Hygiene

ITEMS: 23 PART I, 27, 28a-f, PER NEO Certificate of Death -733 3/22/96 t.t 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death **Physician** Month MILLER 08,1996 PHILIP MARCH 21:30 P /Medical 4a. Facility Name (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Deeth **Examiner** N/A 5019 HARFORD BALTIMORE RD If Under 1 Year If Under 24 Hrs. 8. Dete of Birth Months Days Hours Min. Month, Dey, Year MAY 28, 1969 5. Sociel Security Number 7. Aga (In yrs. lest birthday) Birthplace (Stete or Foreign Country) **Funeral** 1 M 2 F 26 219-88-6585 Yrs. Director MARYLAND Usuel Residence of Deceden 10a Steta 10b. County 10c. City, Town or Location 10d. Inaide City Limits 28a-f show traumatic event, the Medical Examiner must be notified at MD. N/A BALTIMORE 1 Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 8 5019 HARFORD ROAD 21214 items 23a USA Funeral 12. Wes Decedent Ever in U,S Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cubar, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Black, White, etc. filed within 72 hours after 1 Never Merried 2 Married 1 Yes 2 No
If Yes, Give
Year or Detes: Baltimore, Maryland 21215-0020 8 1 Yes 2 No þ Specify: WHITE 3 Widowed 4 Divorced "natural", Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry nd Mental Hygiane. marked other than Elementary/Secondary (0-12) College (1-4or 5+) CONSTRUCTION PLUMBER permit. Peges 1 and 2 should be file Department of Health and Mental Hy, Important: If flam 27 is marked othe any injury or other traumatic event, 9068. 17. Fethar'a Neme (First, Middla, Last) 18. Mother's Name (First, Middle, Melden Surnama) GELSTON EDITH DALE D. MILLER 19e. Informant's Name/Raletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) EDITH L. GELSTON 1816 WYCLIFFE ROAD BALTIMORE MD. 21234 20b. Pleca of Disposition (Neme of cematery, cremetory or other pleca) 20a. Method of Disposition 20c. Location - City or Town, Steta 1 Burial 2 ☐ Cramation 3 ☐ Removel from State PARKWOOD CEM. 3/14 BALTIMORE MD. Donation 5 Other (Specify) 21. Signeture of Funeral Service Licenses 22. Name and Addrass of Facility HARTLEY MILLER FUNERAL HOME 7527 HARFORD ROAD BALTIMORE MD. 21234 Part1. Enter the disease, or complications that caused the deeth. Do not antar the mode of dying, such as cardiac or respiretory errast, shock, or heart fellure. List only one cause on each line. Approximeta Intarval Between Onset end Deeth **Physician** /Medical Immediete Ceusa (Final disease or condition rasulting in daeth) DESIPRAMINE INTOXICATION Examiner Dua to (or es e consequence of): Examiner lew requires that the death certificete be axecuted Sequentially list conditions, if any, laeding to immadiate cause. Enter Undarlying Cause (Disease or injury that Initiated events resulting In deeth) Last pug Due to (or ea e consequance of) Box 68760. Physician/Medical the Due to (or es a consequence of) signed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. P.O. 23b. Did tobacco use contribute to the cause of death? 4 Unknown 1 Yes 2 No 3 Probably of Vital Records. 9 24b. Were autopsy findings aveileble prior to complation of causa of daath? Completed 24a. Wes en eutopsy paga 2 2 No 25. Wes case referred to medical axeminer? Be 26. Placa of Death (Check only ona) Other: 4 Nursing Home \*\*Rasidence 6 Other (Specify) 1 XYaa 2 □ No Certification: To 1 Inpatient 2 ER/Outpatient 3 DOA this 27. Manner of Death 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred Division After 1 Neturel Injury 5 Pending SUBJECT INGESTED DRUG 1 Yes 2 No death. investigetion FOUND: 3-B-96 2 Accident 9:20 eftar deat in by the 3 XX SuicIde 6 Could not be determined 28e. Pleca of Injury - At homa, farm, street, fectory, offica building, etc. (Spacify) 28f. Location (Street end Number or Rural Routa Number, City or Town, Stete) 4 ☐ HomicIde FOUND: RESIDENCE 5019 HARFORD ROAD, BALTIMORE, MD. 24 hours 29a, Cartifier Medicai 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end piece, end dua to tha causa(s) and manner es steted. 2 Medical Examinar: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred at the time, dete end place, and dua to the cause(s) and manner stated. within 2 To the To the 29b. Signeture end titla of certifier 29c. License number 29d. Data signed (Month, Day, Year) OCME MARCH 09,1996 20 30. Neme end eddress of person who complated cause of daeth (Item 23a) (Type, Print) THEVOORE 111 Penn Street, Baltimore, Maryland 21201 31. Dete filed (MY) ( Ray 1 Y 2) 1996 MIKIN 32. Registrer's Signeture

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**DHMH 16 Rev 6/95** 

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DHMH-16 Rev 1/89

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BALTIMORE, MARYLAND 21215-0020

Pages 1, 2, 3 should

TO THE HOSF TO THE FUNE De fied within
DIVISION OF VITAL RECORDS, P.O. BOX 687 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and co be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial IMPORTANT: If I liem 28 is marked, or liem 23 shows any injury, or other traumatic e

REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MCCALLEY LORETTA C. MARCH 80 0230 A m 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign FEB. 12, 1909 217-01-9958 87 1 M 2 F YRS MARYLAND 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH ST. AGNES HOSPITAL DIRECTOR BALTIMORE BALTIMORE CITY RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE OWINGS MILLS 1 YES 2X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 125 W. PLEASANT HILL ROAD 21117 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White etc. If yee, specify Cuben, Mexican, Puerto Rice

1 YES 2X NO Specify: Never Married 2 Married BY 3 Widowed 4 Divorced Specify: WHITE COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify College (1-4 or 5+) 6TH GRADE SALES CLERK RETAIL SALES 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ARTHUR MARTIN BE ANNIE O'BRIEN notified 19a. INFORMANT'S NAME (Type/Print) (COUSIN) 19b. MAILINO ADORESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) 5 MRS. MARY VIRGINIA HARMAN 623 S. WARWICK ROAD - BALTIMORE, MD 9 20a. METHOD OF DISPOSITION
1 IX Burlal 2 Cremation 3 20b. PLACE AND DATE OF DISPOSITION (Name of must DATE 20c. LOCATION - City or Town, State EVERGREEN MEMORIAL GARDEN 4 Donation 8 Other (Specify) 3/12 FINKSBURG examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME INC. Tlea 4107 WILKENS AVENUE-BALTIMORE, MD 2 21229 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory errest, Approximate shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel Onset and Dasth 100 disesse or condition HAILLIRE HEART ONGESTIVE resulting in death) traumatic event, QUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 6 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 24a. WAS AN AUTOPSY PERFORMED? shows any 1 YES 2 NO OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) Item HOSPITAL:
1 Inpetient 2 ER/Outpetient 3 DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 0 27. MANNED OF DEATH 28a. DATE OF INJURY marked, 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY investigation 2 Accident 26s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 80 3 Suicide 6 Could not be COMPLETED 28 4 Homleide item 29a. CERTIFIER

That and

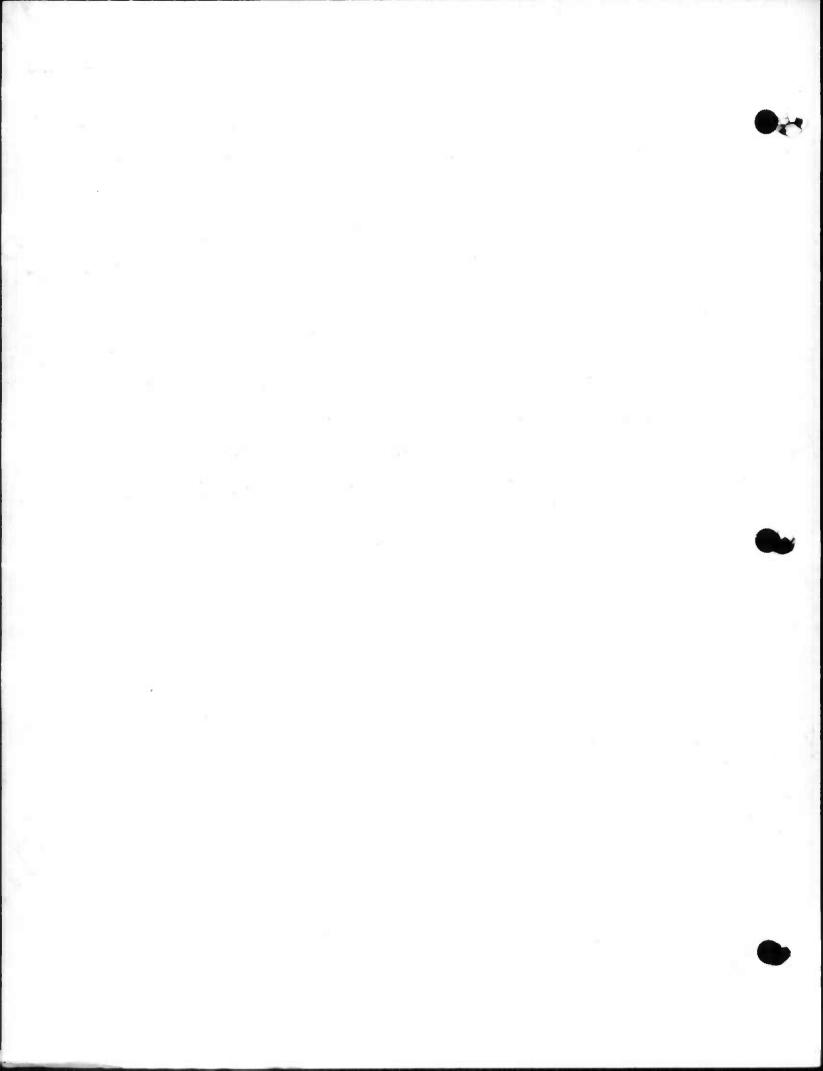
CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the ceuse(s) and manner es atsted. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner es stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) 8,1996 M.D. 9143 **►** MARCH 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (TYPE, PTINI)

KAY THI NINE, ST AGNES HOSPITAL, 900 CATON AVE, BALTIMORE

KAY THI NINE, ST AGNES HOSPITAL, 900 CATON AVE, MD 2122 2 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

in attender larlath

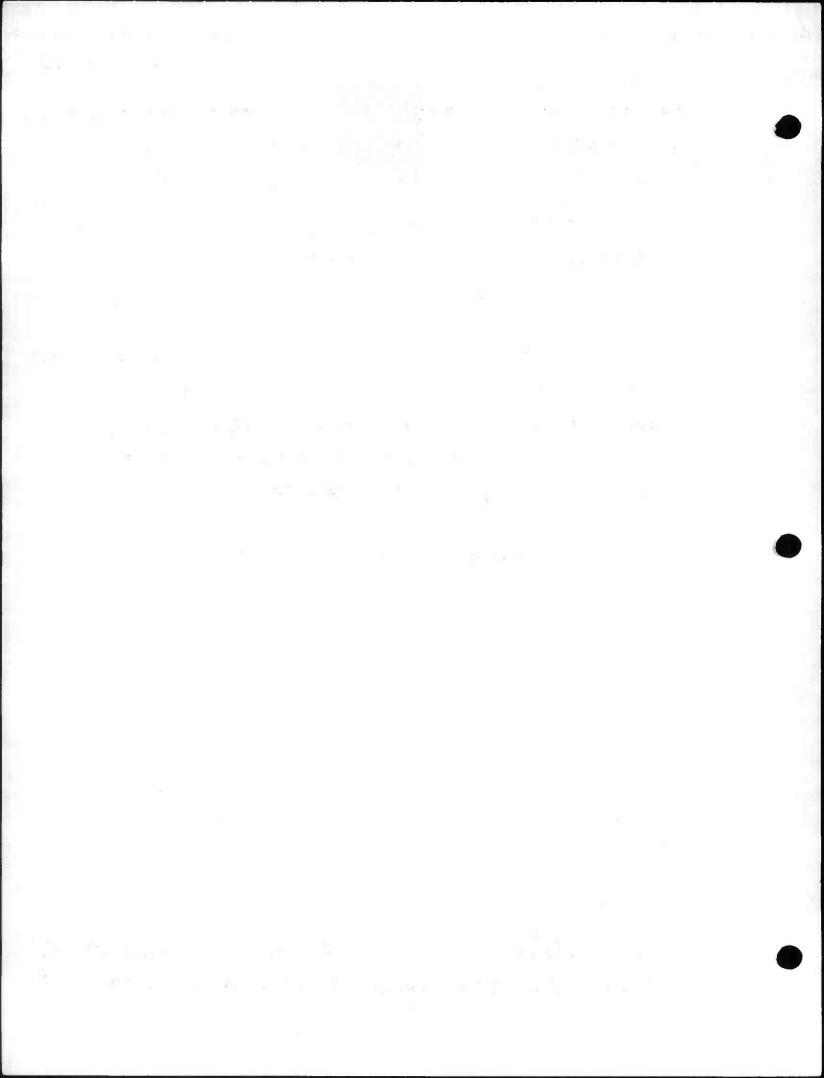




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State of Maryland / Department of Health and Mental Hygiene 96 07026

							Cei	rtificat	e of	Death			Reg. No.		7 7 0 12 0
	500		1. Decedent's Neme (First, Middle	, Last)								2. Dete of De	eeth		3. Time of Death
	Physic		GERALDINE	GREEN -	_	MORR	T.S.					Month	8, 19	Year 296	9:15 A.M
	/Medi Exami		4a. Facility Neme (If not institution,							4b. City, To	own, or L	ocation of Deal			
М	LAGIIII	ici	310 Edgewood St	reet						Do l	+ 0				
-	Property 1			6. Sex	7. Age (	In yrs. last bir	thdav)	If Under	1 Year	Bal If Under		8. Dete of Bi	rth	A Birth	placa (Stete or Foreign
	Funeral Director		212-46-6545 Usuei Residence of Decedent	1□ M <b>2□X</b> F			Yrs.	Months	Deys	Hours	Min.	(Month, D	ey. Year) 21 1947	Cou	intry) MD
	P		10e. Stete 10b. County		10	Oc. City, Tow	n or Lo	cation		-					10d. Inside City Limita
	Aaryl Peho	5	MD N	/A		BAI	.то								yyYes 2□No
	the A	ect	10e. Street and Number	,		2111		10f. Zig	Code				10g. Citizen of \	Affron Co.	AA
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020	s 1 and 2 should be filed within 72 hours after death with the Maryland Heelth and Mental Hygiene. If the 27 is marked other than "natural", or items 23s or 28s-4 show other treumatic event, the Medical Examines must be notified at	þ	1 ☐ Never Merried 2 【文 Marrie 3 ☐ Widowed 4 ☐ Divorcad	If Yes, Gi	2 17 No ive Dates:		1	1 □ Yes	Ż <b>(</b> □ No	Specify			Specify	" BI	LACK
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		١.	21a Part Enter the disease, or o shock, or heert feilure. List of	only one ceuse on	each line.	e deeth. Do l	not ente	er the mod	e or dy	ing, such es	cardiec	or respiretory	arrest,	1	Approximete Interval Between Onset end Deeth
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	Examiner		diseese or condition resulting in death)	e	NTATO	c Carle	ላላዕሎ	N el	- U	NKUDI	WN	Primai	4		1 year
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Division	ar death rector: /	Certification:	3 ☐ Suicide 6 ☐ Couid no 4 ☐ Homicide determin	ned 288. Place	e of Injury ing, etc. (	- At home, fa	rm, str	eet, fector	, office				(Street and Numb	er or Aur	rel Route Number,
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	5 ₹ 5 0		250. Signature and title of certifier	11: V				290	. LICEN	JVT \ C	110		29d. Dete signe	u (Month)	1th 1901
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	0		30. Name end address of person w	no completed cau	se of deet	h (Item 23a)	Туре,	Print)	1		. L	DO NILL	· C- ST	RA	17:MACE MID
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State of Maryland / Department of Health and Mental Hygiene 96 07027

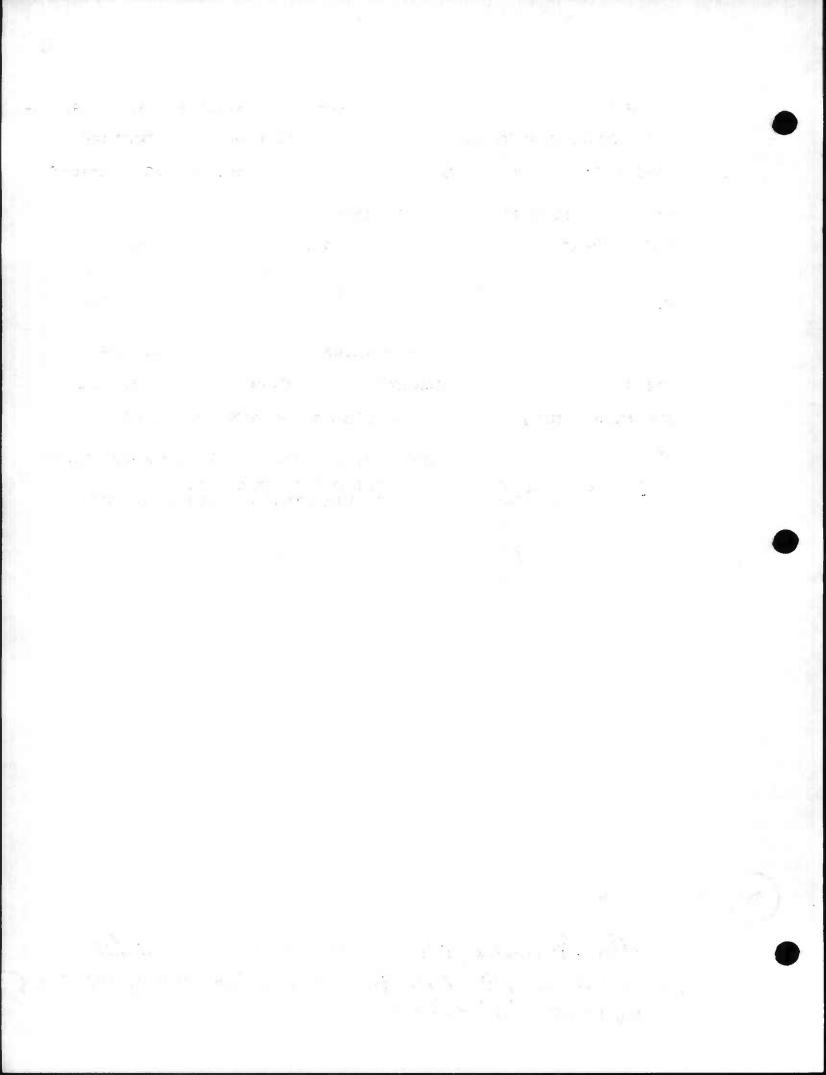
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	Funeral Director		216-28-2612 Usual Residence of Decedent	6. Sex 1 □ M 2 ₹□ F		(In yrs. lest birthde) Yrs.	Months	Deys		Min.	8. Dete of Bit (Month, De JAN 1	th by, Year) 5, 1908		pleca (State or Foreign htry) RYLAND
	yland		10e. Stete 10b. County		1	Oc. City, Town or L	ocation						1	0d. Inside City Limits
	Mar	jo	MARYLAND BALT	IMORE		BALTI	MORE							1 ☐ Yes 2 No
	or 28	i e	10e. Street end Number				10f. Zip	Code				10g. Citizen of	What Cour	itry?
	23a	<u></u>	2407 SARATOGA	STREET				2	1227			U.S	.A.	
120	72 hours after death with the Maryland 'naturel', or items 23s or 28s-f show holds! Examine must be notified at	by Funeral Director	11. Maritei Stetus  1 Never Merried 2 Mer  3 Widowed 4 Divorced	rled 1 Ye	ecedent Ev Forces? s 2 No Give r Detes:	er In U,S. 13	Was Deced If Yes, spec 1 ☐ Yes				ecify Yes or No Rican, etc.)	Special	ce - Americ ck, White, fy:	
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yla	should be filed ind Mental Hygi marked other umatic event, I	To	JAMES A. CLARK						BET	CTY I	ELIZABE	TH CONWA	AY	
Maryland	2 sho and is me		19a. Informent's Neme/Reletions	shlp (Type, Print)		19b. Mei	ing Address	(Stree	et and Numb	er or Aur	ral Route Numb	er, City or Town	, Stete, Zip	Code)
	s 1 and of Health Item 27 other tr		GEORGE W. McAL	EER					A STRI	EET -	- BALTI	MORE, M	) 2	1227
Baltimore,	Pages 1 nent of H ant: If ite ury or oth		20e. Method of Disposition 1 ☑ Burlei 2 ☐ Cremetion 4 ☐ Donetion 5 ☐ Other (S		m State	20b. Plece of Disp cametery, cre LOUDON E	matory or o	ther pi			Dete 3/11/96	20c. Location BALTI		wn, State
Balt	permit. Pages Department of Important: If it any Injury or once.		21. Signeture of Funerei Service	Licensee	200						ME, INC	MORE, MI	n 2	1229
	_		23a. Pert1. Enter the disease, or shock, or heart feilure. List	complications the	t caused th	e deeth. Do not er	ter the mod	le of dy	ring, such es	cardiac	or respiretory a	rrest,	1	Approximeta
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	/Medical		Immediate Cause (Final disease or condition	. 7	Inba	Centra	Q 14	mo	moha.	R-				10 days
	Examiner	L	resulting in death)	9.		ue to (or es a conse	quence of):		roha				1	17
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_	ertificate be executed ling physician and se as the burial-transit	Examiner	Sequentially list conditions, if env. leading to immediate		Du	e to (or es e conse	quence of):							
09	be e siclan buria	ie i	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury	c	typer	thison								
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×	ding ding	d												
Bo	death cert le attendin ed for use	cla	Port II. Other slen Monet and dist		ala alla la a						1			
0	the the	Physician	Part II. Other significant condition	ne contributing to	death but i	not resulting in the	underlying c	ause g	iven in Pert	l.		_/		the cause of death?
٣.		by P									,,,	Yes 2⊠No	3   Prot	aloiy 4 Onknown
Records,	v requiras been sign should be										24a. Wes	an eutopsy	24b. We	ere autopsy findings
000	71 00	Completed									репо	ormed?	COL	ailable prior to mpletion of cause death?
Ä	8 a 6	E O									10	Yes 2 No		Yes 212 No
Vital		BeC	25. Was case referred to medica					-	28. Plece	e of Deet	h (Check only			,105 2270
f <	5 50 50	To	examiner? 1 ☐ Yes 2 ☑ No	Hospitel: 1 E	Inpatient	2 ☐ ER/Outpatie	nt 3□ DO	A O	ther			dence 8 □Ott	ner (Specifi	v)
n of			27. Manner of Death 1 Natural 5 ☐ Pendin	28a. Det	te of Injury onth, Day Y	(ear) 28b. Time (	of 2	8c. Inju	ury at		28d. Dascribe	how injury occur	red	
sio	2 2 0	atic	2 ☐ Accident Investi	etion		, ,,,,,	М		Yes 2	No				
Division		Certification:	3 ☐ Suicide 6 ☐ Could determ	ined 288. Pla	ce of Injury Iding, etc. (	- At home, ferm, si Specify)	reet, fectory	, office	)		28f. Location ( City or To	Street and Numi	ber or Rura	I Route Number,
۵	pattal or ours afte eral Dir filled in													
0	To the Fune completely fi	edical	29e. Certifier 1 Certifyin (Check only one) 1 Madical	Examinar: On the	he best of n basis of ex enner stete	ny knowledge, dee aminetion end/or li d.	h occurred on extigetion,	et the t in my	ime, dete en opinion, dee	id plece, oth occurr	and dua to the red et the time,	ceuse(s) and m dete end plece,	annar ss st and due to	ated. the ceuse(s)
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	Sta	_	31. Date filed (Month, Dey, Year)	G 1 32.	Registrar's	Signatur ?								
	Registr	ar	MAR I K 13	July July	-									

Item19b 3-12-96 FilmG733 W.H.Per F/H

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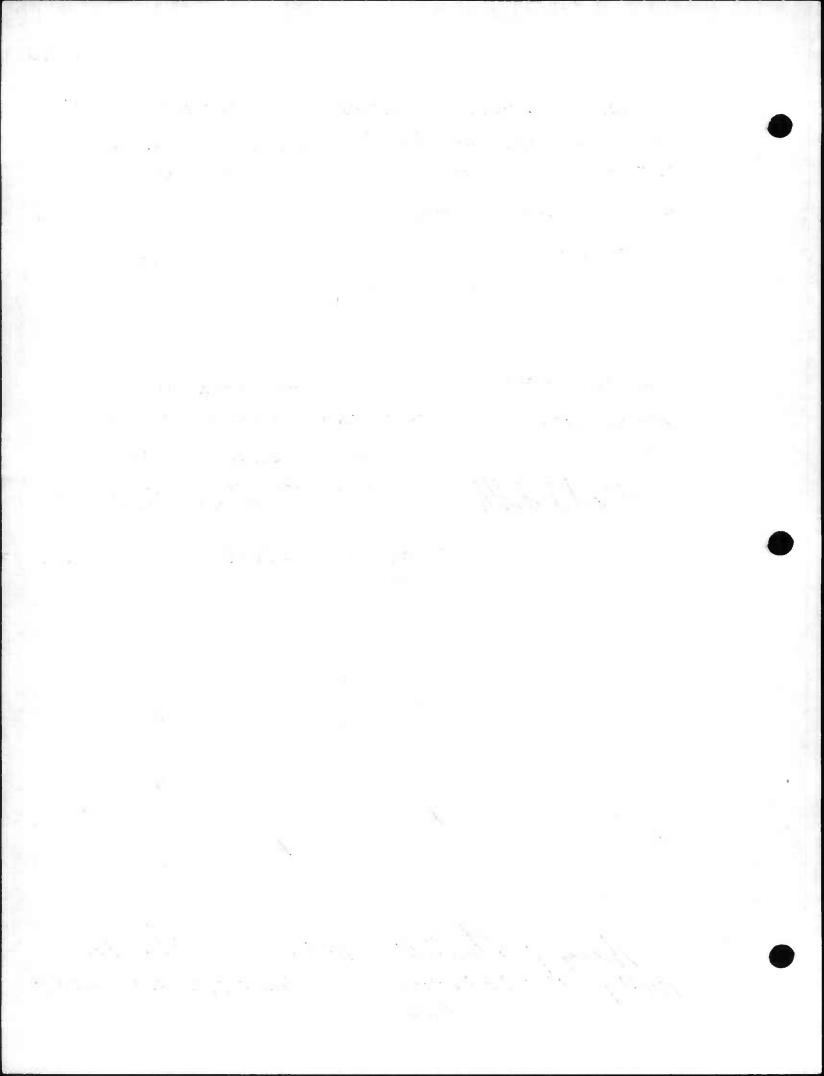
State of Maryland / Department of Health and Mental Hygiene 07028

12.5							Cei	rtificate	of i	Death	1		Reg. No.			
-			1. Decedent's Nem	ne (First, Middle,	Last)							2. Dete of D		.6500	3. Time of Death	
	Physic		ESTHE	!R				1	MAS	ONI		Month MARCH	Dey	Year L996	9:20 AM	
	/Medi	1100	4e. Fecility Neme (		give street end n	umber)		-	-		own, or Lo	ocation of Dea			9:20 Al	
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ш	Funeral				1 M 2 F	7. Age (In yrs.	Yrs.		Deys	Hours	Min.	8. Dete of B (Month, D	ay, Year)	9. Birthp	elece (Stete or Foreign eryland	
3.00	Director		212-20- Usuel Residence o		Х	83	83 Yrs. oct. 7, 1912 mai									
	and *-		10e. Stete	10b. County		10c Ci	ty, Town or Lo	cation	10d. Inside City Limits							
	show	5	MD		LTIMORE	1 100.00		ALTIMO	RF.						1 ☐ Yes 2X No	
	the Marylar r 28a-f show	oct														
	E 0 K	Director	10e. Street and Nu 7920 SC	OTTS LE	VEL RD.			10f. Zip C	<sup>ode</sup> 212	08			10g. Citizen of		itry?	
	23a	Funeral														
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P	e filed al Hygi other vent, I	Be	17. Father's Neme	(First, Middle, L.	ast)					18. Moth	er's Nem					
a	ould be Mental	ToE	JOSEPH			1	JACOBS(	NC			CLARA	4	BLUM			
Maryland 21215-0020	# DEF		19e. Informent's No	eme/Reletionshi	p (Type, Print)		19b. Mallir	n Address (S	Street	en <i>d Nu</i> mb	er or Run	zí Route Num	ber, City or Town	Stete. Zip	Code)	
	od 2 strans		SAM JAC	OBSON (	BRO.)							MORE,			APT. F	
e,	F F B		20e. Method of Disp	position			Plece of Dispo					Dete	20c. Location	- City or To	wn State	
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altimore,	permit. Pages 1 and 2 Department of Health a Important: If fem 27 is any Injury or other tra-			5 ☐ Other (Spe	**	LU						'AMID)	3/10/96	ROSEI	DALE, MD	
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×	6 <u>5</u> 6															
Box	that the death c hed by the attend detached for us	Physician												1		
Ö	the de	ysi	Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Per									23b. Did	tobacco use co	ntribute to	the cause of death?	
P.0	that the led by the detache	문	ARTO	RIOSC	LERI	2515						10	Yes 2 No	3 Prol	bably 4 Donknown	
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L.	ding Ph h. Aftar th funeral	Certification:	1 Netural	5 Pending	(Moi	nth, Dey Year)	Injury	м 200	Worl	ر؟ Yes 2□		200. Describe	now injury occur	180		
pivision	Attending or death. octor: Attai by the fune	Ca	2 Accident 3 Suicide	6 Could no	t be	A h-				165 2		not tourties	(Ot		10- 1- M 1	
À.	4 5 6 5 5 5 5 6	È	4  Homicide	determin	ed 256. Plac build	e of Injury - At he ling, etc. (Specif	ome, tarm, stro y)	eet, rectory, o	TICE			City or To	(Street and Numi wn, Stete)	per or Hura	I Houte Number,	
7	1512			_/_												
(	16 F 16	edical	29a. Certifier (Check only	1 LCertifying 2 Medical Ex	Physician: To the barniner: On the b	pasis of exemine	wiedge, deeth ti <i>on</i> end/or Inv	occurred at restigetion, in	the tim	ne, dete en olnion, dee	d place, th occurr	and due to the ed et the time	cause(s) end m	enner as st	ated. the cause(s)	
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	0-		d	and A	ms	ho, n	10		() (	574	40		31	19/9	6	
	3		30. Name and addition	ms	no completed cau	se of death (Item	1 23e) (Type, I		01	574	10		31	9/2	6	
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	Sta Registra	te	1115	ess of person wi	INE, N	se of death (Item	710		0 (	574	40	Are,	1500	7 M	6 10 21218	



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be filed within 72 hours after death vital Hygiene. Id other than "natural", or items 23s event, the Medical Examinational.	Be Completed by Funeral Director	Usuel Residence of Decedent  10e. Stete Md  10e. Street end Number 639 Deale Road  11. Meritel Status  1 Never Married 2 Merried 3 Widowed 4 Divorced  15. Decedent's E (Specify only highest gra  Elementary/Secondery (0-12) 12	ELIZABETH  ve street and number)  EDICAL CEN  Sex 1	TER  o (in yrs. lest birth  10c. City, Town Deale	Month or Location  10f  13. Wes Der	der 1 Yearns Deys  Zip Code  2075  cedent of I	Hours Min.	2. Date of Deeth Month MARCH 9 Location of Deeth IS  8. Dete of Birth (Month, Day, Oct 27	A.A.  Year) 1912	9. Birthple Country Md	d. Inside City Limits 1 ☐ Yes 2 ☒ No			
De filed within 72 hours after death with the Meryland Ital Hygiene.  Ital Hygiene.  d other than "natural", or items 23e or 28e-f show and the natural or other than "natural" or items 20e or 28e-f show are many and the notified at the natural land of the natural la	Be Completed by Funeral Director	4e. Facility Neme (If not institution, given ANINE ARUNDEL M  5. Social Security Number 219 01 0592  Usual Residence of Decedent  10e. Stete 10b. County Anne Aru  10e. Street and Number 639 Deale Road  11. Merital Status  1 Never Married 2 Meritad 3 Widowed 4 Divorced  15. Decedent's E (Specify only highest girl Elementary/Secondery (0-12) 12	Pe street and number)  EDICAL CENT  Sex 1	TER  o (in yrs. lest birth  10c. City, Town Deale	day) If Uncomposition Month  Total  10f. 2	der 1 Yearns Deys  Zip Code  2075  cedent of I	ANNAPOLI If Under 24 Hrs Hours Min.	MARCH 9 Location of Deeth LS  8. Dete of Birth (Month, Day, Oct 27	, 1996 4c. County A.A.  Year) 1912	y of Deeth CO.  9. Birthple Country Md	d. Inside City Limits			
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be filed within ntal Hygiene. Id other than event, the Ho	Be	Elementary/Secondery (0-12)		16e. C	ecedent's U	suel Occu	pation	1		White of Business/Industry				
be fill H off	Be		College (1-4or 5	4)	irchas	use retire		King	<b>:</b> .					
	0	17. Fether's Name (First, Middle, Last,					18. Mother's Nar	ne (First, Middle, M	lelden Sumer	ne)				
	.0	Wade Hampton Ma	arshall				Annie E	lizabeth	Armino	ger				
25.5	To	19a. Informent's Neme/Reletionship ( Evelyn S. Friedel					t end Number or Au	rna Park,	City or Town	, State, Zip C	code)			
_ = = = =		20e. Method of Disposition  20b. Plece of Disposition (Name of cametery, cremetory or other place)  20c. Location - Commettery of Other (Specify)  20c. Location - Commettery of Other place)  St James Episcopal CEmetery - Lothian												
permit. Pages 1 Department of H Important: If ite any injury or ot	Ì	21. Signature of Funeral Service Ucensee  22. Name end Address of Fecility HARDESTY FUNERAL							1 4	RIDGEI	LY AVE			
	23a. Part1. Enter the disease of complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart fellure. Use only one cause on each line.													
Physician /Medical Examiner	-e-	Immediete Cause (Final disease or condition resulting in deeth)  e. CANCER OF L, VeR  Due to (or as a consequence of):									Onset end Deeth			
icate be executed physician and sthe bunal-transit	Examiner	Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying	b											
feeth certificate be executed attending physician and dror use as the burial-transit	Medical	Ceuse (Disease or Injury that Initiated events resulting in deeth) Lest	c	Due to (or es e consequence of):										
			d					1						
0 49	Physician	Part II. Other significant conditions of	contributing to deeth bu	he underlyin	g cause gi	ven in Pert I.	23b. Did tot	Did tobacco use contribute to the cause of deal						
5 60	by Phy	1 Yes 20 No								3 Proba	ably 4 Unknow			
	Completed								eutopsy ed?	avail	24b. Were autopsy findings available prior to completion of cause			
The law ate has page 2	E							1 □ Ye	2000	10				
certificate rector, pag	Be	25. Wes case referred to medical					26. Place of Dec	eth (Check only one						
0 0	၉	examiner? 1 ☐ Yes 2 ☐ No	Hospital: 1 Inpatier	nt 2DER/Outp	etient 3	DOA OI	her: 4 Nursing H	lome 5 Resider	nce 8 Oth	ner (Specify)				
After Fundament		27. Manner of Deeth 1 X Neturel 5 ☐ Pending 2 ☐ Accident investigation	28e. Dete of Injur (Month, Dey	Year) 28b. Tir Inje		28c. Inju Wo	ry et rk? Yes 2 No	28d. Describe how Injury occurred						
To the Hospital or Attens within 24 hours efter death To the Funeral Director: completely filled in by the	Certification:	3 Sulcide 8 Could not be determined		28f. Location (Str. City or Town,		ber or Rural i	Route Number,							
To the Hospital within 24 hours e To the Funeral Completely filled	edical	29e. Certifier 1	nysician: To the best of niner: On the besis of end manner stel	examinetion end/	death occurre or investigation	ed et the ti on, in my o	me, dete end plece opinion, deeth occu	, and due to the car rred et the time, de	use(s) and ma te and place,	anner as stai and due to t	led. he cause(s)			
To the within 7 to the comple	W	290. Signature and title of certifier	1 11	-11	/		se number		d. Dete signe					
12		30. Name and address of ps/sen who	ompleted cause of de	ath (Item 23a) (T	ype, Print)	110	1110	ysine	,	1	2			
1		31. Date filed (Morth, Day, Year)	STEL	NFEL	-0		SHAU	YSine	Ma	20	764			



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be accounted within 2.1 of the minimal physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completing median in the minimal director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiein process that the minimal completing meaning mental process. If them 28 is marked, or item 23 shows any injury, or other transmitter went, the medical examiner must be notified at once.

Savitha Nikal M 3t. DATE FILED (Month, Day, Year) MAR 1 2 1996

FEGISTRAN'S SIGNATURE VOLL

	ITEM: 29c, PER F.H. F	1LM 0-/33 3/12/	/90 [.[						20	07030		
	1 - FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF H		MENTAL	HYGIENE REG. NO.			0,000		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE O				IME OF DEATH		
	Roland Merritt					MONTH	ch 10.	1993	YEAR 7	0:00 am M		
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O		7		E (State or Foreign		
				MONTHS DAYS	HOURS MIN.	(Month,	Day, Year)		Country)			
	212-09-8726	132 M 2 L F 8	86 YRS.			Sept	. 14,1	909 1	Maryland			
	9a. FACILITY NAME (If not institution, give s	reet and number)		9b. CITY, TOWN C	OR LOCATION OF	DEATH		9c. COUNT	TY OF DEATH			
OR	Maryland General	Hospital		Bal	timore		N/A					
DIRECTOR	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCAT	TION	-			t0d.	INSIDE CITY LIMITS?		
5	Maryland Bal	ltimore		Hal	ethorpe				1,5	YES 2 NO		
	10e, STREET AND NUMBER	CIMOIC			. ZIP CODE			10a CITIZ	EN OF WHAT			
RA	4201 Maple Aver	1110		"	2122	7			U.S.A.			
삊		lue			2122	2 /			U.S.A.			
BY FUNERAL	1t. MARITAL STATUS  1  Never Merried 2  Merried  3  Widowed 4  Divorced	FORCES? 1 YES	2. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO Specify Cuben, Mexica 1 NO Specify Cube					or No—	14. RACE — A Black, Whi Specify:	White		
	15. DECEDENT'S EDU	0471011	I	USUAL OCCUPATION	100	CAL HELDS						
COMPLETED	(Specify only highest grade			work done during ma		160. 1	KIND OF BUS	INESS/INDU	STRY			
집	9	conego (1-4 of 5+)	Mach	inist			Koppei	e Co	mnany			
≊	17, FATHER'S NAME (First, Middle, Last)		I Ideii.	LILLOC	18. MOTHER'S N				liparry	Sally		
ပ	John Merritt				1		cicie, Meicieri s	sumeme)				
BE			Ida Orem									
10												
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MARYLAND GENERAL HOSPITAL

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State of Maryland / Department of Health and Mental Hygiene

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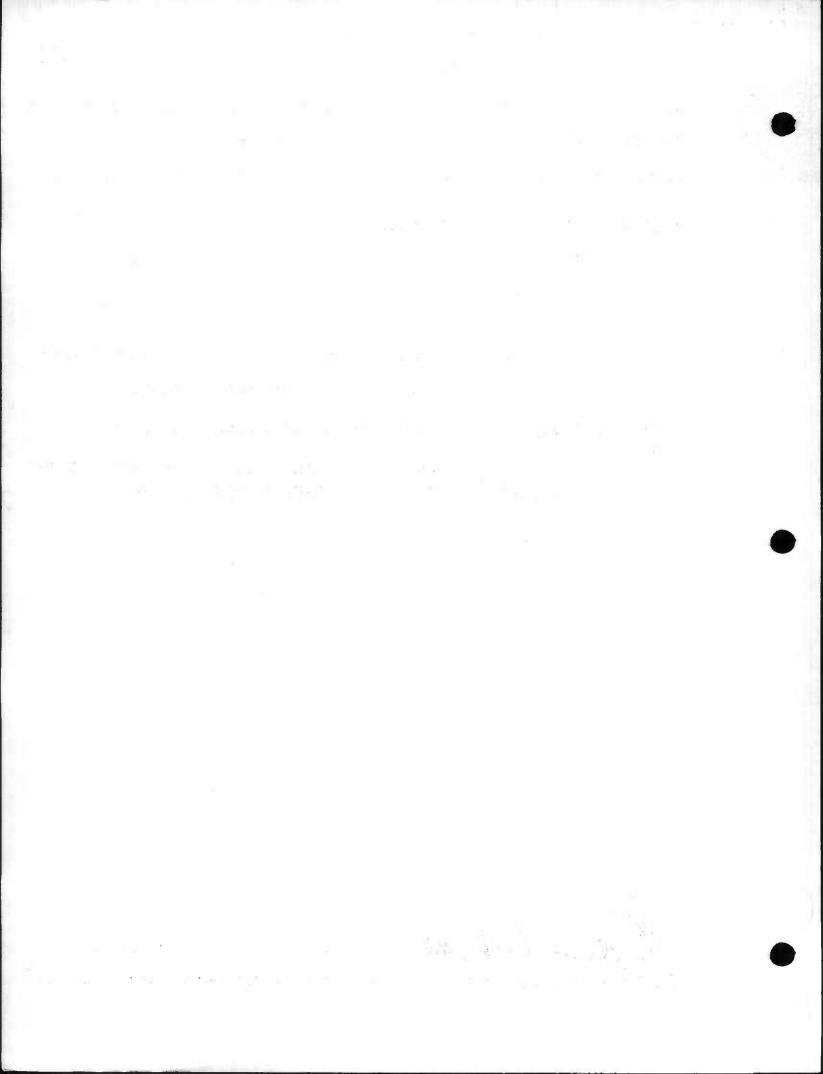
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Fun Direc	ctor		5. Social Security Number 6. Social Security Number 1. Social Security	K	e (In yrs. lest i 75	birthdey) Yrs.	If Under Months	1 Year Deys		Min.	8. Dete of Bir (Month, De Jan •	th ay, <i>Year)</i> 29 <b>,</b> 192	9. Birthpi Count LWest	ece (St ry) , V	tate or Foreign irgini
Maryland -f show	fled at	tor	10a. Stete 10b. County  Saryland Baltimo	ore	10c. City, To								10		de City Limits Yes 2 No
h with the	Ton ad I	al Director	10e. Street and Number 1714 Arbutus Av	venue			10f. Zip Code 21227					10g. Citizen of What Country? United States			
ABIVIDIO 21215-0020 2 should be filed within 72 hours after death with the Maryland and Mental Hygiene. Is marked other than "natural", or items 23a or 28s-f show	Examiner my	by Funeral	11. Meritel Stetus  1 Never Merried  Married  3 Widowed 4 Divorced	12. Wes Decedent I Armed Forces? 1 24 es 2 1 h If Yes, Give Yeer or Detes:	13. Wes Decedent of Hispenic Origin? (Spif Yes, specify Cuben, Mexican, Puerto					eclfy Yes or No Rican, etc.)	Ble	e - America ck, White, e			
Z I Z I S-UUZU d within 72 hours af jiene. r than "natural", or	he Medical	Completed	15. Decedent's Ed (Specify only highest grad Elementery/Secondery (0-12) 1 2	de completed)	cation 16a completed) College (1-4or 5+)		Becadent's Usuel Occupation     (Give kind of work done during most of work     (file. DO NOT use ratinal)     Custodian			t of worki	ing 16b. Kind of Busine		usiness/Ind		
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D 5 7	ner traumatic		19e. Informent's Neme/Relationship (7 Regina Mersing	1	714	Arb	utu			Hale	er, City or Town, thorpe	,Mary	/la	nd	
U 5 -	dury or off		20a. Method of Disposition  1 □(Burial 2 □ Cremation 3 □ 4 □ Donation 5 □ Other (Specify	1	3.55/111	tery, crem Catl	natory or o hedr	ther pla a 1	Ceme			20c. Location Baltim			
Demit. Pag Department Important: I	any ir		21. Signature of Funeral Service Licery	- C	S	13	328	Sul	phur	Spr	Home,	oad		bu 122	tus 7
Physic /Medi Exami	cai	-	Z3a. Ppt 1. Enter thi baseso, or comp hock, or heart failure. List only of Immediate Cause (Final disease or condition resulting in death)	ilications that caused the cause on each lin		o not ente		ie of dy	ing, such as	cardiac c	or respiratory a	rrest,		Onset	l Between and Deeth
9	Net.	Examiner		b	Due to (or as	UT	11	9						(	sdays 6 days
OX 56/50, certificate be executed nding physician and	o as the bu	Medical	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	Dec	uence of): uence of):	ili	us UI	ces				2	weeks		
. 6 2	8 .	Physician	Part II. Other significant conditions co						d tobacco use contribute to the cause of death?						
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aw mquir	pinonia z	Completed	Di	abetes	mel	lili	u					an autopsy omed?	ava noo	ilable p	psy findings rior to t of cause
= F 6									25		10	Yes 21KNo	10	Yes	215/140
Physician: The		Be	25. Was case referred to medical examiner?	Hospital:				10	bee		(Check only				
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or Attending after death Director Atte	y me rune	Certification:	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be determined			Injury	М		Yes 2□	No		Street and Numb		Route	Number.
To the Hospital or I within 24 hours after To the Funeral Dire	Ui Damii	a Cert	+ D Fornidae	building, etc	. (Specify)	Harris Constitution	100700 10000	Alsa ayo			City or To	eri, State)	7 EASTERNA		America Va
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5 \$ 5 kg			29b. Signature and title of certifier	m I	<b>b</b>				se number 930	7		29d. Date signe			
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Reg	State gistra	5	31. Dete filed (Month, Day, Year)  MAR 1 2 1996	32. Registra	ar's Signeture										

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State of Maryland / Department of Health and Mental Hygiene 96 07032

						Ce	rtificate o	f Death	7	B	eg. No.	0	1002
	Di		1. Decedent's Name (First, Midd	die, Last)						2. Dete of Deat Month	th Day	Vaar	3. Time of Deeth
	Physic /Medi		PHILIP	V	V.		MA	IER		MARCH	10	Yaar 1996	3:40P.M.
	Exami		4a. Facility Name (If not Institution	on, give street and	num <i>ber)</i>				own, or Lo	ocation of Death	4c. Count		
			6809 FAIT AV	E				BALT	IMOI	RE			
	Funeral		5. Social Security Number	6. Sax	7. Aga (In yrs	. last birthday)	if Under 1 Yea	r if Under	r 24 Hrs.	8. Data of Birth		9. Birthpi	iaca (Stata or Foreign
	Director		212-01-2125 Usuel Residence of Decedant	1 M 2 F	75	8 Yrs.	Months Day	s Hours	Min.	(Month, Day, NOV . 3		Ma	ryland
	hours effer deeth with the Maryland ural; or items 23a or 28a-f show all Examinat mast be notified at		10a. Stata 10b. Count	у	10c. C	ity, Town or Lo	ocation					10	0d. insida City Limits
	Man	to	Maryland N	7\	D.	altimor	60						1 Yes 2 □ No
	284	Director	Maryland N 10e. Street and Number	Α	Dx		10f. Zip Code			1	0g. Citizen of	What Coun	try?
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	J within 72 hours efter deeth with the Marylen jiene. r then "netural", or items 23s or 28s-f show the Medical Examiner must be notified at	era	11. Marital Stetus		ecedent Ever in U	J.S. 13.	Was Decedent of	•	rlain? (Sp	ecify Yas or No-		ce - America	en Indian.
	r there	Funeral	1 Never Married 2 Ma	Armed	Forcas?		If Yes, specify Cu	ban, Mexica	n, Puerto	Rican, etc.)		ck, White,	
21215-0020	o', a	by	3 Widowed 4 □ Divorce	d If Yes,	s 2 No Give Dates: WW2		1□ Yes 2√2 N	o Specify	•		Specif	y: Whi	te
Ģ	2 hor		15. Daceda	nt's Education		16a. Dace	dent's Usuel Occ	upation	_		16b. Kind of B		
215	filed within 72 Hygiene. ther than "nat	Completed		est grade complete		(Give	kind of work don DO NOT use reti	e during mos red)	st of work	ing			
21,	filed within Hygiene.	EO	Elementary/Secondary (0-12)	NA	e (1-4or 5+)	Wire	e Insula	tor			West	ern E	lectric
	한수로두	BeC	17. Father's Name (First, Middle			1144	- III) WILL		er's Name	e (First, Middle, M			1000110
a		To B	Philip W			Maier		An	na M	arie	Wolfra	m	
Maryland	d 2 should be f th end Mental I 7 Is marked of traumatic eve	-	19a. Informant's Name/Relation				ng Address (Stre		-				Code)
Š	るもとも												
a)	of Health Itam 27 I		John L. M. 20a. Method of Disposition	aier	20b.	Fait	Ave. 6	813_Ba	ltim	ore, Mar	yland 20c. Location	21224 - City or To	wn State
0	90 7		1 ☑ Burial 2 ☐ Cremation			cemetery, crei	matory or other p	lace)	1			0.1, 0.1.0	m, care
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Ba	permit. Depenti		21. Signature of Fungral Service	Licensee		11 2	Nama and Add	ress of Facili	ity 'Chori	nacki F.	н рл		
Ξ	00260		Mark	186	omes	ch 10			-				
			23a. Part1. Egler the disease, o shock, o heart failure. Lis	or complications the	it canned the dea	th. Do not en	ter tha mode of d	ying, such es	cerdiec	or respiratory arre	est,		Approximata Intervel Between
V	Physician		minoconto Control Constituto de		/		A /					1	Onsat and Death
4	/Medical		Immediete Cause (Finai disease or condition	tti	Derten	x/ix	Her	ocale	- di	2		1	
в	Examiner		Immediate Cause (Final disease or condition resulting in death)  a. It pertensive Afterioscleristic  Due to (or es e consequence of):  Cord. D. v. Scular Disease										
ш	P 45	ner			Cad.	D. Frece	lan	Dice	22	2		[	
	death certificate be executed e ettending physiclan end ed for use as the buriel-transit	Examiner	Sequantially list conditions,		Due to (	or as a consec		V . 3 .					
o,	an e		if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury	,								į	
68760,	te be ysicl	Medicai	that initiated events  the properties of the pro										
	entifica ling ph e as th	Pe	resulting in death) Last									i	
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Bo	d for use	Physician/	Part II. Other significant conditi	lane contributing to	don'th but not re-	nulting in the u	ndadiina sausa	riven In Dest		22h Bid to	hanna usa na	mtelbuta ta	the cause of death?
Ö	e the	hys	Tarrii. Othor eignitioant conditi	one contributing to	death but not res	aditing in the d	ildenying cease (	given in raic	1.		es 2 No	3 Prob	
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Records,	requires neen sign hould be	D D								24a. Was a	n autopsv	24b. We	ere autopsy findings
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8	: The l									1 □ Y€	s 2 0 No	1 🗆	Yes 2 No
Vital	ysician: The scentificate director, par	Be	25. Wes cese referred to medical examiner?						e of Deat	h (Check only on	Θ)		
of	Physician: this certific ral director,	P	1XXes 2□ No			ER/Outpatian	IL 3LI DOA		-	me 5K Reside			")
		Certification:	27. Manner of Death  Netural 5 ☐ Pendi	ng 28a. Dat	te of injury onth, Day Year)	28b. Time or injury	W	ury at ork?		28d. Dascribe ho	w Injury occur	rred	
Sio	Attending or deeth.	cati	2 ☐ Accidant invest	igation			M 11	Yes 2	No				
Division		Ţ.	3 ☐ Suicide 6 ☐ Could 4 ☐ Homicide deter	nined 286. Pla	ce of Injury - At h	iome, farm, str fy)	reet, factory, offic	ө		28f. Location (St City or Town		ber or Rura	Route Number,
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	To the Hospital or within 24 hours efter To the Funeral Dir completely filled in	edicai		ng Physician: To ti Examiner: On the									
	he H in 24 he Fu	g	corne) ZXI medical		anner stated.	ation and/or in	vastigation, in my	opinion, dea	ath occur	ed at the tima, di	ate and place,	and due to	tne ceuse(s)
	To the within 2 To the comple	Σ	29b. Signature and title of certific	er /	Λ	Α.	29c. Lice	nse number		2	9d. Data signe	ed (Month, I	Jay, Year)
	12		Y() (	(1)	che N	W	0	.C.M.	Ε.	M	IARCH	11,1	996
	157	2 3	30. Nemand edgress of person	who completed ca	use of death (Iter	m 23a) (Tvpe.							
	1		JLAKON 1	Deke	M			treet	, Ba	altimor	e, Ma	ryla	nd 21201
	Sta	te	31. Date filed (Month, Day, Year	) / 132.	Registrer's Sign								15 -54-5
	Registr		MAR 1 2 1996	Japa Was	PROPERTY OF	4.00							
			HIPTI T										



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

96 0

					Ce	ertificate o	f Death		Reg. No.		U	000			
	-		1. Decedant's Nama (First, Middla, Las.	t)				2. Data of D	Peath	M	3. Tir	na of Death			
J	Physic /Medi		Emma Margare	t Meise				Month	Day : 19		4:	45 PM			
	Exami		4a. Facility Nama (If not Institution, giva	street and number)			4b. City, Town, or								
1			Golden Age	Guest Hor	ne		Sykesvi	11e	Ca	rro1	1				
П	Funeral		5. Social Sacurity Number 6. Sa	x 7. Aga	(In yrs. last birthday	Months Day			lirth Day, Year)	9. Birthpiaca (Stata or Foral)					
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	yland		10a. Stata 10b. County		10c. City, Town or L	ocation.				1	10d. Insi	da City Limits			
	Mar	to	Md. Carro	11	Sykesv	rille					1 🗆	Yas 20 No			
	tar death with the Marylan Hems 23s or 28s-f show Inc. must be notified at	Director	10e. Street and Number			10f. Zip Code	n i		10g. Citizan of	What Cou	ntry?				
	h wit		1442 Buckhorn	Rd.		217	84								
	de al	Funeral	11. Marital Status	12. Was Decedant Ev	var in U,S. 13.					in,					
Maryland 21215-0020	8 5 6	þ	1 ☐ Naver Marriad 2 ☐ Married 35 ☐ MVidowed 4 ☐ Divorced	Armad Forcas? 1 □ Yas 2√□ No If Yas, Giva Yaar or Datas:	1 Yas 2 No Specify:										
2-0	n 72 hours "natural", e	Completed	15. Decedent's Edu	ication	16a. Dece	edant's Usual Occ	cupation	ede la	16b. Kind of B	. Kind of Businass/Industry					
21	s within 72 ho liene. r than "natur in wev cal	ple	(Specify only highast grad Elementary/Secondary (0-12)	College (1-4or 5+)	life.	DO NOT usa rati	na during most of wo ired)	rking							
2	filed wi Hygien ther th	5	High School		нс	)memake	r		Но	Country of Death  Carroll  9. Birthpiaca (State or Fore Country)  Maryland  10d. Inside City Lite 1					
pu	_ 0 5	Be	17. Fathar's Nama (First, Middla, Last)				18. Mothar's Na	me (First, Middl	la, Maidan Suman						
yla		2	Samuel T. Maso	n				Carrie ? Walls Inger							
Var	N w w		19a. Informant's Name/Raiationship (T)		19b. Meli	ling Addrass (Stre	et and Number or R	u <i>ral Rou</i> te Num	ber, City or Town,	State, Zir	Code)	.7268			
			Leona E. Picke	tt			en Ridge								
	permit. Pages 1 an Department of Haal Important: If Item 2 any Injury or other page.		20a. Mathod of Disposition  1 Deurial 2 Cramation 3 De		.9	matory or other p		3/13/9C				la			
	ortan		4 ☐ Donation 5 ☐ Other (Specify)  21. Signature of Funeral Service Licens			HOW CL	10/1	7 5/16	10110		7				
Ba	Dep de		D 4/20 415	Unidet			На	-							
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ŧ.	Physician		and or reason of the cost only o	the cause on accrimita	S 7					1	Onset	and Death			
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o	0 0 0	Physician/	Part II. Other algniffcant conditions con	ntributing to death but	not resulting in that	undarlying causa	givan in Part I.	23b. Die	d tobacco use co	ntribute to					
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Records,	v require	Completed by							s an autopsy formed?	av co	vallabla p ompletion	prior to			
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<u></u>	a Physerthic		27. Menner of Death	28a. Deta of fnjury (Month, Dey				1	how injury occur		71				
ō	Attending ar death. ector: After by the fune	atio	1 Neturel 5 Panding 2 Accident Invastigation	(World, Day )	rear) Injury		Yes 2 No								
Division of	t or Attending after death. Director: After I in by the fune	Certification:	3 Sulcida 6 Could not be datarmined	28a. Place of Injury building, atc.	/ - At homa, farm, st	treat, factory, offic	9		(Street and Numitown, Stata)	per or Rum	al Routa	Number,			
<u></u>	tat or A rs aftar al Directed in by	Cer		bullang, ato.	(Opeciny)			0.0, 0.	own, Olalay						
	To the Hospital or Attending Physician: within 24 hours after death.  To the Funeral Director: After this cartific completely filled in by the funeral director.	edical	29a. Cartifier (Check only one)  1 Certifying Physical Examination (Check only one)	sician: To the best of a ner: On the basis of a and manner state	xamination and/or ir	th occurred at the nvastigation, in my	tima, data and place y opinion, daath occu	e, and dua to the urred at tha time	a causa(s) and mo	enner as s and dua to	itated. o tha car	use(s)			
	Nithir Fo th	Me	29b. Signature and little of certifier	,		29c. Lica	nsa number		29d. Data signe	d (Month,	Day, Ye	ar)			
			Hatwolk L			172	0806		2/11/9	16					
		1	30. Name and addrass of person who co	ompleted cause of dea	th (Item 23a) (Type		- 0 -		ر ا ۱۱ ا						
		10	HATRICK TURNS,	4)	1425 /	beity	Rd +	Florel	no le	0	2/7	54			
	Sta	te	31. Date filed (Month, Day Year) MAR 1 2 1996	32 Ragistrar	s Sanatyra,	1						- 8			
	Registr		MAK 1 % 1996	Autor to the parties	- Purculati				/						



	G-733 3/	12/	96 t.t	State of	Marylar				lealth a <i>Death</i>	nd M	Mental Hyg	jiene eg. No.	96	0	7034		
	Dharata		1. Decedent's Neme (First, Middle, La	est)							2. Date of Dea	th	Vaar	3. Tir	me of Death		
	Physic /Medi			V. OSBO	DRNE				Month MARCH	<sup>Day</sup> 2 1	996	1	:50 AM				
	Exami		4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of E										TGOMERY				
	Funeral Director			Sex 1□ M 2XF	'. Age (In yrs.	lest birthday)	Months	1 Year Deys	If Under 2 Hours	Min.	8. Date of Birth (Month, Day Oct 16,	Year) 1919	9. Birthp Cour Mis	lace (Sitry) SOUI	tate or Foreign		
	pg a		Usual Residence of Decedent  10a. State 10b. County		100 0	ity, Town or Lo	tion										
	aho aho	5											'		de City Limits Yes 2 □ No		
	28a-f	Directo	Virginia  10e. Street and Number			Alexan	dria 10f. Zip	Codo				0g. Citizen of	48-40-	000 20110			
	ter death with the Marylan items 23a or 28a-f show inst. must be notified at	ā	1123 Bayliss Dr.				TOT. ZIP	Code	22302			itry?					
	eath	era	11. Marital Status	12. Wes Deced	lent Ever in I	IS 13	Was Dacar	dent of H			acifu Vas or No.	USA	ce - Americ	en India	an		
21215-0020	d within 72 hours after death with the Maryland jiene. Triban "natural", or flems 23a or 28a-f show triban medical Evaning must be notified at	by Funeral	1 Never Merried 2 Merried 3 XWidowed 4 Divorced	Armed Ford  1  Yes 3  If Yes, Give  Year or De	es? No		If Yes, spec			Puerto	ecify Yes or No- Rican, etc.)		ck, White,				
0-10	2 ho		15. Decedent's E	ducation		16a. Dece	dant's Usua	ai Occup	ation			16b. Kind of B	6b. Kind of Business/Industry				
218	within 7 ene. than "n	Completed	(Specify only highest gri	ade completed)  College (1-	for 5±)	(Give	kind of wo DO NOT us	rk done se retired	during most d)	of work	ing						
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nd	be filed that Hygie d other if	Be	17. Father'a Name (First, Middle, Last	7. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumern													
Va		10	Walter Weaver						Е	the.	l Gerick						
Maryland	and and		19a. Informant'a Name/Relationship	Type, Print)		19b. Maili	ing Address	(Street	and Number	r or Aur	al Route Number	, City or Town,	State, Zip	Code)			
	1 and 2 Health em 27 I		Mark Osborne-Son		19628 Enterprise Wa						Gaither	sburg,	Md	2087	79		
ore			20a. Method of Disposition  1 Burlal 2 Cremation 3	Removal from S		Place of Dispo cametary, cre	osition (Nar. matory or o	ne of ther plac	ce)		Date	20c. Location	- City or To	wn, Sta	te		
Baltimore,	Pages ment of I ant: If Its ury or o		4 □ Donation 5 □ Other (Special		erly C	remat	ory			3/7/96	Alexan	dria,	Vi	rginia			
	permit. Pages Department of Important: If I any Injury or once.		21. Signature of Funeral Service Lice	nsee		2;	2. Name en	d Addre	ss of Facility		1 T.Th -	a+1 1	F	-1 7	1		
ш	207 2 2		John C	Ein	le	/	1500	T.7 T	Braddo		erly-Whe Rd, Alex			223			
			23a. Part / Enter tha disease, or com ahock, or heart failure. List only	plications that ca	used the	Do not en	ter the mod	e of dyin	ng, such as o	cardiec	or respiratory err	est,	, va	Approx			
	Physician		andon, or noun tandro. Elst only	0110 00030 011 04	ortinio.								1		and Death		
	/Medical		immediata Cause (Final disease or condition	11	TERIL	F. SA	PCOR	na					= {	MO	ZHIR		
п	Examiner		immediata Cause (Final disease or condition resulting in death)  a. UTERINE SARCONA  Due to (or as a consequenca of):											1 / 1 /			
	D #	Examiner											i				
	ate be executed hysician and the bunal-transit	Eam	Sequentially list conditions,	D	Dua to (	or as a consec	quence of):						1				
90,	sian s	Ü	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	0								1					
8760,	physic physic the b	dicai	that initiated events resulting in death) Last	C	Due to (d	or as e consec	quence of):										
9 x	ing p	Me		d													
Box	death certifics e attending pl ed for use as t	Physician/M		V									1				
	0 9 8	ysic	Part ii. Other significant conditions contributing to death but not resulting in the underlying cause givan in Part I.								23b. Did tobacco use contribute to the cause of			use of death?			
P.0	hat the de ed by the detached										1□ Y	es 2 No	3 Pro	bebly	Unknown		
of Vital Records,	8 58	1 by									047.000		0.4h 144		mar, fin din an		
Ö	v require been si should	Completed									24a. Was a perfor		ev	eilable p	ppsy findings prior to n of cause		
3e	has l	шp										/	of	deeth?			
œ	T age										1 🗆 Y	es 2 No	10	Yes	2□ No		
Ĭ	Physician: The lithis certificate harmal director, page	Be	25. Was case referred to medical examiner?	Hospital:				011		of Deat	h (Check only or	e)					
ot	this cal dir	T <sub>0</sub>	1 ☐ Yes 2 No 27. Manger of Death	1 □ in		ER/Outpatier			4120 Nur		me 5 Reside			y)			
ב	After fune	lo	1 XNaturel 5 ☐ Pending		Day Year)	28b. Time o Injury		8c. Injur	k?		28d. Describe h	w injury occur	red				
Si	Attending or death.  Sctor: After by the fune	cat	2 Accident investigatio 3 Sulcide 6 Could not b	e One Diese	f Inland At h		. M		Yes 2 N		296 Location (C	en at a nel til seni	har as Bus	1 Pouto	Alumbas		
Division	교하는	Certification:											Number,				
	To the Hospital	edical	29a. Certifier (Check only one)	niner: On the bas	is of axamina	wiedga, deatl atlon and/or in	n occurred a vastigation,	at the tin , in my o	ne, date and pinl <i>on</i> , death	i place, h occurr	and due to the c ed at tha time, d	ausa(s) and ma ata and placa,	annar as a and due to	tha car	use(s)		
	ather mple	Me	29b. Signature and title of certifier	and-granne	n Stated.				e number			9d. Date signe					
	F F F 8		10 VIII /	18	/	111		-	-	7		A					
ì	121		Common of	Com	sc.	M		133		4		MARCH					
	10		30 Anne and address of person who	complated cause	of death (ftar	n 23a) (Type,	Print)	N C	RIMA	DA	AD, R	and	LE A	IAT	nulain		
		1970	31. Date filed (Month, Day, Year)	TKKUD 20 BO	idear oil	atura A	עניורג	1	Juli	Jul	ر روم	UKUI	10,/	(WN	עישונה		
	Sta Registr		MAR 1	1996	falla de	in york	Mark		_								

State Registrar

. street | 1 St The first property of the same 
ITEM: 8. PER F.H. FILM G-733 Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 3/12/96 t.t Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** 350 MAR 10 ROBERT PULLEY LEE /Medical 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Barstow 6031 Balto If Undar 24 Hrs. 8. Dete of Birth Hours Min JUNE Day, Year) If Under 1 Year 5. Social Sacurity Number Birthplaca (Stata or Foraign Country) 7. Aga (In yrs. iast birthday) **Funeral** Months Days XXM 2 F Yrs Director 218-44-5418 56 MAR18. 1939 NC Usual Residence of Decedent with the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show other traumatic event, the Medical Examiner must be notified at MD N/A BALTO Director 1 Yes 2 No 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? ò 6031 BARSTOW 21206 USA or items 23s Funeral death 12. Was Dacedant Evar In U,S. Armed Forces? 1 ☐ Yas 2 ∑ No If Yes, Giva Yaar or Dates: Was Dacedant of Hispanic Origin? (Specify Yas or No-lf Yes, specify Cuban, Maxican, Puarto Rican, atc.) 11. Marital Status 14. Race - Amarlcan Indian, Black. White, atc. filed within 72 hours effer 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No þ Specify: BLACK 3 ☐ Widowed 4 Divorced "natural", Completed 16a. Decedent's Usuai Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry pemit. Peges 1 and 2 should be filed withir Department of Health end Mental Hygiene Important: If Item 27 is marked other than any injury or other traumatic event Elamantary/Secondary (0-12) College (1-4or 5+) BALTO CITY 12th N/ATRUCK DRIVER 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be LEROY PULLEY LIZZIE WILLIAMS 19a. Informant's Neme/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) ELAIN CARRINGTON 6031 BARSTOW RD BALTO., MD 21206 20b. Place of Disposition (Nama of cemetery, cramatory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Data POBurial 2 Cremation 3 Ramoval from State MAR 4 ☐ Donation 5 ☐ Other (Specify) 16, 1996 ARCOLA, NC SHILOH BAP CH CEM 22. Nama and Address of Facility BETTS FUNERAL HOME 1129 N. CAROLINE ST. BALTO, MD 21213 L129 N. CAROLINE ST. BAL.

Enter the disease of complications that baused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, or heart failure. Aist only one cause on each line. **Physician** 6 months /Medical Immediate Cause (Finel Cancer Sasminale diseasa or condition resulting in death) Examiner Due to (or as a consequenca of): Examiner buniel-transit Sequentially list conditions, if any, laading to immediate causa. Enter Underlying Causa (Diseese or Injury that initieted events resulting In death) Last and Due to (or as a consequence of) physician The law requires that the death certificete be Physician/Medicai the Dua to (or as a consequance of) esn Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I. the 23b. Did tobacco use contribute to the cause of death? signed by Yes 2 No 3 Probably 4 Unknown Completed by 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of causa of death? hes e 2 page this certificate 1 Yes 1 ☐ Yes 2 ☐ No To the Hospital or Attending Physician: within 24 hours effer deeth.

To the Funeral Director: Affer this certifica completely filled in by the funeral director; Be 25. Was case referred to medical 26. Place of Death (Check only one) examiner? Hospital: 1 Yes 2 No Other: 4 Nursing Home SPResidenca 8 Other (Specify) 2 1 Inpatient 2 ER/Outpatient 3 DOA 27. Menner of Death 28a. Date of Injury (Month, Day Year) 28d. Dascribe how Injury occurred Certification: 28b. Time of 28c. Injury at Work? 5 Pending investigation Natural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not ba 3 Sulcide Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) 4 - Homicide edicai 29e. Certifier 1 Cartifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, and due to the cause(s) and manner as stated.

Box 68760. P.O. Records, Division of Vital

State Registrar 29b. Signatura and title of certifian

Smoran, M.D.

29c. Licansa numbar DO7632

Medical Examinar: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, dete end pleca, and due to the cause(s) and manner stated.

29d. Data signed (Month, Day, Year)

wison C

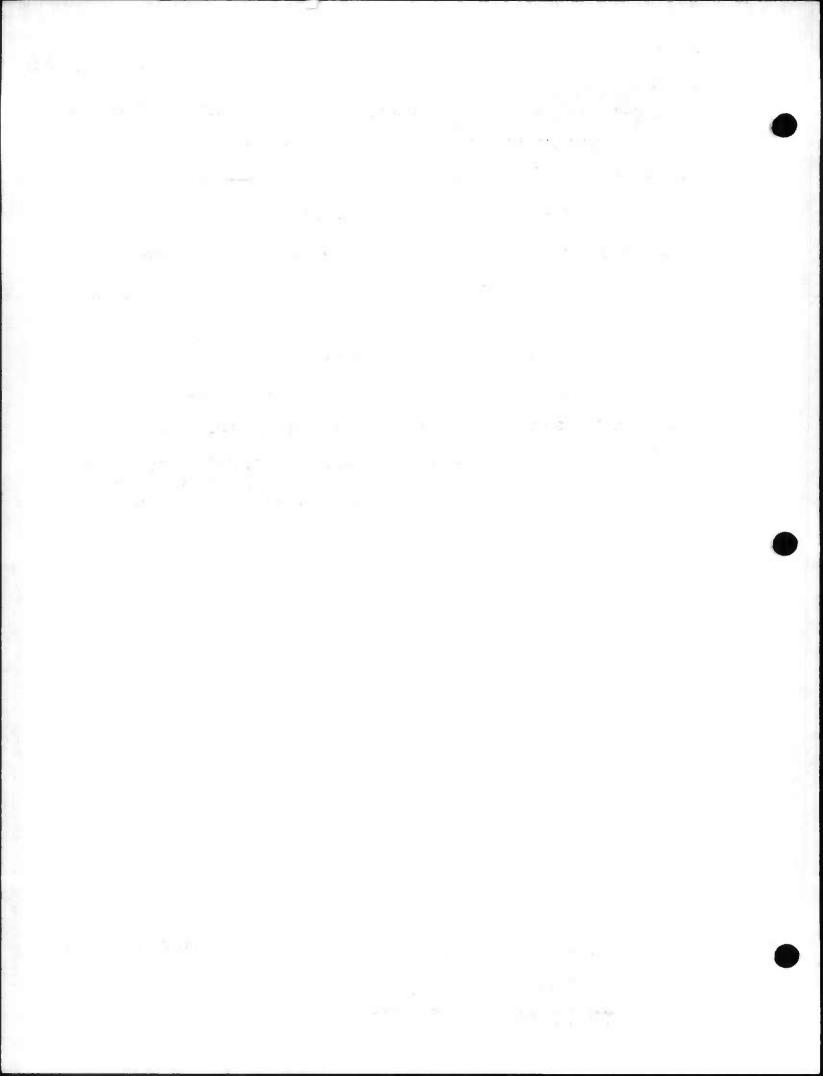
DUNDALK AVE.

MD 21222

30. Name and eddress of person who completed cause of death (Item 23e) (Type, Print)

T. C. ROSS AN O ON OVAN, M. J., 2112

31. Date filed (Month, Day, Year) 32. Register's Signature Reveals MAR



#### Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Month 520AM ah 1996 March /Medical 4a. Fecility Neme (If not institution, give street and num 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Baltimore Pickersgill Home Towson If Under 1 Year | If Under 24 Hrs. 9. Birthplace (State or Foreign Country) Maryland 5. Sociel Security Number 7. Age (In yrs. lest birthdey) **Funeral** 1□ M 2√2 F 216-12-0469 91 Yrs. Director with the Marylend 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f ehon event, the Medical Examiner must be notified at 1 ☐ Yes 2 ☐ No Director Maryland Baltimore Towson 10e. Street end Number 10f. Zlp Code 10g. Citizen of What Country? 6 615 21204 Chestnut Avenue U.S.A. 238 Pages 1 and 2 should be filed within 72 hours altar death vent of Health and Mental Hyglena. At: If Item 27 ie marked other than "natural", or Items 23 Funeral 12. Wes Decedent Ever In U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 1 Never Merried 2 Married 1 ☐ Yes 2√ No If Yes, Give Yeer or Detes: altimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: þ Specify: White 3 Widowed 4 Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) School Teacher Baltimore County 6 yrs. 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be William L. Price Nancy R. Carlisle 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) or other train Mr. Quinton D. Thompson (Friend) 800 Southerly Road Apt. 812 Balto., Md. 21286 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete Department of H
Important: If ites
any injury or oti
once. 1 Buriai 2 □ Cremetion 3 □ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Moreland Memorial Park B/12/96 Parkville, Maryland 21. Signature of Mirleral Sewice Licer 22. Neme end Address of Fecility 1050 York Road Ruck Towson Funeral Home, Inc. Towson, Md. 21204 a an sed the deeth. Do not enter the mode of dylng, such as cardiac or respiratory errest, Approximete Intervel Between Onset end Death **Physician** Immediate Cause (Finel disease or condition resulting in deeth) /Medical Examiner Attending Physician: The law requires that the deeth certificate be executed Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Last and Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e consequence of): signed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 DUnknown ģ should t 24b. Were autopsy findings eveileble prior to complation of cause of deeth? Be Completed 24e. Wes en eutopsy performed? MENTIA NIA 2 12 No 2 No cartificate 25. Wes case referred to medical examiner? 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospitei: 2 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA this funaral 27. Menner of Deeth 28a. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Medical Certification: Aftar 5 Pending Investigation 1 Divetural death. 1 🗌 Yes 2 Accident Director: 6 Could not be determined 3 Suicide in by t 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) P. A 4 Homicide 1 Certifying Phyalcian: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated. 29e. Certifier 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) d cause of deeth (Item 23e) (Type, Print) 13801 32. Registraris Signeture State

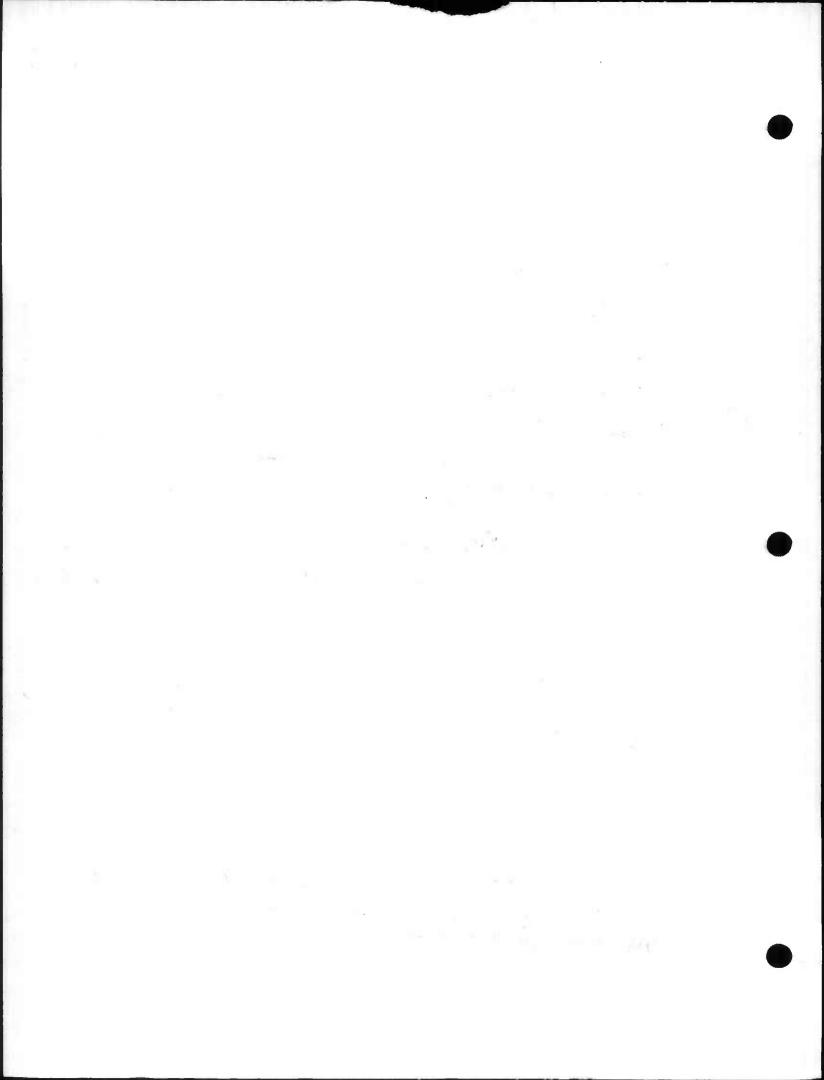
MAR 1 2 1996

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatte event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF	MARYLAND .	/ DEPAR	RTMENT	T OF H	IEALTH DE AT	AND I	MENTA	L HYGIEN			0,00,
	1. DECEDENT'S NAME (First, Middle, La	est)							2. DATE	OF DEATH			3. TIME OF DEATH
	Eino H. P.	lanman							монті 3	9"		96	1:45p M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	st birthday)	IF UNDER	R 1 YEAR	IF UNDER	24 HRS.	7 DATE	OF BIRTH		n BIRTA	IDI ACE (State or Familia
	084-14-9189	1 🔯 M 2 🗆 F	83	YRS.	MONTHS	DAYS	HOURS	MIN.	1 2 /	26/1	912	Count	Finland
	9a. FACILITY NAME (If not institution, gi	ve street and number)			9b, CITY	r. TOWN C	OR LOCATION	ON OF DE		20, 1		NTY OF D	
TOR	Harford Gard	ens Nurs	ing Ce	nter			nore					N/A	
DIRECTOR	10a. STATE 10b. COL			10c. CIT	Ba:		nore						10d. INSIDE CITY LIMITS? 14 YES 2 NO
FUNERAL	10e. STREET AND NUMBER 236 S. Clint	on Stree	1+			101	2 1 2						WHAT COUNTRY?
N N	11. MARITAL STATUS		NT EVER IN U.S. A	RMEO	13.	WAS DEC			VIC ORIGIN	17 (Specify Yes		S.A	E — American Indian,
BY FL	1 Never Married 2 Married 3 Wildowed 4 Diversed	FORCES?	YES 2 X			It yes, sp		ın, Maxica	in, Puarto I	Rican, etc.)		Blac	hite
요	15. DECEDENT'S I		18a, C	ECEDENT'S	USUAL O	CCUPATION	ON		16b	. KIND OF BU	SINESS/INI	DUSTRY	
E	(Specify only highest g Elementary/Secondary (0-12)	College (1-4 or 5		Give kind of le. Do NOT u	work done ise retired.)	during mo	st of working	ng					
집	8th	College (1-4 of 5		0.01	c D	4	M = 1 = -			Сорр	ers		
COMPLET	17. FATHER'S NAME (First, Middle, Last)			001	λ []	16			ME (First. I	Middle, Maiden			
Ü	Henrik Gabri	01 D1555											
00	19a. INFORMANT'S NAME (Type/Print)	er Planm		9b. MAILING	ADDRES	S (Street a	nd Number			Sund ber, City or Tow			
임	Geraldine Do	nne									ii, otala, ali	p 0000)	
	20a. METHOD OF DISPOSITION		20h PLACE	1034				rante	DAT	1221	CATION —	City or Tr	nun State
	1 Burial 2 Cremation 3 5	lamoval from Stata	gametery, c	rematory or o	other place,	)		MARC	CHT				
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	Gard	ens	OF 22.	Fai.	th ND ADDRE	SS OF FA	CILITY	2 196	Balt	- O M	d
	· Josepa n	Zann	edd	9		263	s.	Con	kliı	ng St		•	1224
	23. PATT I. Enter the diseases, shock, or heart fellu	or complications th	at caused the c	feath. Do	not ente	r the mo	de of dy	ing, suc	h as care	flac or reap	Iratory ar	reat,	Approximate
	IMMEDIATE CAUSE (Fine)		•										Interval Between Onset and Death
	disease or condition		NEUM	NIA	•								IWEEK
	resulting in deciting	OUE TO	OR AS A CONS	EOUENCE C	DF):								
z		- a P/	AKNIS	ou's	D	1564	H-SE	•					5 YEARS
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONS	EOUENCE C	P):								
S	csuse. Enter UNDERLYING CAUSE (Disesse or injury	c											
	thet initiated events	DUE TO	OR AS A CONS	EOUENCE C	P):								
出	resulting in deeth) LAST	d											
LC	PART II. Other significent condi	tions contributing t	n death but not	resulting	in the u	nderivin	O COURS	given in	Part i	24s. WAS AN	AUTOREV	241	. WERE AUTOPSY FINDINGS
\ <u>8</u>	DEMEN						9 00000	9		PERFO	RMED?	1.4	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	76.101	113								1 TYES 2	NO		OF DEATH?
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SICIAN:	25. WAS CASE REFERRED TO MEDICA							LEKIAI	ΝЦ				
S	EXAMINER?	HOSPITAL:		ACE OF DEA	OTHE								
ΥS	1 NES 2 NO		☐ ER/Outpatient	-	4 110	rising Hon		asidence	8 🗆 Othe				
PHY	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE O (Month,	FINJURY Day, Year)	28b, TII	ME OF	W	JURY AT DRK?		28d. DE	SCRIBE HOW	INJURY OC	CURED	
84	2 Accident Investigati				М		YES 2	NO					
G	3 Sulcida 8 Could not datarmine	De building	OF INJURY At I I, atc. (Specify)	homa, farm,	straet, tac	ctory, offic	ca		28t, LOC City	ATION (Street or Town, State,	and Numbe	or or Rural	Route Number,
MPLET	29a. CERTIFIER (Check only	HYSICIAN: To the best	of my knowledge, o	death occur	red at the	time, deta	and place	and du	to the ca	use(s) and me	oner se sta	eted	
N N													s) and manner as stated.
8	296. SIGNATURE AND TITLE OF CERT												
띪	Jane 1. A.	Marela	h (4D /			, . 1	AAC. FIC	ENSE NU	79	4	29d. DA	2	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CA	ISE OF DEATH A		DING	MD	_ b	~ (	26	1		> (	196
	JAMES P. R		W MD			ACA	. 17.	. A	451	none	. M	0 0	21201
	31. DATE FILED (Month, Day, Year)	3º REGIST	AR'S SIGNATIONE				-		,		•		



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

**Physician** /Medical **Examiner**  1. Decedeni's Nema (First, Middla, Last) NORMAN GORDON PFANNENSTIEL

4a. Facility Nema (If not institution, giva street and number)

MARCH Of,

2 Date of Death

1996 1350 PM

BALTIMORE

WHITE

21230

Approximete Interval Between Onsat and Death

10d. Inside City Limits

N Yes 2 No

3. Time of Death

1206 CLEVELAND STREET

4b. City, Town, or Location of Death BALTIMORE

4c. County of Death BALTIMORE CITY

**Funeral** Director

ahow

with the Maryland tem 27 is marked other than "natural", or items 23s or 28s-f sho other traumatic avent, the Medical Examiner must be notified at death v

permit. Pagas 1 and 2 should be filed within 72 hours efter.
Department of Haalth and Mental Hygiena.
Important: If Ham 27 Is marked other than "natural", or fiss any Injury or other traumatic avenue.

Saltimore, Maryland 21215-0020

Box 68760.

Division of Vital Records, P.O.

**Physician** /Medical Examiner

ician and burial-transit physician a the signed by t peeu hes page 2 cartificata

that the death certificate be Tha law o the Hospital or Attanding Physician: vithin 24 hours aftar death. • the Funeral Director: Aftar this cartifica within 24 hours a To the Funeral D Medical

| If Undar 1 Yeer | If Under 24 Hrs. | 8. Deta of Birth (Month, Day, Year) | FEB. 17, 1924 5. Social Security Number 6. Sex 7. Aga (In yrs. last birthdey) Birthplace (State or Foreign Country) Monihs 10XM 20 F 217-16-8528 72 Usuel Rasidance of Decedant 10b. County 10c. City. Town or Location Director MARYLAND BALTIMORE CITY BALTIMORE 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 1206 CLEVELAND STREET 21230 U.S.A. 12. Wes Dacedant Evar in U,S. Armed Forcas? 11. Maritel Stetus Was Decedant of Hispenic Origin? (Specify Yes or No-If Yas, specify Cuben, Maxican, Puarto Rican, atc.) 14. Bace - American Indian Black, Whita, atc. Armed Forces r 1 ∑(Yas 2 ☐ No ff Yas, Give Yeer or Datas: WW II Nevar Merried 2 Marriad 1 Yas 2 No Specify: þ 3 Widowad 4 Divorced Completed 15. Dacedant's Education (Specify only highest grada complated) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Business/Industry Elamentary/Secondary (0-12) Collega (1-4or 5+) ELECTRONICS WESTINGHOUSE 9TH GRADE 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maidan Sumeme) LEROY PFANNENSTIEL MARGARET TAYLOR 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Address (Street end Number or Rural Routa Number, City or Town, State, Zip Coda) MRS. MARGARET M. VIELBIG 907 WASHINGTON BLVD-BALTIMORE, MD 20b. Place of Disposition (Nama of 20e. Mathod of Disposition 20c. Location - City or Town, Stete cemetary, cramatory or other place) 1 Burial 2 Cramation 3 Ramoval from State GARRISON FOREST VA CEM 3/11/96 OWINGS MILLS 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funarai Sarvice Licensaa 22. Nama and Addrass of Facility HUBBARD FUNERAL HOME, INC. Cotoma 4107 WILKENS AVENUE-BALTIMORE, MD 23e. Pert1. Entar the diseasurer complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiretory arrast, shock, or heart feilure. List only one cause on each line. Cardiovascular Immediate Cause (Final disaasa or condition rasulting in daath) Due to (or as a consequence of) Examiner Sequentially list conditions, if any, leeding to immediata ceusa. Entar Underlying Causa (Disaasa or injury that Initiated avants rasulting in daath) Lasi Dua to (or es a consaguence of) Physician/Medical Dua to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 24a. Was en autopsy

1 Yes 2 No 3 Probably 4 Unknown by 24b. Wara autopsy findings aveilebla prior to complation of cause of death? Completed 2 No 1 Yes 1 ☐ Yas 2 ☐ No 25. Was cesa raterred to madical Be 26. Place of Death (Check only ona) axaminar? 1∆ Yas 2 No 2 Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 1 Inpatiant 2 ER/Outpatient 3 DOA 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28b. Time of Certification: 28c. Injury et Work? 28d. Describe how injury occurred 1 Netural 2 Accidant 5 Panding 1 TYas 2 No invastigation 6 Could not be datarmined 3 Suicida 28e. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 4 Homicide 29a, Cartifiai 1 Cartifying Physician: To tha bast of my knowladge, deeth occurred at tha time, deta end place, and due to the ceuse(s) end mannar as stated. 2D Medicat Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and menner stated.

29b. Signature and title of certifier

29c. Licensa number

29d. Data signed (Month, Day, Year)

O.C.M.E

MARCH 07, 1996

30. Name and address of person was completed ceuse of deeth (Itam 23a) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201 knnis hute MD

31. Deta filad (Month, Day, Yaar) MAR 1 2 1996

32. Ragisfrer's Signeture

State Registrar

II II SO FAIR SC C IIZ O -The second proceedings of the second 
State of Maryland / Department of Health and Mental Hygiene 07039 Certificate of Death 1. Decedent's Name (First, Middle, Last) MARCH 6, 1996 Year PRICE JR. 6 A.M. 4a. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death 7. Age (In yrs. last birthday) If Undar 1 Year If Under 24 Hrs. 8. Data of Birth Months Days House Min. 4 Months Days 1660 RALWORTH ROAD BALTO. CITY

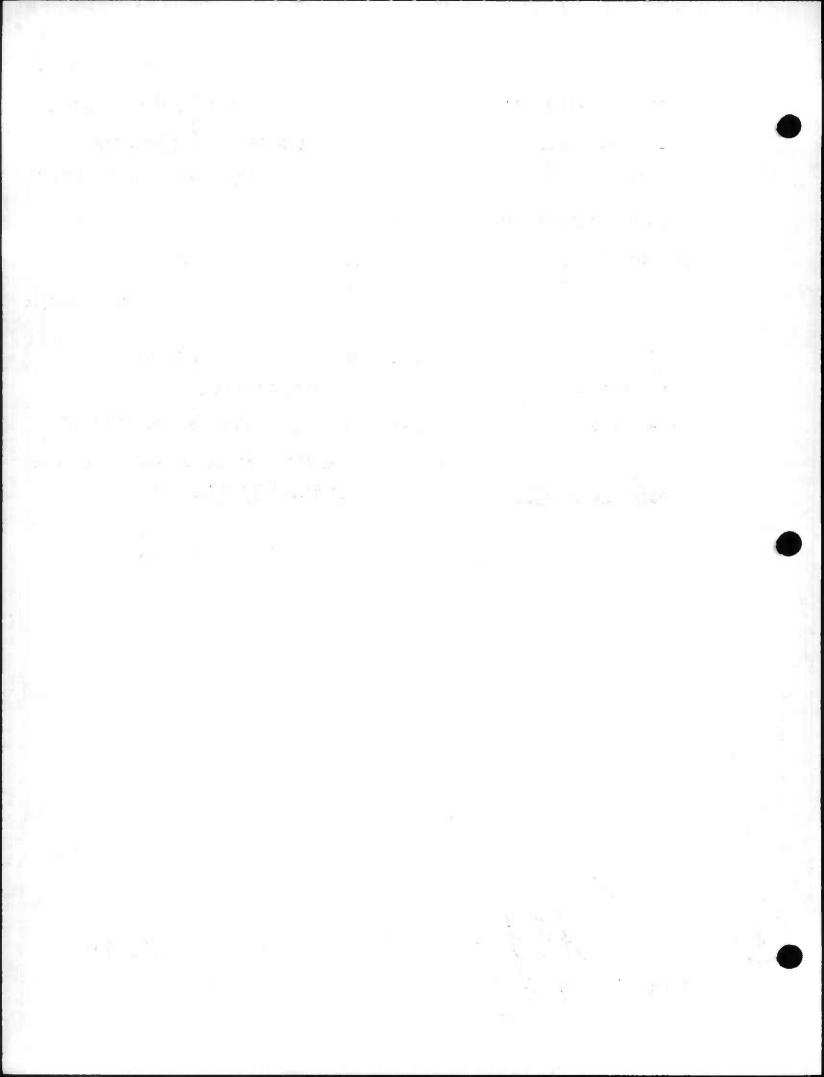
**Physician** /Medical Examiner

JAMES

	Funeral	Г	5. Social Sacurity Number			7. Age (In yrs	. last birthday)	If Unda Months	1 Year Days	If Under 2	24 Hrs. Min.	8. Data of B (Month, D	irth		9. Birthplace Country)	(State or Foreign
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ylend	ehow sq at		10a. State 10b.	County		10c. C	ity, Town or Lo	ocation							10d. i	Inside City Limits
Mer	- 3	tor	MARYLAND B	ALTIMO	RE, CIT	у В	ALTIMOR	RF								1 Yas 2 No
death with the Meryland	7 28 1 not	Director	10e. Street and Number	, , , , , , , , , , , , , , , , , , , ,	, <u>011</u>		712121101	10f. Zlp	Code				10g. Citi	zen of W	hat Country?	^
h with	88 H		1660 RALWOR	TH ROA	n			21	218				USA	1		
	E	Funeral	11. Marital Status	THE NOA	12. Was Dece	dent Ever in	U,S. 13.			spanic Orig	gin? (Sp	ecify Yas or N Rican, atc.)		14. Race	- American I	ndlan,
effer O	호점		1 Never Married 2	Married	Armed For 1 [V] Yas If Yes, Giv	2 TNo		ii Yes, spe 1 ☐ Yes	1/		, Puarto	Hican, atc.)			c, Whita, atc.	
002 ours	2	by	3 ☐ Widowed 4 ☐ D	Divorced	Year or Da	e 2/19	9/52	1 1 1 48	2 LI 1NO	Specify:				Specify:	ARFO	AMERICAN
Maryland 21215-0020	iene. "then "neturel", or items 23s or 28a-f eho tre Medical Examiner mant be notified at	Completed	15. D (Specify on)	ecedent's Ed	ucation de completed)		16a. Dece			ition luring most	of work	ina	16b. Ki	nd of Bu	siness/Industr	ry
iffin 21	. F	-jdu	Elementary/Secondary		College (1	-4or 5+)	life.	DO NOT u	se retired	)						
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Pa #	= 0 5	Be	17. Father's Name (First,									e (First, Middl		Sumame	3)	
aryla	marked marked	To	JAMES PRICE				_					MARSHAL				
Mai 12 st	9 6 8		19a. Informant'a Name/R		ype, Print)			_				ral Route Num				
	f Health them 27 other t		WANDA PRIC			206	166 Place of Dispo			H ROA	۹D,	BALTIM	1			
Pages	으노동		20a. Method of Disposition 1 ☑ Burial 2 ☐ Cran		Removal from S	Stata	cemetery, crei	matory or o	other plac	•	1	Date			City or Town,	
altimore,	ortant: ortant: injury		4 Ĉ Donation 5 □ C			G.F	RRISON	FORE	ST C	EMETE	RY :	3/11/96	OWI	NGS	MILLS,	MARYLAND
Ball	mpor ny ln		21. Signature of Euneral :	Service Licen:	see		ES	STEP a	BROTE	ERS I	FUNE	RAL HO	ME.P.	Α.		
0.	OFER		The	1 M	Select	7						ALTIMO			21217	
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pel	nsit	Examiner			b. ———	INT	DO N	1 .			-				<u> </u>	
OX 68760, certificate be axecuted	sician and burlat-transit	Xai	Sequentially list condition if any, leading to immadis cause. Enter Underlying Cause (Disease or Injury	ns, ate		Due to	or as a consec	quence of):								
3	siciar burl		Cause (Disease or Injury that Initiated events	~	c		CHEST DES								-	
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The law	ga 2	Comple													of deet	
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OF VITA Physician:	certificate has t lirector, paga 2 s	o Be	25. Was case referred to exeminer?	-	Hospital:				Othe	Mr.		th (Check only				
	this ral di	I	1 Yes 2 No 27. Manner of Deeth		1 L Ir		28b, Time of		JA	4 LI NU	rsing Ho	ome 5 2 Res 28d. Describe				
IVISION or Attending	death. ctor: After this y the funeral di	ation	1 Natural 5 🗆 2 Accident	Pending investigation	(Monti	n, Day Year)	Injury	м	28c. Injury Work 1 🔲 🗅	:?` /es 2 🗆 f	No	200. 0030110	710W IIIJUI	y occurre		
5 8	Dire	Certification:	3 Suicide 6 4 Homicide	Could not be determined	28e. Place	of Injury - At I g, etc. (Spec	nome, farm, str ify)	reet, factor	y, office			28f. Location City or To	(Street an own, State		er or Rural Ro	ute Number,
Hospital	24 hours Funeral ettely tilled	edicai C	29a. Certifier 12 0 (Check only one)	Certifying Phy ledical Exam	rsician: To the i	sis of axamin	owledge, death ation and/or in	h occurred vestigation	at the tim	e, date end Inion, deet	d place, th occur	and due to the	e cause(a) o, date and	and mar place, a	nner as stated nd due to the	j. cause(s)
1	To the	₩ W	29b. Signatura and title of	certifiar	1	or stateu.		29	c. License	number			29d. Dat	e signed	(Month, Day,	Year)
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cause of death (Item 23a) (Type, Print)

State Registrar 6730 Hola 31. Date filed (Month, Day, Year) MAR 121996

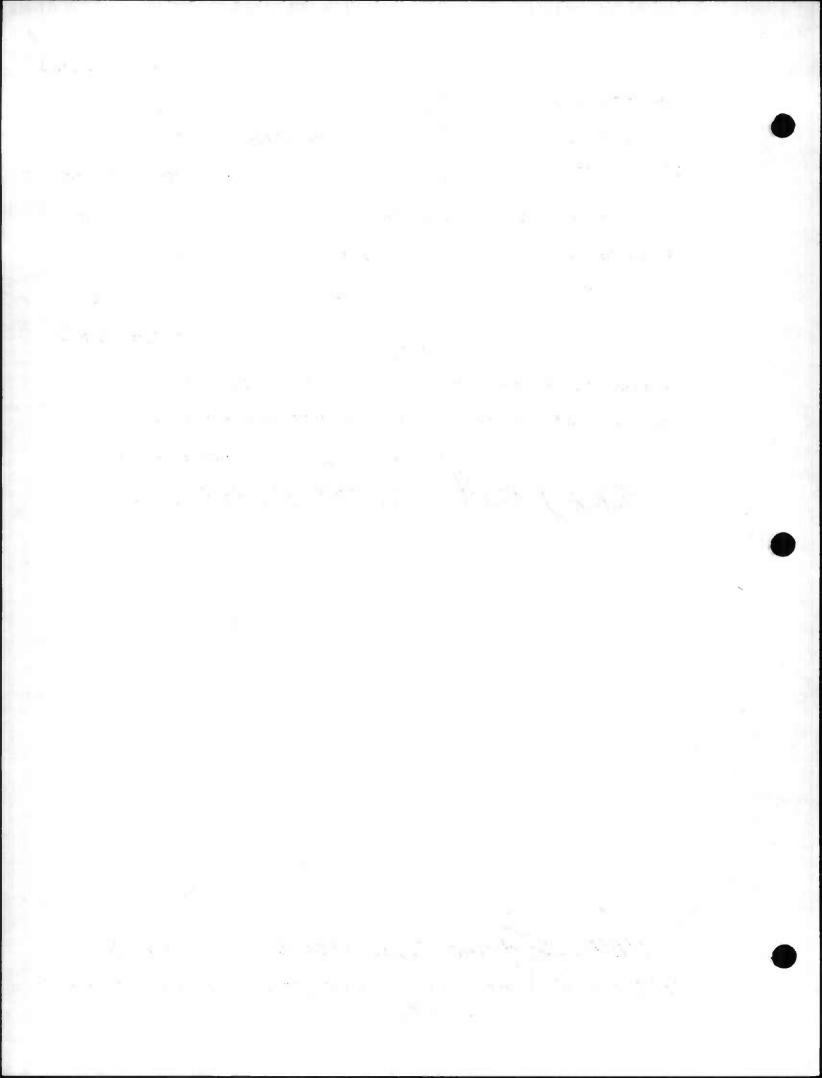


State of Maryland / Department of Health and Mental Hygiene 96

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Data of Death 3. Time of Deeth <sup>□</sup>1996 **Physician** Vinson Norman Pefley March 7 1018 /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 1162 Cedar Ave Shady Side Anne Arundel 5. Social Security Number If Under 1 Year If Under 24 Hrs. 7. Aga (In yrs. lest birthdey) 8. Date of Birth (Month, Day, Year) Birthplaca (Steta or Foraign Country) **Funeral** Days Hours 1 X M 2 □ F 218 76 0916 Yrs. 35 Director June 13 1960 WashingtonDC Usuel Residence of Decedent the Marylend 10a Stete 10h County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Medical Examinar must be notified at Md Director Anne Arundel Shady Side XX Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 1162 Cedar Ave 20764 USA Funerai 12. Was Decedant Ever In U,S. Armed Forces? 1 ☐ Yas 230 No If Yes, Give Yeer or Dates: Was Decedent of Hispenic Orlgin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puarto Rican, atc.) 14. Race - American Indian, Black, White, etc. 11. Marital Stetus Peges 1 and 2 should be filled within 72 hours effer in nent of Health and Mental Hygiene. Int: If Item 27 is marked other than "natural", or ite 1 Navar Married 2KDMarried Baltimore, Maryland 21215-0020 1 ☐ Yes XXNo Specify: Specify: White P 3 ☐ Widowed 4 ☐ Divorced Completed 15 Decadent's Education 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT usa retired) 16b. Kind of Business/Industry (Specify only highest grade completed) Technographics Elementery/Secondary (0-12) College (1-4or 5+) Printer 7th 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Charles Strickler Pefley Kazue Yamaguchi 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Steta, Zip Code) 1162 Cedar Ave., Shady Side, Md 20764 permit. Peges 1 end 2: Department of Health er Important: If Item 27 is any injury or other trau Caroline Louise Pefley 20a. Method of Disposition 20b. Pleca of Disposition (Neme of cematary, cremetory or other piece) 20c. Location - City or Town, Steta 1X Burlel 2 ☐ Cremetion 3 ☐ Removel from Stete 3-11-96 Laurel, Md 4 ☐ Donetion 5 ☐ Other (Specify) Md National Cemetery 21. Signeture of Funerel Service Mos 22. Name end Address of Facility Hardesty Funeral Home, P.A., 12 Ridgely Ave. Annapolis, MD alka 21401 23a. Part1. Enter the disease, complications that causad the death. Do not enter the mode of dying, such es cardiac or respiratory arrest, shock, or heart failure. Limit only one ceuse on each line. Approximate Intervsi Betw Intervsi Between Onsat and Death **Physician** /Medical Immediate Cause (Final disaasa or condition resulting In deeth) Examiner Due to (or es e consequence of): Examiner physicien and s the burial-transit The law requires that the death certificate be executed Sequentially list conditions, if sny, leeding to Immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in death) Lest Due to (or as a consequence of): P.O. Box 68760, Physician/Medicai Due to (or as a consequence of): for use es nse Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? á 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown been signed a Records, Š 24b. Were eutopsy findings available prior to completion of cause of deeth? Completed 24a. Wes an autopsy performed? page 2 s 1 Yes 2 No certificate 1 ☐ Yes 2 ☐ No Division of Vital Hospital or Attending Physician: Be 25. Wes case referred to medical exeminer? 26. Plece of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Aasidence 6 Other (Specify) 1 Yas 2 No Certification: To 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 27. Manner of Deeth 28a. Dete of Injury (Month, Deg Year) 28c. Injury et Work? 28d. Describe how injury occurred 1 Netural 5 Pending Je1f death. UNKM investigetion 1 Yes 2 No HUNE 2 Accident after deatl Director: 28f. Location (Street end Number or Rural Route Number, City or Town, Steta) 3 Nuicide 4 ☐ Homicide 6 Could not be determined 28e. Pleca of Injury - At home, ferm, straet, factory, office building, etc. (Specify) à To the Hospital or A within 24 hours after To the Funeral Directompletely filled in b Home ShAdy Side edical 1 Certifying Physician: To the best of my knowledge, death occurred et the time, dete end pleca, and due to the cause(s) end menner es ststed.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date and plece, and due to the cause(s) end menner steted. 29e. Certifier 29b. Signature end title of certifier 29d. Date signed (Month, Day, Year) ess of person who completed cause of deeth (Item 23e) (Type, Print) State Registrar

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene Q C

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80	Funeral Director		5. Sociel Sacurity Number 6. Sey 220–14–6085	7. Age (li	n yrs. last b 69	Yrs. If Und Month	der 1 Yaar Is Deys	If Undar 24 Hrs. Hours Min.	8. Dete of Birth (Month, Dey AUG. 29	Year)	9. Birthp Coun MARY	laca (State or Foreign try) LAND	7
	and		10a. State 10b. County	10	Oc. City, Tov	vn or Location					10	0d. Inside City Limits	
	Mary	ō	MARYLAND BALTI	MORE	F	BALTIMOR	RE					1 ☐ Yes 2 💢 No	
	128e	Je C	10e. Street and Number			10f. 2	Zip Code		1	0g. Citizen of W	/het Coun	try?	-
	th with	alD	1500 BEDFORD ROAD	, APT. 101			2120	8		USA			
21215-0020	is 1 and 2 should be filed within 72 hours efter death with the Maryland of Health and Mentel Hygiene. Ifem 27 Is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Examiner must be notified as	by Funeral Director	11. Maritel Status  1 □ Never Merried 2 □ Merried  3፟ὧ Widowed 4 □ Divorced	12. Wes Decedant Eve Armed Forces? 1 ☐ Yas 2 ☐ No If Yes, Give A Yaar or Detes:	r In U,S.	_	cedent of Foecity Cub	lispento Origin? (Sp an, Maxican, Puerto Specify:	ecity Yes or No- Ricen, atc.)		e - Amaric k, White, a		
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ē,	Health Health Iem 27 other tr		DR. BARRY RASKI  20e. Method of Disposition		20b. Plece	of Disposition (A	leme of			20c. Location -			_
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altimore,	그투른층		21. Signeture of Funaral Sarvice License	20		22. Nama	and Addre	ess of Facility					_
Ö	Depariment in any ir		I soft M.	(, rH9.				SON & BRO					
	-	_	23a. Pert1. Enter the disease, or complications, or heart feilure. List only on	cations that caused the	deeth. Do	not enter the m	REIS oda of dyli	TERSTOWN  ng, such as cerdiac	ROAD BAI or respiretory arr	JTIMORE ,	MD	21215 Approximate	
	Physician		snock, or near fellure. List only on	le ceuse on eech line.							i	Onsel and Death	
и	/Medical		Immediate Cause (Final disaase or condition	MEMSMAC	1111	VA CAN	ue				1	lun	
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	tificete be executed g physician and as the buriel-transit	хап	Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying	Due	e to (or es e	consequence o	f):						
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S, F	gned be de	by F											
Division of Vital Records, P.O. Box	The law requires that the death certific sits hes been signed by the attending p page 2 should be detached for use as	Completed							24a. Wes a perform	n autopsy med?	eve	ere eutopsy findings eliable prior to mpletion of ceuse deeth?	
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o	Physi this c	5	ILI TOS ZIO NO	ospitel:	2 ER/O			4 LI Nursing Ho	me 5 Rasida			)	_
L <sub>C</sub>	After After funer	lon	27. Manner of Death  1 Neturel 5 Pending	28a. Dete of Injury (Month, Dey Ye		Time of Injury M	28c. Injui	y et rk? Yes 2 □ No	28d. Describe h	w Injury occurr	ed		
S	Attending Physician: r deeth. sctor: After this certific by the funeral director,	ficat	2 Accident investigation 3 Sulcida 6 Could not be	28a. Plece of Injury -	At home f				28f. Location (Si	reet and Numbe	ar or Rura	l Route Number	
2	FH	Certification:	4 ☐ Homicide determined	building, atc. (S	Specify)	ami, 30001, 1000	ory, omoe		City or Town	n, Stete)	pr 01 7 101 (d.	rriodio radilibor,	
	76 the Hospital or Attending Phy within 24 bours after deeth. To the Funeral Director: After this completaly filled in by the funeral	edicai C	29a. Certifier (Check only one)  (Check only one)	lclan: To the best of miler: On the basis of exa	iminetion er	e, deeth occurre nd/or investigetion	ed et the tir on, in my o	me, dete end plece, plnion, deeth occurr	end due to the co	euse(s) and ma ete end plece, e	nner es st end due to	eted. the cause(s)	
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d	1		1 (had	no			D33	974		3/11/	96		
	11	ŀ	30. Name and address of person who cor	)	(Item 23e)	(Type, Print)				3/1/	/ 0		
			6804 PARK / Ke	sho Are	2/21	5	Agn	~ Goldb	us al	)			
	Sta	te	31. Pate filed (Month, Dev. Yeer)	32. Registrar's	Signature	¥		V - C.	)				

DHMH 16 Rev 6/95

Piease Type or Print in Black Indelibie Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 07042 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month 10:22 P.M. Annie Lee Robinson 1996 March 8 4a. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Good Samaritan Hospital Baltimore N/A If Under 1 Months 5. Sociel Security Number 7. Age (In yrs. last birthday) if Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) October 15,1906 9. Birthpiece (Stete or Foreign Country) 6 Virginia Days Hours 1 □ M 2 🖫 F 89 Yrs. 219-18-1890 Usuel Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location 10d, Inside City Limits 1 ☑ Yes 2 ☐ No Maryland N/A Baltimore , City 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 4901 Arabia Ave. 21214 U.S.A. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Merital Status 14. Rece - American indian. Black, White, etc. 1 Never Merried 2 Merried 1 ☐ Yes 2 ☑ No If Yes, Give 1 ☐ Yes 2 ☑ No Specify: 3 ☑ Widowed 4 □ Divorced White 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Teacher School System 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surneme) Nelson Osborne Dollie Sayler 19e. informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Mrs. Sheila J. Hutton 1120 Cedarcroft Road 21239 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 X Buriel 2 Cremetion 3 Removal trom Stete 4 ☐ Donetion 5 ☐ Other (Specify) Parkwood Cemetery 3/12/96 Baltimore, Maryland 22. Name and Address of Facility Leonard J. Ruck Funeral Home, Inc. 5305 Harford Road - Baltimore, Maryland 21214 MMELL 23a. Pert1. Enter the disease, or computations that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. Approximate Interval Between Onset and Deeth Interction Immediete Cause (Final disease or condition resulting in death) Myocardist 12 hrs Due to (or as a consequence of): Hyperlipidemia 50 yrs Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Lest Due to (or as e consequence of): Due to (or es e consequence of): 23b. Did tobacco use contribute to the cause of death? 1 Yea 2 No 3 Probably 4 Unknown 24b. Were autopsy tindings available prior to completion of cause of death? 24a. Was an eutopsy performed? 1 Yes 2 No 1 ☐ Yes 2 ☐ No

**Physician** /Medical Examiner

Physician

/Medical

**Examiner** 

Director

Funeral

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Completed

Be

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**Funeral** 

Director

Nem 27 is marked other than "natural", or frems 23a or 28a-f show other traumatic event, the Medical Examinal must be notified at

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ifiled within 72 hours efter Hygiene. other than "natural", or ite

es 1 and 2 should be fill of Health and Mentel H

permit. Peges 1 ar Department of Hea Important: If Item 2 any Injury or other

Saltimore, Maryland 21215-0020

the Maryland

the attending physician and hed for use as the buriel-transit te lew requires that the death certificate be axecuted Records, P.O. Box 68760. signed t been sig page 2 s

this certificate After ! To the Hospital or Attending within 24 hours after death.

To the Funeral Director: After completely filled in by the funer

Division

Physician/Medical <u>ک</u> Completed Be

Examiner Certification: To edical

State Registrar

Pert It. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 25. Was case reterred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospitei: 1 ☐ inpatient 2 ☑ ER/Outpatient 3 ☐ DOA 1 Yes 2 No 27. Manner of Deeth 28a. Dete of Injury (Month, Day Year) 28c. Injury at Work? 28b. Time of 28d. Describe how injury occurred t Maturai 5 Pending investigation 1 Yes 2 No 2 Accident 8 Could not be determined 3 ☐ Suicide 28e. Piece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end piece, end due to the cause(s) and manner as stated.

2 Medical Examiner: On the bests of examination and/or investigetion, in my opinion, deeth occurred et the time, date and piace, and due to the cause(s) end menner steted. 29e. Cartifler (Check only 29b. Signature end title of certifier 29c. License number 29d. Dete signed (Month, Day, Year)

MBoyle MD 30. Neme and eddress of person who completed cause of deeth (item 23a) (Type, Print)

6565 N. Cherles St. Baltimore MD 21204

Boyle, Michael P. GBMC M.D. 32. Registrer's Signeture

D4614

31. Dete tiled (Month, Dey, Year) MAR 1 2 1996

Jahra Shuckon Real !!



State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Physician Month Yeer ENRICO REED 08, MARCH 1996 10:15 P.M. /Medical 4a. Fecility Neme (If not Institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Deeth Examiner JOHNS HOPKINS HOSPITAL BALTIMORE CITY n/a 5. Social Security Number If Under 1 Yeer If Under 24 Hrs.

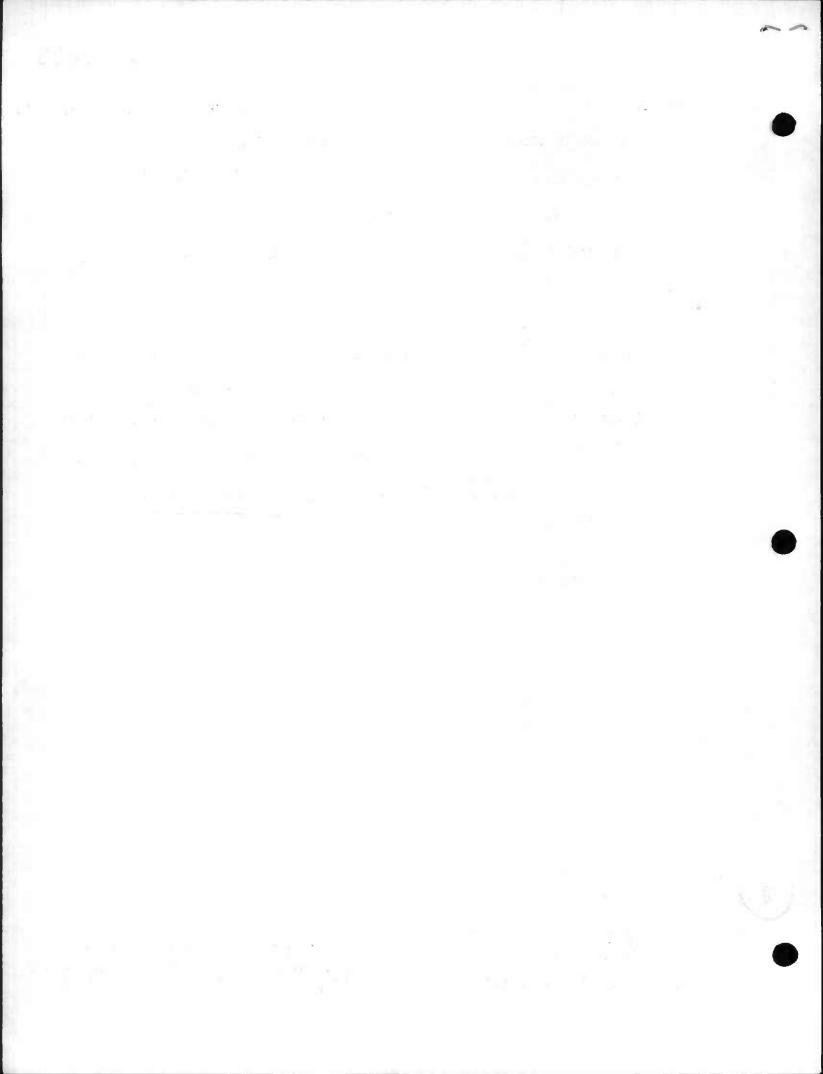
Months Deys Hours Min. Dete of Birth (Month, Day, Year) SEPT.23,1973 7. Age (In yrs. last birthday) 22 yrs. Birthplece (State or Foreign Country) **Funeral X**M 2□ F 218-27-1700 Director MARYLAND Usual Residence of Decedent the Meryland 10a. State 10b. County 10c. City, Town or Location 10d. inside City Limits "natural", or items 23a or 28a-f show suical Examiner must be notified at Yes 2 No Director n/a BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1011 HUNTER STREET 21202 UNITED STATES Funeral 12. Wes Decedent Ever in U,S. Armed Forcas? 1 ☐ Yes 2 C/No If Yes, Give Year or Detes: 11. Maritel Stetus Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Raca - American Indien, Bieck, White, etc. should be filed within 72 hours after on Mental Hygiene.

marked other then "natural", or iter Never Married 2 Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: þ Specify: BLACK 3 ☐ Widowed 4 ☐ Divorced Completed The Medical 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuei Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) Coilege (1-4or 5+) unknown unemployed never worked traumatic event. permit. Pages 1 and 2 should be file Department of Health, and Mental Hy Important: If fem 27 la marked othe any folury or other traumatic event stock. 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumame) Be unknown ELAINE SONNY 19e. Informent'a Neme/Reletionship (Type, Print) 19b. Melling Addreaa (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) VERNON LEE \_ friend HUNTER ST, apt.62, BALTIMORE, MD 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete \$\frac{1}{4} \end{align\*} Buriel 2 \subsetember Cremetlon 3 \subsetember Removel from Stete 4 \subsetember Donetlon 5 \subsetember (Specify) GARDENS 2-9 DUNDALK, NARYLAND VVOSHELL MEMOR I AL 21. Signeture of Funeral Service Licensee 22. Name end Address of Facility C. MARCH FH.-1101 E. NORTH 23a. Pert1. Enter the disease, or compilizations that caused the deeth. Do not the mode of dying, such as cardiec or respiratory errest, ehock, or hear feilure. List only one cause on each line. Approximete Interval Between Onset and Deeth **Physician** Immediate Causa (Final diseese or condition resulting in deeth) **Examiner** sician and burial-transit or Attending Physician: The law requires that the death certificate be executed an/Medical Exam Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initieted events resulting in death) Lest physician s the buria P.O. Box 68760. nodetici 83 Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown signed t Records. by 24b. Were autopsy findings aveilable prior to completion of cause of deeth? Completed 24a. Wes en eutopsy parformed? certificate 1 Yes 2 No 1 ☐ Yes 2 No Division of Vital Be 25. Wes case referred to medical 26. Piece of Deeth (Check only one) Hospitel: 1 ■ Inpatient 2 □ ER/Outpatient 3 □ DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No Medical Certification: To this illed in by the funeral 27. Menner of Deeth 28a. Dete of Injury (Month, Dey Year) 28c. Injury et Work? 28b. Time of 28d. Describe how injury occurred Atter 1 Neturel 5 Pending Investigation 1 ☐ Yes 2 ☐ No Director: 2 Accident 3 Suicide 6 Could not be 28f. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end piece, and due to the cause(s) end menner as stated.

| Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, dete and piece, and due to the cause(s) end menner stated. 29e. Certifier To the Hor with To the Fib completely (Check only one) 29b. Signature and title of pertifier 29c. License number 29d. Dete signed (Month, Day, Year) March 7, 1996 NZ619 Juny 30. Name and eddress of parson who completed cause of deeth (Item 23a) (Type, Print) Johns Hopkins Hospital Baltimore, MD E. SILVERMAN, M.D Isaac Inver 110, 600 N. Welfe St.

State Registrar 31. Dete filed (Month, Day, Year)
MAD 1 2 1996

32. Registrer's Signeture



Pages 1, 2, 3 should

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funeral director, page 5 should be

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) JUMAMOY,

1 2 1996

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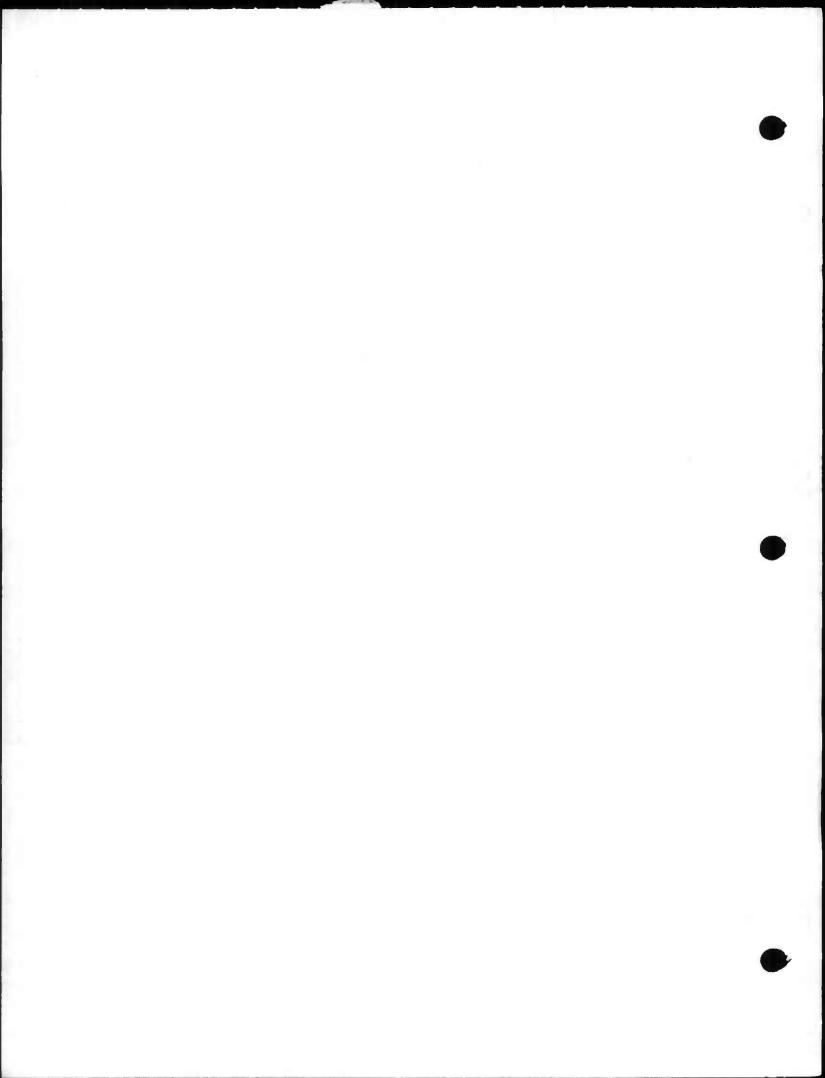
0	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremati	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, t
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DIVISION OF VITAL RECORDS, P.O. BOX 68760	cute	00 0	unia	tic
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF GEATN 2 25 pm MARCA 4. SOCIAL SECURITY 8. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year) JULY 13,1932 B. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 1 M 2 F MONTHS DAYS HOURS MIN. MARYLAND 219-28-7661 63 YRS 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR JOSEPH RITCHIE HOUSE BALTIMORE BALTIMORE CITY RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE BALTIMORE 1 YES 2 TO NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1504 ADAMSVIEW ROAD 21228 U.S.A. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO 14. RACE - American Indian, Black, White, atc. If yes, specify Cuban, Mexican, Puerto Ri
1 ☐ YES 2 ☒ NO Specify: 1 Never Married 2 X Married IF YES, GIVE WAR OR DATES В 3 Widowed 4 Divorced Specify: WHITE COMPLETED 15. OECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12TH GRADE HOMEMAKER HOMEMAKING 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Sumame) HOWARD GORSUCH CAMILLE THIEL 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 WILLIAM RILEY 1504 ADAMSVIEW ROAD - BALTIMORE, MD 21228 e 20a. METNOD OF DISPOSITION
1 ☐ Burlal 2 ※ Cremetion 3 ☐ Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State HILLTOP SERVICE CORP. 4 ☐ Donation 5 ☐ Other (Specify) TOWSON 21. SIGNATURE OF FUMERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY
HUBBARD FUNERAL HOME INC. 4107 WILKENS AVENUE-BALTIMORE, MD 21229 23. PART I. Enter the disea ed the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on each line Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) HEPATIC FAILURE 2 0845 event, DUE TO (OR AS A CONSEQUENCE OF): TO THE LIVER, BRAIN, BONE 2.5 MO CERTIFICATION Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING KND ADRENIAL GLANDS CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in deeth) LAST PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? MAIL ARLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 - YES 2 NO 1 | YES 2 | NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \( \Boxed{1}\) NO \( \Boxed{1}\) UNCERTAIN \( \Boxed{2}\) PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) **EXAMINER?** HOSPITAL: OTHER 1 - YES 2 NO OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) | HOSPICE 1 Inpatient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 2 Accident 5 Pending Investigation м 1 YES 2 NO BY 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, stc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Nomicide 29a. CERTIFIER (Check only 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 \_\_\_ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER

29c. LICENSE NUMBER

M.D. 220 TUNBRIOGE ROAD; BALTO. MD. 21212

29d. DATE SIGNED (Month, Day, Year)



Physicia /Medic	200	1. Decedent's Name (First, Middle, L	RUTKIN	Centilica	ate of Death	2. Date of Deal Month	eg. No. th Day	3. Time of 100 to
Examin Funeral Director	2220.0	5. Social Security Number 6. 218–07–7632 Usual Residence of Decedent	ve street end number)	Month	BALTI der 1 Year   If Under 24 Hi	rs. 8. Dete of Birth (Month, Dev. FEB . 2	4c. County of E	Birthplace (State or Fore Country) MARYLAND
28a-f show	tor	10a. State 10b. County	TIMORE	City, Town or Location RANDALLS	STOWN			10d. Inside City Lim
23a or 28 ust be no	al Director	10e. Street end Number 9907 MARRIOTTSV	TILLE RD.	10f.	Zip Code 21133	1	0g. Citizen of Wha USA	Country?
ar, or items	by Funeral	11. Menitel Stetus  1 Never Merried 2 Married 3 Widowed 4 Divorced	12. Wes Decedent Ever Armed Forces? 1		cedent of Hispanic Origin? pecify Cuban, Mexican, Pue	(Specify Yes or No- erto Rican, etc.)		Vinerican Indian, Vinite, etc.
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Health tem 27 other tr		MRS. SHIRLEY S.  20a. Method of Disposition  1 \( \text{M}\) Burial 2 \( \text{Cremation} \) 3 \( \text{U}\)  4 \( \text{Donetion} \) 5 \( \text{Other}\) (Special (Special Cremation)	Removel from State	b. Place of Disposition (I cemetery, cremetory of	or other piece)	Date	ALLSTOWN 20c. Location - City	or Town, Stete
Depertment of Important: If is any Injury or once.		21 Signature of Funeral Service Lice			3/1 LEVINSON & B REISTERTOWN	ROS., INC	TAYLORSVI TO., MD	21215
physicia as the bur	ian/Medical Examiner	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	b. Due to	to (or as a consequence of the c	& seu	le guy eare	luni	day
Φ ×	Physician/M	Part II. Other significant conditions	contributing to death but not	resulting in the underlying	cause given in Pert I.	23b. Did to		pute to the cause of de Probably 4 Unkr
5.8	Completed by					24a. Was e		lb. Were autopsy finding available prior to completion of cause of death?
certificate ha		05.14				1 □ Ye		1 Yes 2 No
	To Be	25. Was case referred to medical examiner?  1 Yes 2 No	Hospitai:	2 ER/Outpatient 3	Other:	eeth (Check only on Home 5 - Reside		Specify)
r death. ector: After this by the funeral d	Certification:	27. Manner of Death  1 Netural 5 Pending 2 Accident investigatio 3 Suicide 6 Could not be		M	28c. Injury at Work? 1 Yes 2 No		ow Injury occurred	
		4 Homicide determined	nvsician: To the best of my	At home, farm, street, fact ecify) knowledge, deeth occurr	ad at the time, dete and place	City or Towr	n, Stete)	r Rural Route Number,
A Part of the Part	edicai	(Check only 2 Medical Examone)	miner: On the basis of exam and manner stated.	nination and/or investigati	on, In my opinion, death occ	curred at the time, do	ate end plece, and	due to the cause(s)
1 8	Σ	29b. Signature end title of certifler	_	/ !	29c. License number	2	9d. Dete signed (M	
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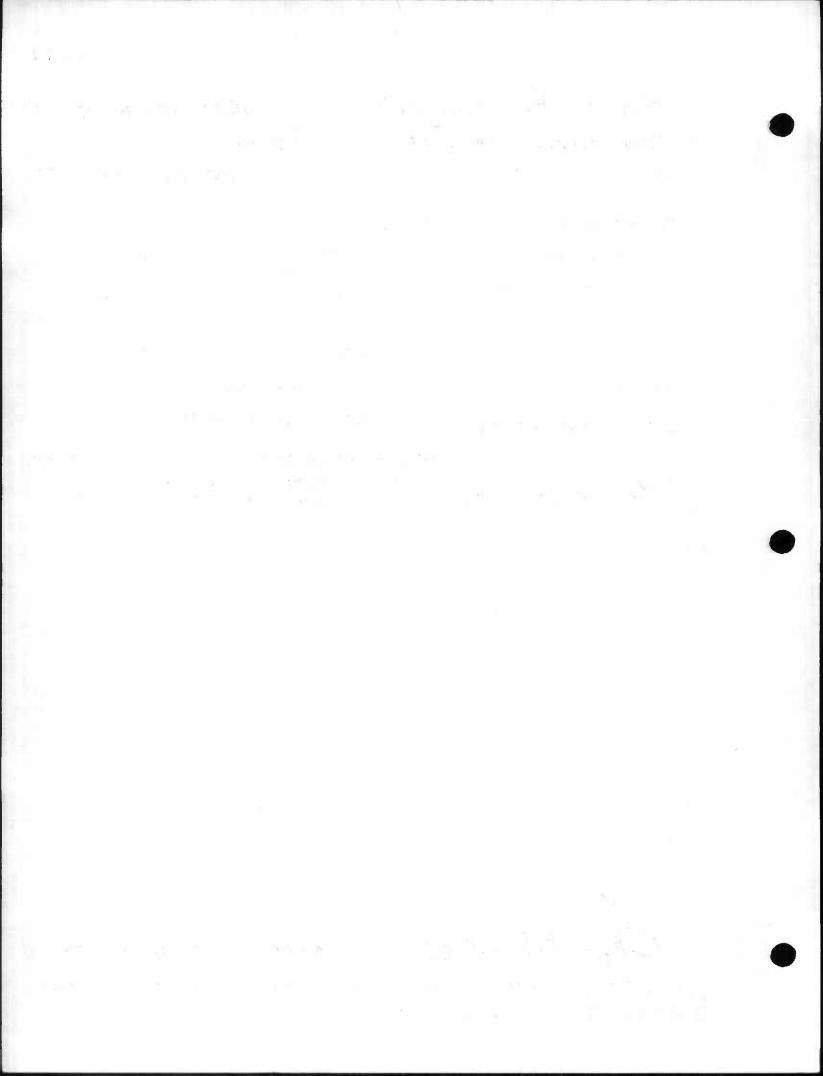
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Physician Medical Examiner  Physician Medical Examiner  Or 20 Part Enter the disease, or completions that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest,  Consider the disease or completion of the cause on each line.  Due to (or es a consequence of):  Due to (or es a con	no	ages mit of t: If it				(e			her ple	1				
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Physician (field Examiner)  The disease of conditions are consequence of the conditions of the conditi				23e. Part1. Enter the disease, or co- shock, or heart feilure. List only	mplications that cause on each	ed the death.	Do not ent	er the mode	of dyir	ng, such as cardiec	or respiretory erre	st,		Approximate
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State of Maryland / Department of Health and Mental Hygiene

				(	Certificate of	Death	Re	g. No.		
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	Examir	ner	4a. Facility Nema (If not institution, give street and numbe	, 50	1	4b. City, Town, or Lo		4c. County o		
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L	Funeral Director		218-18-9417 Usuel Residence of Decedent		rs. Months Days	Hours Min.	8. Dete of Birth (Month, Day, 09/17/19	921 I	Country BALTO	ce (Stata or Foreign ) , MARY LA
	ylend		10a. State 10b. County	10c. City, Town	or Location				10d	. Inside City Limits
	the Mer 28a-fa	Director	MARYLAND BALTIMORE, CITY  10e. Street and Number	BALTIM	ORE 10f. Zip Code		10	og. Citizan of Wi	nat Country	1X Yes 2□No
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lan	Mental Mental arked o	To Be	LOUIS GROSS			MAGGIE	GROSS			
Maryland	d 2 should th and Men 7 is marke traumatics	-	19e. Informant's Neme/Reletionship (Type, Print)		Mailing Address (Street			-	itate, Zip Co	ode)
	s 1 and 2 if Heelth Item 27 i		GEORGE RINGGOLD (HUSBAND)		6 CARROLL S	STREET BAL	TO.MD.21	1230		
Ore	S = 2 0		20e. Method of Disposition 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removal from Stet	aamatan/	Disposition (Neme of , cremetory or other plea	ce)	Dete 2	Oc. Location - C	City or Town	n, Stete
Baltimore,	t. Pertant:		4 ☐ Donation 5 ☐ Other (Specify)	GARRIS	ON FOREST C				MILLS	,MARYLAND
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			23a Part1 Enter the lisease or complications that cause	odtho death. Do no	1300 EUTAW	PLACE BA	LTIMORE,	, MARYL	-	
	Physician <sup>1</sup>		23a. Part1. Enter the iseasa, or complications that cause shock, or heer failure. List only one cause on each	line.	antar tha moda or dyn	ig, such es cardiec c	or raspiratory arre-	St,	i In	pproximate itervel Between inset and Deeth
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Box	anding use	M/u	d. Sep	Hicemi	a					
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₹ :		To B	exeminer? 1 Yes 22 No Hospital: 1 Nopat	ient 2 ER/Outp	eatient 3 DOA Oth	or	ma 5□ Resider		(Specify)	
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	il or Attanding P after death. I Director: After t d in by the funer	Certification:	determined 286. Piece of Ir	ijury - At home, fem tc. <i>(Specify)</i>	n, street, fectory, office		28f. Location (Stre City or Town,	eet and Numbei Stete)	r or Rural R	loute Number,
_	Hospital 24 hours Funeral etely filled		29a. Certifier Certifying Physician: To the best	of my knowledge	death occurred at the tin	ns data and place	and due to the ee	uso(s) and man	Dor an etate	ad.
	To In. Hospital or Minin 24 hours after To the Funeral Dir completely filled in	edicai	(Check only one) Medical Examiner: On the basis and mennar s	of examinetion end/	or Invastigetion, in my o	pinion, daeth occurre	ed at the time, dat	te and piece, ar	d due to th	e cause(s)
(7)	42 5 6	M	29b. Signeture and title of certifier		29c. Licens			d. Dete signed		
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Ó	8	Î	Compre / Celleun		DI	8521	10	arch	/ -	1996
Q	54		30. Nema and address of person who completed causa of	deeth (Item 23a) (T	ype, Print)	3321	/vi	aren	/ - /	/446
	) H		Moges Gebremarian	deeth (Item 23a) (T	ype, Print)  O Wilken	s Ave,	Balt	o Ma	1 2	1996



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death March Reed 1996 20:32 PM 4a. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Johns Hopkins Bayview ER Baltimore N/A If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year)
Sept. 9,1937 If Under 1 Yeer 7. Age (In yrs. lest birthday) 9. Birthpleca (Stete or Foreign Months Deys 1**X** M 2□ F 58 Yrs. Maryland 10c. City, Town or Location 10d. Inside City Limits Baltimore Dundalk 1 ☐ Yes 2 No 10g. Citizen of What Country? 10f. Zip Code 7514 Lawrence Road 21222 U.S.A. 12. Wes Decedenf Ever in U,S. Armed Forces? Reca - American Indian, Bleck, White, etc. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 ☐ Yes 2 No If Yes, Give 1 Never Merried 2 Merried 1 ☐ Yes 2 X No Specify: Specify: White 3 Widowed 4 Divorcad Year or Detes: 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Computer Systems Analyst B.G. & E. 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) Vincent J. Reed Sr. Margaret Anna Gorsch 19a. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zlp Code) Elysa Reed ( WIFE ) Dundalk , MD. 21222 7514 Lawrence Rd. 20b. Piece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete Dete 1 X Buriei 2 ☐ Cremetion 3 ☐ Removel from Stete Oak Lawn Cemetery March 11,1996 Baltimore, Co. 4 ☐ Donetion 5 ☐ Other (Specify) ettire of Funguer Service Herri 22. Name and Address of Feetlity Bruzdzinski Funeral Home P.A. 1407 Old Eastern Ave. Baltimore , MD. fiction. If at caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, one cardiac or each tine. Approximete Intervei Between Onset end Deeth Arteriosclerotic Cardiovascular Disease Due to (or es a consequence of)

permit. Pages 1 and 2 should be filed within 72 hours after to Department of Health and Mental Hygiene. Important: If Itam 27 is marked other than "natural", or iten any injury or other traumatic event, the Medical Evantments. Baltimore, Maryland 21215-0020 Physician

**Physician** 

/Medical

**Examiner** 

**Funeral** 

Director

r than "natural", or Items 23a or 28a-f show the Medical Examiner must be notified at

Director

Funeral

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Completed

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death \

Norman

5. Sociel Security Number

219-32-7287 Usuel Residence of Decedent

Maryland

11. Merifel Stetus

10e. Streef end Number

20e. Method of Disposition

J.

/Medical Examiner

that the death certificate be executed

The law requires

Box 68760

Division of Vital Records, P.O.

Physician/Medical Examiner by Completed Be

Medical

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certificate

physician and the burial-transit as attending p for use as signed by t page 5 • Hospital or Attanding Physician:

24 hours after death.
• Funeral Director: After this certificalety filled in by the funeral director, p. Certification: To

To the Hosp within 24 ho To the Fune completely fi

State

29a. Certifier

(Check only one)

tmmediete Cause (Finei diseese or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that Initiated events resulting in deeth) Lest Due to (or es e consequence of): Due to (or es e consequence of): Pert II. Other eignificant conditions confributing to death but not resulting in the underlying cause given in Pert I. 25. Wes case referred to medical exeminer?

1X Yes 2 No 28e. Dete of Injury (Month, Day Yeer) 27. Menner of Deeth 1 Neturel 5 Pending Investigation 2 Accident 6 Could not be determined 3 Suicide Pieca of injury - At home, ferm, street, factory, offica building, etc. (Specify) 4 Homicide

24e. Wes en eutopsy performed? PARTIAL 1 X Yes 2 □ No 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28c. Injury et Work? 28d. Describe how injury occurred

1 ☐ Yes 2 ☐ No

28f. Location (Street and Number or Rurel Route Number, City or Town, Stefe) 1 Certifying Phyaicien: To the best of my knowledge, death occurred et the time, dete end plece, end due to the ceuse(s) and menner es stated. Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) end menner stated.

29b. Signetate and fitte of cartifier

29c. License number O.C.M.E.

29d. Date signed (Month, Day, Year) MARCH 11, 1946

23b. Did tobacco use contribute to the cause of death?

1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown

24b. Were eutopsy findings eveileble prior to completion of cause of deeth?

1 XYes 2 □ No

30. Neme and eddress of person who completed cause of deeth (Item 23a) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201 Margarita Korell M.D.

31. Dete flied (Month, Day gear)

MAR 12 1996 The designation of the second of the

Registrar

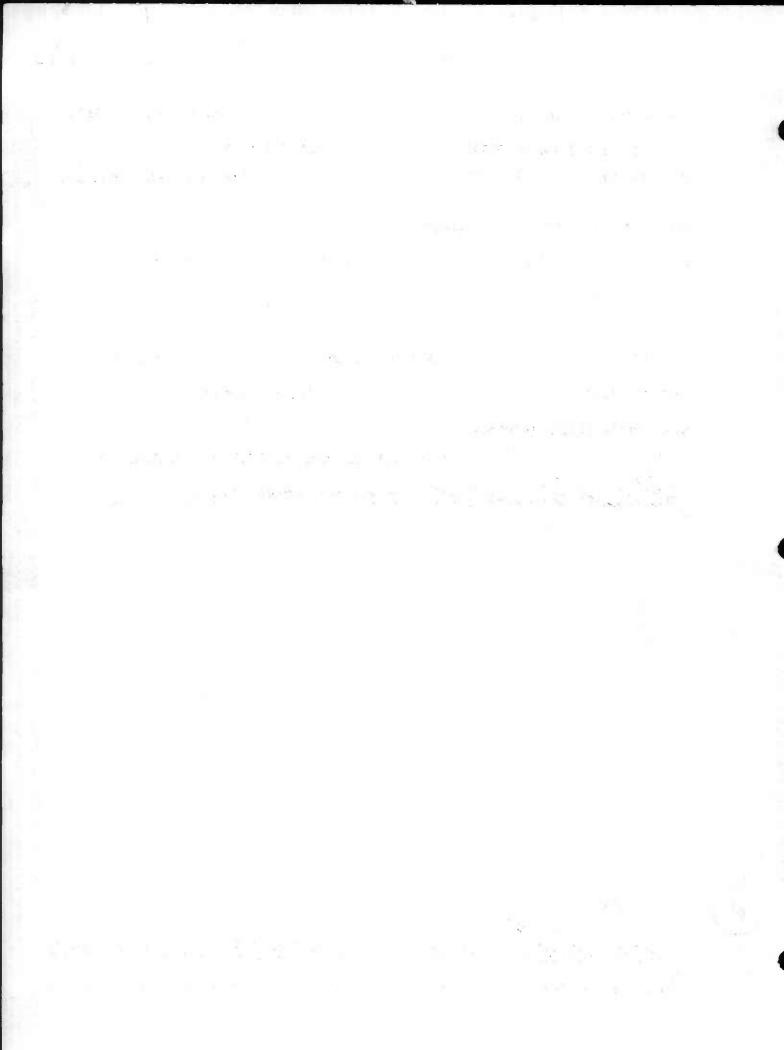
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# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 07049

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	Exami		4a. Facility Nama (If not institution, g		)				4b. City, Town, or I					
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100		ToE	Herman Tipton						Gertha	Banner				
Maryland	S D E E		19e. informant's Name/Ralationship	(Type, Print)		19b.	Mailing Addras	s (Stree	et and Number or Ru	ıral Routa Numb	er, City or Town,	, State, Zij	p Code)	
			Laura Belle Tipt	on (sister	)	16	31 A	rick	en backe	r Rd	Apt.	A	Beltin	21221
ore	of Heel		20a. Mathod of Disposition		20h. P	iace of	Disposition (Ne	ma of		Data	20c Location	- City or To	own, Stata	
E	Page int: If		1 Surial 2 ☐ Cramation 3 4 ☐ Donation 5 ☐ Other (Spec		Но	lly	Hill M	em.	Gardens	3/13/96	Baltim	ore,	MD.	
Baltimore,	permit. Pages 1 an Department of Heel Important: If Kern 2 any injury or other once.		21. Signature of Fungral Service Lic	instig		_			ass of Facility					
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	rificate be executed ng physician and as the buriel-transit	Examiner	Sequentially list conditions.	b. COLD.	Due to (or	rasac	onsequance of	):					)	,0,
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ec	law las b	d			-							of	omplation of f death?	Cause
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/ita	ysician: The law s certificate has t director, page 2 s	Be	25. Was case referred to medical axaminer?						28. Place of Dea	ith (Check only	ona)			
5	Physician: this certific ral director,	P	1 ☐ Yas 2 No	Hospital: Unpati		ER/Out	patient 3 D	OA		loma 5□Rasi	dence 6 Oth	nar (Speci	ify)	
<u>_</u>		ö	27. Mennar of Death 1 ☑ Natural 5 ☐ Panding	28a. Data of Inju (Month, Da	iry iy Year)	28b. Ti	ma of jury	28c. fnju Wo	iry at ork?	28d. Dascribe	how Injury occur	red		
Sio		cati	2 Accidant invastigati				М	1 🗆	Yas 2 No					
Ξ	or Atten after deal Director: in by the	Certification:	3 ☐ Suicide 6 ☐ Could not determine	28a. Place of In building, at	jury - At ho c. (Specify	ma, fan	m, street, facto	ry, office		28f. Location ( City or To	Street and Numl wn, Stata)	per or Run	al Routa Nui	nber,
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	FAFO		202. Orginatura and title of certifiat	1	M.	1	28	n. Licen	4/5/11	73	29d. Data signe	ru (Month,	Jay, Tear)	9/
	1		11/11	1	•			0	454		MAKCH	1)	//	160
			30. Nama and address of person who			23a) (1	ype, Print)							
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	Sta Registr		MAR 1 2 1996	32. Registr	ar s Signal	ura								
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ITEMS: 1. PER F.H. FILM G-733 Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 3/12/96 t.t Certificate of Death 1. Decedent's Nama (First, Middle, Last) HENRY WILLIAM RUPP 2. Date of Death 3. Time of Death March **Physician** 20A1 /Medical 4a. Facility Name (if not institution, giva street and number) 4b. City, Town, or Location of Death Examiner 10th Arundel thispital, 301 Hospital Drive Anne Arundel Glen Burnia If Under 1 Yaar If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1 M 2□ F 215-09-1996 86 **Director** MARYLAND 02-13-1910 Usual Residence of Decedent with the Maryland 10b. County r 28a-f show inctified at 10a, Stata 10c. City. Town or Location 10d. Inside City Limits 1 ☐ Yes 2(XNo Directo GLEN BURNIE MARYLAND ANNE ARUNDEL 10e. Street and Number 313 HOSPITAL DRIVE 10f. Zip Code 10g. Citizen of What Country? r than "natural", or items 23a or the Medical Examiner must be NORTH ARUNDEL NURSING & REHABILITATION 21061 U.S.A. Pages 1 and 2 should be filed within 72 hours after death a near of Health and Mental Hygiene.

Hit Hear 27 is marked other than "natural", or frems 23 any or other traumatic avent, the Medical Exercites mast any or other traumatic event, the Medical Exercites mast Funeral 12. Was Decedent Evar In U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yas, specify Cuban, Maxicen, Puerto Rican, atc.) 14. Race - American tndian, Black, White, etc. 11. Marital Status 1 ☐ Yes 2 🔯 No If Yes, Give Year or Datas: 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 Specify: þ 3 ☑ Widowed 4 ☐ Divorced WHITE Completed 16a. Decedent's Usuai Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) NONE DIRECTOR OF CEMETERY NEW CATHEDRAL 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumame) SCHNNING CATHERINE RUPP **EDWARD** F. 2 19a. Intormant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) F. ROLAND RUPP 109 THOMAS ROAD, GLEN BURNIE, MD. 20b. Place of Disposition (Neme of cemetery, crematory or other place) 20a, Mathod of Disposition Date 20c. Location - City or Town, State Department of Important: If It any Injury or o 1 ☐ Burial 2 ☐ Cremation 3 ☐ Ramoval trom State 4 ☐ Donation ☐ Other (Specify) 3-11-96 BELTSVILLE, MD. CHESAPEAKE CREMATORY, INC. 21. Signature of Fune al Sarvice Licensee 32. Name and Address of Facility SINGLETON FUNERAL HOME, SECOND AVENUE, S.W., GLEN BURNIE, MD. 21061 ease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, no. List only che cardie on each line. **Physician** /Medical Immediate Cause (Final disease on condition resulting in death) . UROSEPS (5 Examiner Examiner physician and the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last GASTROFNIES THAL BLEED vision of Vital Records, P.O. Box 68760. Physician/Medical ERRMOUAS CULAR ACCIDENT 950 Po Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Hiknown Completed by 24a. Was en autopsy parformed? 24b. Were autopsy tindings available prior to completion of cause of death? has reporc. vuen Osenst 1 Yes 2 No 1 ☐ Yes 2 ☐ No certificate Attending Physician: 25. Was case reterred to medical examiner? Be 28. Piace of Death (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA this 28a. Dete of Injury (Month, Day Year) 27. Mannar of Death 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 1 Natural 5 Pending death. 2 ☐ Accident 1 Yes 2 No investigation after death Director: Could not be determined 3 Suicida 28t. Location (Street and Number or Rural Routa Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homlcide 9 24 hours a Hospital 1 Certifying Phyetcian: To the best of my knowledge, death occurred at the time, date and place, and due to the cauae(a) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical (Check only one) To the I within 2 29b. Signature and title of certifier 29c, Licansa number 29d, Date signed (Month, Day, Year) Name and address of parson who completes

AN IT SCHAL BENEAM 301 1703.

32. Registrates Signature.

32. Registrates Signature.

32. Registrates Signature. 30. Name and address of parson who completed cause of death (Item 23e) (Type, Print) HOSPITAL DAIVE, BLEN BURNIE MARY 31. Date filed (Month, Day, Year) 21061

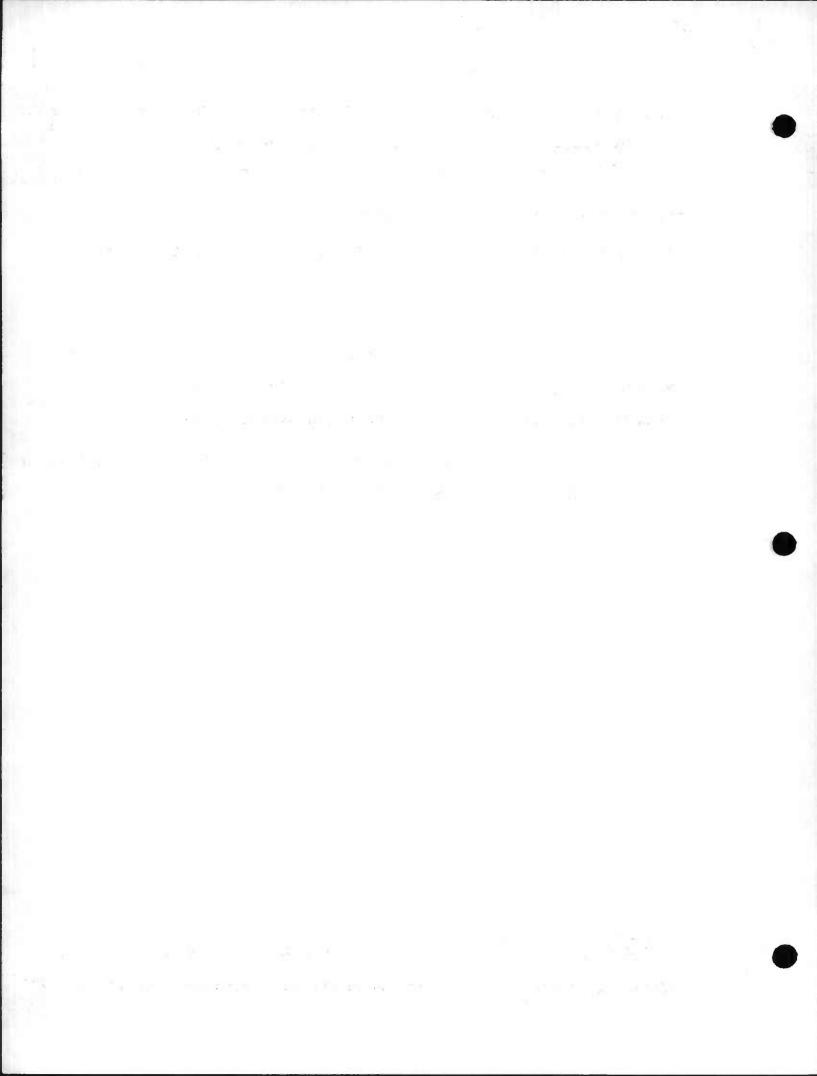
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State Registrar

State of Maryland / Department of Health and Mental Hygiene

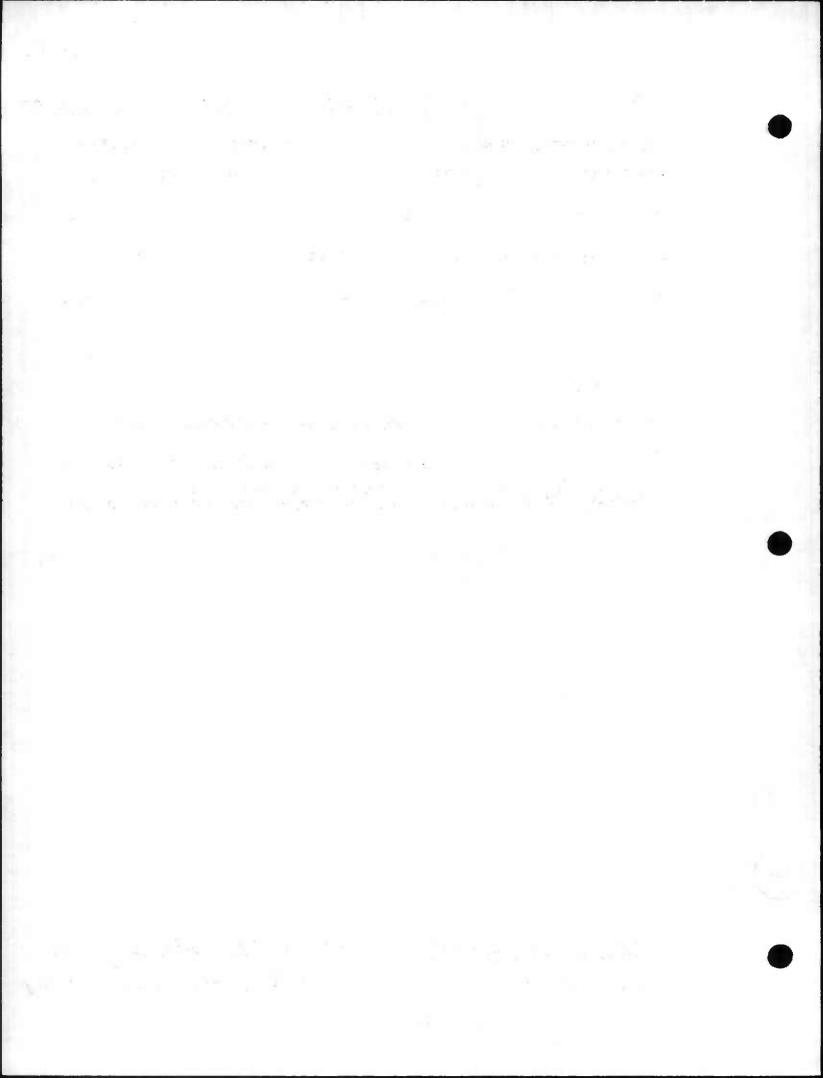
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Physici /Medi		BENJAMIN	F		RAY	NOR	MARCI			2210PM
Examir		4a. Facility Name (If not Institution, give	e street and number)			4b. City, Tow	n, or Location of Dea		nty of Death	
		GREENVIEW	W AND LY	NDALE		BALTI	MORE CI	ГҮ		
uneral		5. Social Security Number 6. S 218-84-5960	PH OFF		If Under 1 Yea Months Days		4 Hrs. 8. Date of B	irth	9. Birth	place (State or Foreign ntry)
rector			ж <sup>м 2</sup> 2 3	O Yrs.			Dec.	14,196		ryland
ž		Usuel Residence of Decedent  10a. State 10b. County	10c. C	ity, Town or Lo	cation				1.	10d. Inside City Limita
other traumatic event, the Manical Exercises must be notified at	6	Maryland Baltim		Baltin						1 □ Yes 2 PNo
Mod	Director	10e. Street and Number			10f. Zip Code			10g. Citizen o	f What Cou	ntn/2
8	ā	9229 North Poi	nt Road		2105	2		United		
E	Funeral	11. Maritei Status	12. Was Decedent Ever in L	J.S. 13. V	Was Decedent of	Hispanic Origi	n? (Specify Yes or N	lo- 14. B	ace - Ameri	can Indian
	Fun	1 Never Married 2 Married	Armed Forces? 1 ☐ Yes 2 ☐ No	l l	If Yes, specify Cu	ban, Mexicen,	Puerto Rican, etc.)		leck, White,	
	ξ	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Year or Dates:	'	1 ☐ Yes 2 🛣 No	Specify:		Spec	whi	te
	Completed	15. Decedent's Ed	ducation	16a. Deced	dent's Usual Occu	upation		16b. Kind of		
	ple	(Specify only highest gra Elementary/Secondary (0-12)	College (1-4or 5+)	life. L	kind of work done DO NOT use retir	e during most o ed)	of working			
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	Be (	17. Fether's Name (First, Middle, Last)					s Name (First, Middl		ame)	
	10	Walter M. Ray	nor			Val	erie Dot	У		
		19a. Informant's Name/Relationship (								Code) 21227
SUCE.		Linda Herch, S				an Av	enue Bal			-
		20a. Method of Disposition 1 Burial 2 □ Cremation 3 □			sition (Name of natory or other pl	ace)	Date	20c. Location		
		4 □ Donation 5 □ Other (Specify	n Oa		n Cemet		3/13/96	Balti	more	, Marylar
once.		21. Signature of Funeral Service (Icen	90		Name and Add		al Home	of Lar	edow	me
a		1.00	-	37 2	ndrose 719 Ham	monds	Ferry R	or bar	2122	
		23 Dent1. Enter the disease, or com shock, or heart failure. List only	plications that caused the dea one cause on each line.	th. Do not ente	er the mode of dy	ring, such as co	ardiac or respiretory	arrest,		Approximete Interval Between
an	1									Onset end Death
cai ier		Immediate Cause (Final disease or condition resulting in death)	· Multon	le 9	uns hoi	Wou	-els		i	
	-	resulting in death)		or as a conseq						
	edicai Examiner		b		3				1	
	Exa	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	Due to (	or as a conseq	juence of):				İ	
	cai	triat initiated events	C	or es a consequ	uanna of):					
	ledi	resulting In death) Lest	Due to (t	or es a consequ	derice or).				-	
	an/M		d							
	Physiciar	Pert II. Other significant conditions of	ontributing to death but not res	sulting In the ur	nderlying cause g	iven in Part I.	23b. Did	tobacco uas	contributs t	to the cause of death?
	Phy						10	Yss 2 No	3 □ Pro	bably 4 Unknown
	by									')
							24a. We	s an autopsy formed?		ere autopsy findings
	pie								of	ompletion of cause death?
	Completed						10	Yes 2□No	11	Yes 2□ No
	Be	25. Was case referred to medical examiner?				28. Piace o	of Death (Check only	one)		1
	P P	1 XYes 2 □ No	Hospital: 1 ☐ Inpatient 2 ☐	ER/Outpatien	t 3 DOA	ther: 4 Nurs	sing Home 5 🗆 Res	sidence 6 💥	ther (Specia	M AT SCENE
		27. Manner of Death 1 □ Natural 5 □ Pending	28a. Date of Injury (Mogth, Day Year)	28b. Time of Injury	28c. Inju	ury et ork?	28d. Describe	how Injury occ	urred	
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	ertification:	3 Suicide 6 Could not be 4 Homicide determined	28e. Place of Injury - At h building, etc. (Special	ome, farm, stri	eet, factory, office	9	28f. Location City or To	(Street and Nur own, State)		al Route Number
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	edical	(Check only 2 Madical Exam	yelcian: To the best of my kno ilner: On the basis of examina							
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.		1 secolone 1	U. Lox up			C.M.E.		MARCH	10,	1996
		30. Name and address of person who o	-			+t	D=144.5	ome 14	n 1	and 21201
Cia		31. Date filed (Month, Day, Year)			Penn S	reet	, Baltım	ore, M	aryl	and 21201
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	Physici /Medi		TKV11V			SUCH	4K		March	27 1	996	8:15 PM
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			pIKESVILLE N	- T.		tion to Hillandar	1 Van	BALTIMO			BALTI	
	Funeral Director	П	5. Social Security Number 069–18–3741  Usual Rasidance of Decedent	6. Sax 1 → M 2 → F	Aga (In yrs. last i	Yrs. If Undar Months	Days		8. Date of Birth (Month, Day SEPT . 3	,1906		lace (State or Foraign htry) MD
	hend wo		10a. Stata 10b. County		10c. City, To	own or Location					10	0d. Inside City Limits
	the Maryler 28a-f ahow	jo	MD N/A		BAL	<b>TIMORE</b>						1 XYes 2 No
	or 284	Director	10e. Street and Number			10f. Zip	Coda			log. Citizan of	What Coun	try?
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21215-0020	within 72 hours after deeth with the Maryland siene. Then "natural", or flems 23a or 28a-f show the Medical Examiner must be notified at	by	1 Naver Merried 2 Mari	If Yas Giva	□No es: WWII			Specify:		Specif		WHITE
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	be filed value thygie d other the event, the		17. Father's Nema (First, Middla,	[ set)		CLERK		18. Mother's Nema	/Eiret Middle		COMI	PANY
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ary.	d 2 should by	2	19a. Informant's Name/Ralations		11	9b. Malling Address	(Stree	t and Number or Rura	il Routa Numbe	r. City or Town		
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	requires that the deeth cer een signed by the attendir hould be deteched for use	Physician/N	Part II. Other significant condition	ns contributing to death	h but not rasulting	In the underlying ca	ausa g	ivan in Part I.	23b. Did to	obacco usa co	ntribute to	the cause of death?
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ris	octor: by the	Iffica	3 ☐ Suicide 6 ☐ Could r	not be 28a. Place of	Injury - At homa,	farm, street, factory					per or Rura	I Route Number,
舌	Il Direct ed in by	Certification:	4 Homicide	building,	atc. (Specify)				City or Tow	n, Stata)		
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	To the within 2 To the comple	Me	29b. Signature and title of certifian	- 0	1	29c	. Licen	se number	2	9d. Date signe	d (Month, I	Day, Year)
			Baine	200	MM.	^	1)	1587	2 /	MARCH	30.	1996
	4	-	30. Name and addrass of person	who completed causa o		) (Type, Print)		21.	0		'	1896 nD212esp
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	OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h

ERTIFICATION	resulting in death) LAST	PART H. Other significant contributing to deeth but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  AMILABLE PRIOR TO COMPLETION OF CA OF DEATH?							
NO	IMMEDIATE CAUSE (Final disease Dr condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr injury that initiated eventa resulting in death) LAST  LIMINEDIATE CAUSE (Final disease)  S. FIRVMOCYSTS CAR(INI FINE UNDERLYING UNITS)  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr injury that initiated eventa resulting in death) LAST								
	23. PART I. Enter the diseases, o shock, or heart feltur iMMEDIATE CAUSE (Finer disease or condition resulting in death)	e. List Dniy one cause Dn ee	ch line.	1 anter the m	ode of dying, aud	LINI ch sa card	E ST BA	rresi,	Approximate Interval Bet
examiner must	1 K Burlal 2 Cremation 3 Removal from State   Cemetery, crematory or other pisce)   MAR     Cemetery, crematory or other pisce)   MAR								
2	EVELYN DICKERSON  2304 AIKEN ST BAI,TO,MD 21218  20a. METHOD OF DISPOSITION  20b. PLACE AND DATE OF DISPOSITION (Name of State Semetery, cremetery or other place)  ADD  20c. LOCATION — City or Town, State								
TO BE	REDAH SUTTON SR  IRENE YOUNG  19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)								
_	17. FATHER'S NAME (First, Middle, Last)						liddle, Malden Surname)	10	
COMPLETE	(Specify only highest gra Elementary/Secondary (0-12)		(Give kind of wo	ind of work done during most of working NOT use retired.)					
ED BY FUN	1 Never Married 2 Married 3 Widowed 4 Divorced  15. DECEDENT'S Et	FORCES? 1 YES		If yes, s 1 ☐ YE	pecify Cuban, Maxica S X X NO Specif	in, Puerto R		Black, V Specify:	BLACK
NERAL	2793 1/2 THE	ALAMEBA  12. WAS DECEDENT EVER IN	II C ADMED	12 MMC DE	21218	NIC OBIGHT	US? (Specify Yes or No	T	American Indian
L DIREC	MD 10e. STREET AND NUMBER	N/A		BALTO	DI. ZIP CODE		10a, CI	TIZEN OF WHA	YES 2 N
ECTO	RESIDENCE OF DECEDENT  10a. STATE  10b. COUN		BALTO  18c. CITY, TOWN OR LOCATION					N/A 10d, INSIDE CITY	
2	9a. FACILITY NAME (If not institution, give street and number)  CHURCH HOME HOS			96. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DEATH					
	216-40-0976	1 № M 2 □ F 52	YRS.	ONTHS DAYS	HOURS MIN.	(Month	Day, Year)	Country)	MD
	4 SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In	Vrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	MONTH 7. DATE O	RCH. 6.19	9 9 6	O 6 30 ACE (State or Fore

Z&MI. N 32. REGISTRAR'S SIGNATURE

OHMH-16 Rev 1/89

31. DATE FILED (Month, Dey, Year)
MAR 1 2 1996

COULD OF

Pages 1, 2, 3 should permit. burial-transit

BALTIMORE, MARYLAND 21215-0020

DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

BOX 68760 P.0. DIVISION OF VITAL RECORDS,

hours after death. Page 6 may be retained by the hospital or attending physician. ed in by the funeral director, page 5 should be detached for use as the buriat-tran once. te notified pe must examiner n by the f medical completely filled in by 6 the event. HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed in and corr to burial, traumatic ental Hygiene prior to other 10 the atten Mental H Injury, and and any s been signed b shows a the State Dept. 23 item 0 marked, this c After 60 DIRECTOR-200 item FUNERAL I = IMPORTANT: 표 표 제 제 2 2 3

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

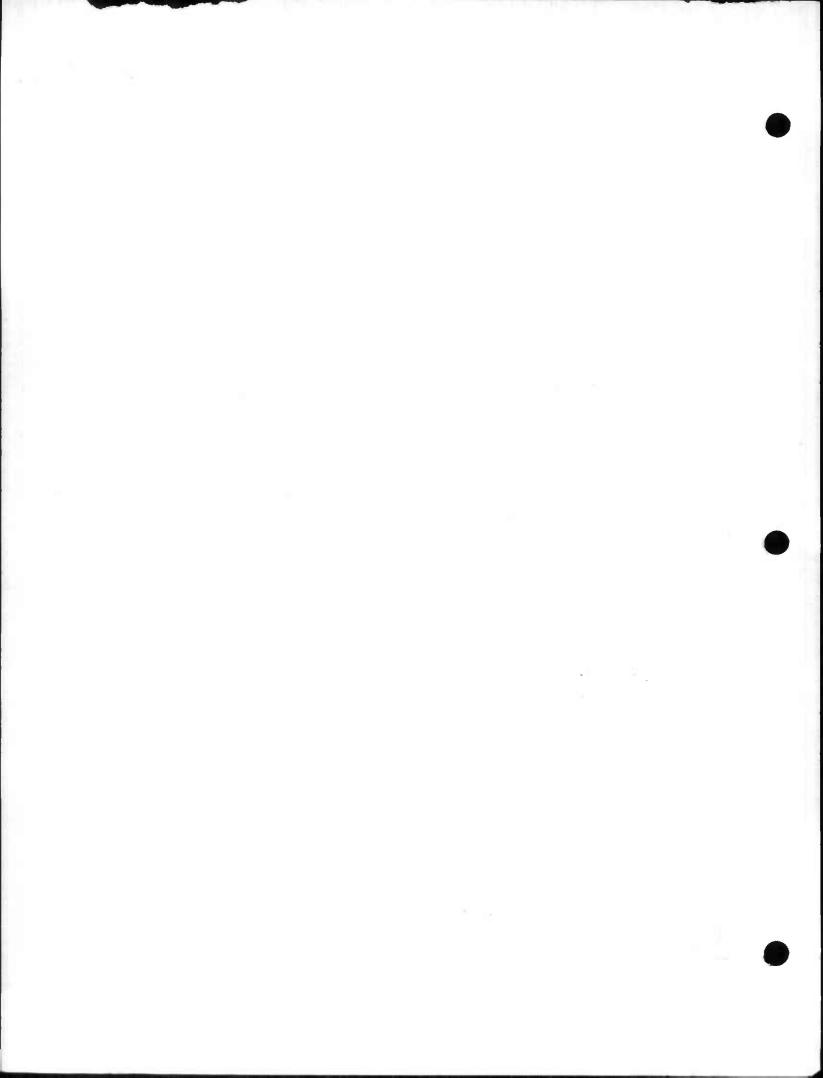
COMPLETED

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2

1, DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Melvin 8, 1996 Smith March 1200 Р 4. SOCIAL SECURITY NUMBER 6. BIRTHPLACE (State or Foreign 5. SEX 6. AGE (In vrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR | IF UNDER 24 HRS. 216-30-0850 1 XM 2 F 62 HOURS YRS N. Carolina 13 1033 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH University Hospital Baltimore N/A RESIDENCE OF DECEDENT 10c CITY TOWN OR LOCATION 10e STATE 10b. COUNT 10d, INSIDE CITY Maryland N/A Baltimore 1 YES 2 NO 10e. STREET AND NUMBER 107, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 761 Hamburg Street 21230 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 1954— 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried If yee, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: Specify: Black 3 Widowed 4 Divorced 1956 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementery/Secondary (0-12) College (1-4 or 5+) places 12th Clerk various 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Sumeme) James W. Smith Mattie Bell Smith 19e. INFORMANT'S NAME (Type/Print) Mattie L. Smith 405 Schars Lane, Pittsburgh, PA 15237 20e METHOD OF DISPOSITION
1 [XBurlal 2 ] Cremetlon 3 ] 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Carrison Forest VA Cem. 4 Donation 5 Other (Specify) 3-13 Owings Mills, MD 21: SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
March Funeral Home East Tiol E. North Avenue, Baltimore, MD 21202 23. PART i. Enter the diseases, or compleatione that caused the death shock, or heart failure. List only one cause on each line. the mode of dying, such as cardiec or respiratory arrest, Approximate Onset and Death IMMEDIATE CAUSE (Final disease or condition Sepsis. **ZWKS** reauiting in death) DUE TO (OR AS A CONSEQUENCE OF): 2WKS Pneumonia Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other aignificant conditions contributing to death but not reaulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS 24s. WAS AN AUTOPSY PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Hypercalcemia 1 X YES 2 T NO Renal Insuficiency. Ileus. 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 M Inpellent 2 - ER/Outpellent 3 - DOA OTHER: 1 YES 2 X NO 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 28b. TIME OF INJURY 27. MANNER OF DEATH 26e. DATE OF INJURY 28c. INJURY AT WORK? 26d, DESCRIBE HOW INJURY OCCURED 1 X Natural 5 Pending Investigation м 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, 1ectory, office building, etc. (Specify) 3 Sulcide 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide 29e. CERTIFIER 1 🔀 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, and due to the cause(e) and menner ee stated. 2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and menner se stated, 29c LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) uddinan P09664 March 6,1996 Muddiman 22 S. Greene St. Balt. MD 21202 Elizabeth 31, DATE FILED (Month, Day, Year) , 32. REGISTRAR'S SIGNATURE his dudger bardet 2 1996



## Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

March 5,1996

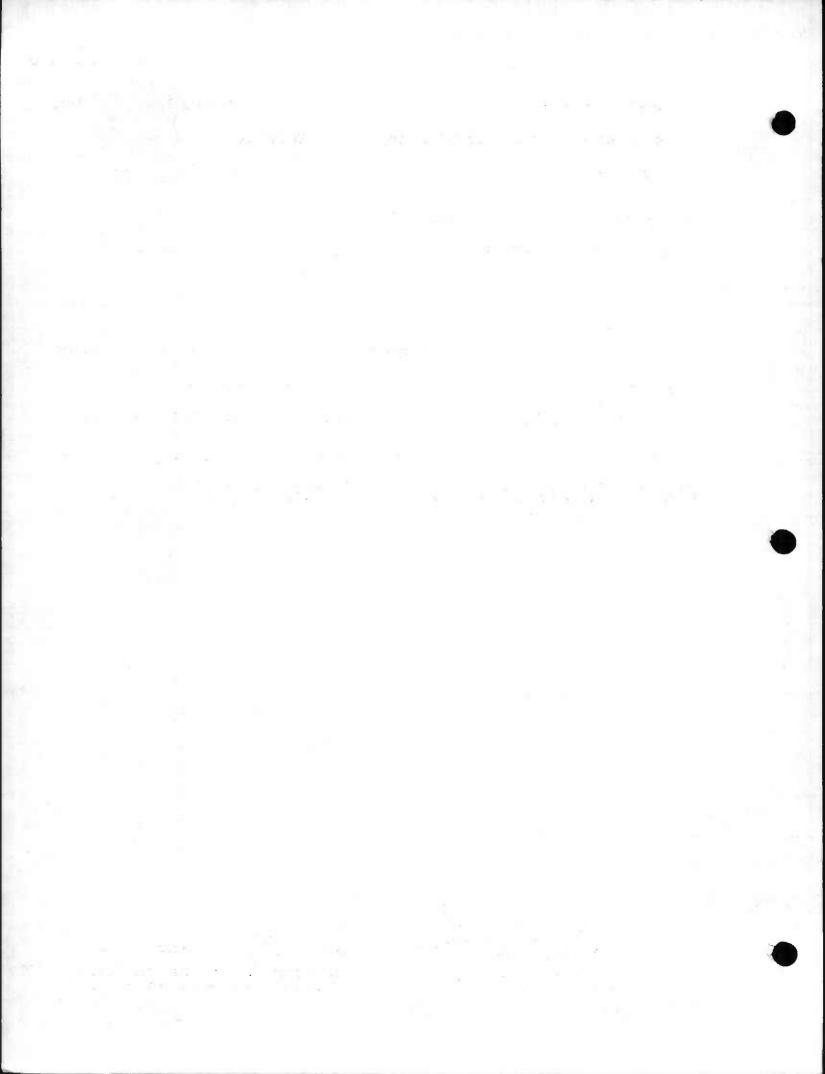
				State of N	/larylan				lealth and N Death	fental Hy	giene G	6	0705	ō
			1. Decedent's Name (First, Middle,	Last)						2. Date of De			3. Time of Deat	h
	Physic		Josef Schak	alo						March	2,1996	Year	8:00	nq
	/Medi Examii		4a. Facility Name (If not institution, g	ive street end numbe	r)	T			4b. City, Town, or Lo	ocation of Deal	th 4c. County	of Deeth		_
			Johns Hopkins	Bayview Me	dical	Cente	r		BAltimo	ce .	N/A	A		
	Funeral Director		220-32-8262	. Sex 7. / 1 → M 2 □ F	Age (In yrs. 79	lest birthday) Yrs.	If Under Months	1 Year Deys	if Under 24 Hrs. Hours Min.	8. Dete of Bi 3 – 23 –	rth ay, Year)	9. Birthpi Count	ace (State or Form	e <i>ig</i> n
	pur *		Usuei Residence of Decedent  10a. State 10b. County		10c City	y, Town or Lo	cation					1/	Od. inside City Lin	alte
	Aaryla	ŏ	MARYLAND N/A			TIMO						1	1 Yes 2	
	the 1	Director	10e. Street end Number		5711		10f. Zip	Code			10g. Citizen of Whet Country?			
	3e or	0	721 S. MONTFOR	D AVENUE		21224					USA	THOS COUNT	.,,	
	death	Funeral	11. Meritel Stetus	12. Was Deceder			Ves Deced	lent of I-	Hispanic Origin? (Sp	ecify Yes or No		e - America		
20	or He	Fu	1 ☐ Never Married 2 🔀 Married		Armed Forces? 1 ☐ Yes 2X☐ No If Yes, Give				uben, Mexican, Puerto Rican, etc.)			ck, White, e	etc.	
9	ral',	1 by	3 ☐ Widowed 4 ☐ Divorced	Yeer or Dates	:		I□Yes 2	ZIŽĮ NO	Specify:		Specify	/: W	HITE	
1215-0	72 h	Completed	15. Decedent's (Specify only highest (	Education grede completed)		16a. Deced (Give	kind of wor	rk done	during most of work	ing	16b. Kind of B	usiness/Ind	lustry	
	within	Id III	Elementary/Secondary (0-12)	College (1-4o	r 5+)		OO NOT us	se retire	d)		COUTUE	OUTHERN ST		
2	Hygid Hygid Ther		NONE  17. Father's Name (First, Middle, La	st)	LABORER			18. Mother's Name (First, Middle,		1-	IAIES	_		
Maryland 21215-0020	d 2 should be filed within 72 hours after death with the Maryland thend Mental Hygiene.  7 is marked other than "natural", or items 23e or 28a-f show traumatic event, the Medical Examinet must be notified at	To Be	UNKNOWN						MARIA	SCHAK		,		
	should nd Men marke	F	19a. Informant's Name/Relationship	(Type, Print)		19b. Mailin	g Address	dress (Street and Number or Rurel Route Number, City or Town, State,				State, Zip	Code)	-
	t and 2 Heath e		MRS. ANNA SCHA	KALO					FORD AVE					
Baltimore,			20a. Method of Disposition			leca of Dispo	sition (Nen	ne of	ce)	Date	20c. Location -	City or To	wn, State	
Ĕ	Pages sent of mt: If its my or o		1 ☐ Burial 2 ☐ Cremetion 3 4 ☐ Donation 5 ☐ Other (Spec		ST.				CHURCH C	EM 3-6	BALTO	. co	. MD.	
a	permit. Pages Department of Important: If it any injury or once.		21. Signature of Funeral Service Lic	egsee:	7	22	. Name an	d Addre	ess of Facility		OME			
m	86588	1	Mills K. X	MALLOW	Sei				SKI FUNE ET ST. E			1224		
			23a. Pert1. Enter the disease, or co shock, or heart failure. List on	mplications that causely one cause	ed the death	n. Do not ente	er the mode	e of dylr	ng, such es cardiac	or respiratory	errest,	1224	Approximete Interval Between	
	Physician			, 0.1.	11		A	R					Onset and Death	2
	/Medical Examiner		Immediate Cause (Final diseese or condition	. /	1/5+	2 2/	2 ll	1	ldon	16/1	MUR	/	Mint	_
	CAdminer		resulting in death)	a	Due to (o	r as a conseq						- 1	per per annual	
	ed sit	Examiner		b										
	cate be executed physician end the burial-transit	хал	Sequentially list conditions, if any, leeding to immediate		Due to (or as a consequence of):									
8760	siclan buris	dicai E	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	c							i			
89	ficate phy s the		resulting in death) Lest		Due to (or	as e conseq	uence of):					1		
ŏ	leath cartific: attending pl	N/U		d										_
n	0 2	Physician/M	Part II. Other algnificant conditions	contributing to death	but not resu	ulting in the ur	nderlying ca	ause giv	ven in Part I.	23b. Did	tobacco use co	etribute to	the cause of dea	nth1
J.	requires that the de sen signed by the a hould be detached t	Phy								10	Yes 2 No	3 Prob	ably 4 Unkn	ow
	es the	by												
ecords,	v require been sig	ted									an autopsy omied?	ava	re autopsy finding	35
Ö	> 10 0	pie										of c	npletion of cause leeth?	
r	The ate h	Completed								10	Yes 2X No	1□	Yes 2 No	
NIT O	Physician: The lav this certificate has ral director, page 2	Be	25. Was case referred to medical examiner?						26. Place of Deat	h (Check only	one)			
0	Physic this c	To	1 Yes 2 No	Hospitai: 1 ⊠ Inpa		ER/Outpetien			4 LI Nursing Ho		idenca 6 □Oth		)	
		lon:	27. Manner of Death 1 ☑Natural 5 ☐ Pending	28e. Date of In (Month, D	ley Yeer)	28b. Time of Injury		8c. Injur Wor		28d. Describe	how injury occur	red		
<u>s</u>	teet for: the	cat	2 Accident investigati	be one Diseased I	nium. As ba		M		Yes 2 □ No	20f Location	Ctunat and Alumb	or or Dura	Doute Mumber	
DIVISION	를 를 들	Certification:	4 ☐ Homicide determine	28e. Placa of li building,	otc. (Specify		эөт, төстогу	, OnICO			(Street end Numl wn, Stete)	ei vi muiai	HOULE NUMBER,	
	heptal heurs e meral [ ty filled		29a. Certifier 1 ☐ Certifying F	Physician: To the bes	t of my knall	viedge, death	occurred a	at the tir	me, date and place	and due to the	cause(s) and ma	nner as st	ated.	-
	TAT S	edicai	(Check only 2 Medical Expone)	aminer: On the basis and manner i	of examinate	ion and/or inv	estigation,	In my o	ppinlon, death occur	red at the time,	date and placa,	and due to	the cause(s)	
0	of the other	M	29b. Signature and little of coefficien	0/)	VI		29c	. Licens	e number		29d. Date signe	d (Month, L	Dey, Year)	-

State Registrar

31. Date filed (Month, Day, Yeer) MAR 1 2 1996

30. Name and addre

Johns Hopkins Bayview Medical Center 4940 Eastern Ave. Baltimore, MD 21224



## Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

			State of Maryland / Department of Health and N  Certificate of Death	•	giene 9 Reg. No.	6 0	7056
			Decedent's Nama (First, Middla, Last)	2. Data of De	ath		. Tima of Death
	Physici /Medic		KEITH P. SMITH	MARCH	Day 09 19	96 5	:20 AM
1	Examir	ner	4a. Facility Nama (If not institution, giva street and number)  4b. City, Town, or L	Location of Death	4c. County		
H	Francis		SINAI HOSPITAL  5. Social Sacurity Numbar   6. Sax   7. Aga (In yrs. last birthday)   If Undar 1 Year   If Undar 24 Hrs.	RE 8. Data of Birt	th	9 Rirthplace	(State or Foreign
	Funeral Director		216-90-7011 10 M 20 F 25 Yrs. Months Days Hours Min.		y, Year) 70	Country)	(Stata or Foreign
	pu k		Usual Rasidance of Dacadant  10a. Stata 10b. County, 10c. City, Town or Location		-	100	
	Aaryle f ehor	ō					Inside City Limits
	28s-	Director	10e. Street and Number Ave 10f. Zip Coda	<u> </u>	10g. Citizan of V		
	th with	aiD	4002 bak ford Apt A 21215			5. A	
020	permit. Pages 1 and 2 should be filed within 72 hours after deeth with the Maryland Department of Health and Mentel Hyglena. Important: if item 27 is marked other than "natural", or items 23a or 23a-f show simply injury or other traumatic event, the Medical Examiner maint be notified at ance.	by Funeral	11. Marital Status  12. Was Dacedant Evar in U.S. Armed Forces  1 Navar Married 2 Marriad  1 Navar Married 2 Marriad  3 Widowed 4 Divorced  12. Was Dacedant Evar in U.S. Armed Forces  1 Yes 2 No H Yas, Specify Cuban, Maxican, Puarto  1 Yes 2 No Specify:	pecify Yas or No o Rican, atc.)	- 14. Rac Biad Specify	e-American li k, Whita, atc.	
2	72 ho	sted	15. Decedant's Education 16a. Decedant's Usuai Occupation (Spacify only highast grada complated) (Give kind of work dona during most of work	ting	16b. Kind of Bu	sinass/Industr	ry
Maryland 21215-0020	han "	Completed	Elamantary/Secondery (0-12) Coilege (1-4or 5+)  Elamantary/Secondery (0-12)  Coilege (1-4or 5+)  Coilege (1-4or 5+)  Coilege (1-4or 5+)	Kiiig	210	101	
9	filed with Hyglena. ther than		17. Fathar's Nama (First, Middla, Last)  18. Mothar's Nam	na (First Middle	Malden Surnam	al	
lan	id be ked o	To Be	Harry James Smith Jr. Mc		cott	w/	
lary	2 shot end N ie mar	_	19a. Informant's Name/Raiationship (Type, Print)  19b. Mailing Addrass (Street and Number or Run	ral Route Number	er, City or Town,		
	1 and Health em 27 other tr		Mary Smith - mother 4002 Oakford A				21215
altimore,	permit, Pages I Department of H important: If its eny injury or ot			3/14/96	Lansol	City or Town,	State
Ba	Departiment imported in ported in po		21. Sloveline of Funaral Sarvice Licensea  22. Name and Address of Facility  Marh F. H - Wr  4300 Wabas	st h Ave			
			23a Part Lemer tha disaasa, or complications that caused the daath. Do not enter tha moda of dying, such as cardiac shock or haart failura. List only ona causa on each line.		rrest,	Inte	proximate arval Between
j.	Physician /Medicai		Immadiata Cause (Final disaasa or condition SHOTGUN WOUND TO ABDOME	= 6 /		On	sat and Death
	Examiner		Immadiata Cause (Final disaasa or condition rasulting in death)  e. SHOTGUN WOUND TO ABDOME			+	
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	and and I-trans	Examiner	Sequentially list conditions, if any, laading to immadiata				
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89	tificet ng phy es th	w	resulting in death) Last  Due to (or as a consequence of):			İ	
Box	death certific ettending p	an	d			1	
0	t tha dea by the el tached for	Physician/M	Part II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i.	23b. Dld	lobacco use coi	tribute to the	cause of death?
s, o	as that to igned by be detact	by Ph		10	Yes 2 No	3 Probabl	y 4□Unknown
ecord	aw requir as been s 2 should	Completed b			an autopsy rmed?	availab	autopsy findings ola prior to ation of causa h?
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Vita	Physiclen: The this certificate ral director, page	Be	25. Was casa rafarred to medical axaminar?  28. Placa of Dea Axaminar?  VMYss 2 No. 4 No. 10				
ō	r this eral di	. To	27. Mannar of Death 28a. Data of Injury 28b. Tima of 28c. Injury at	oma 5 ☐ Rasid	dance 8 Oth now Injury occurr		
Ö	Attending or death.	ation	1 □Netural 5 □ Pending (Month, Day Year) Injury Work? 2 □ Accidant invastigation 3/9/96 4:25 A M 1□ Yas 2 ☑ No	SUBJE	CT SHO	Г	
Division		Certification:	3 ☐ Suicida 8 ☐ Couid not be detarmined 28a. Piace of Injury - At homa, farm, straat, factory, office building, atc. (Spacify)	28f. Location (S City or Tox	Straat and Numb		outa Number,
	9 5 5 6		5210 REISTERSTOWN ROAD	REISTE	RSTOWN	RD.	MD.
-	£ 4 L B	edicai	29a. Cartifilar  (Check only one)  Check only one)  Certifying Physician: To the best of my knowledge, deeth occurred at tha tima, data and piace, and mannerstated.  Check only one)  Check only one)  Check only one)				
2	within 2 To the comple	Me	29b. Signature and titia of certifiar 29c. Licansa numbar		29d. Data signe	d (Month, Day,	Yaar)
-		ĺ	O.C.M.E.	М	ARCH 0	9,1996	6
	2		30. Name and addrass of person who completed causa of death (Itam 23a) (Type, Print)				
	Ø Sta	te	Mario F. Golle Jr. M.D. 111 Penn Street, Ba	ıltimor	e, Mar	yLand	21201
	Registra		MIR LE 1200				

#### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

96 Certificate of Death 1. Decedent's Neme (First, Middla, Last) 2. Dete of Deeth 3. Time at Lieuth Month Dey **Physician** MARY RUTH SKILLMAN MARCH 1996 11:25 A.M. /Medical 4e. Fecility Nama (If not Institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** ST. AGNES HOSPITAL BALTIMORE BALTIMORE CITY if Under 1 Yaar if Undar 24 Hrs.

Months Days Hours Min. 5. Sociel Security Number 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) 8. Dete of Birth (Month, Day, Year) **Funeral** Months Days Hours 1 □ M 2 ☑ F Yrs 219-05-4200 84 Director BALTIMORE DEC.9,1911 Usuel Residence of Decedant with the Maryland 10e. Steta 10b. County 10c. City, Town or Location 10d. Insida City Limits 28a-f show r than "natural", or items 23a or 28a-f sho the Medical Examiner must be notified at MARYLAND BALTIMORE CITY BALTIMORE to Yes 2 □ No Director 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? permit. Pages 1 and 2 should be filed within 72 hours after death v Department of Heelih and Mental Hygiene. Important: if item 27 is merked other than "natural", or items 23a any injury or other traumstic event, the Mental 526 SUNSET ROAD 21223 U.S.A. Funeral 14. Rece - Amarican Indian, Black, White, etc. 12. Wes Decedent Evar in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puarto Rican, etc.) 11. Maritel Stetus 1 ☐ Yas 2 ☑ No If Yes, Giva Year or Datas: 1 Nevar Married 2 Married 1 ☐ Yas 2 ☐ No Specify: WHITE þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) CLERK CIVIL SERVICE 12TH GRADE 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) ESTELLA M. OSING JOHN CHARLES KOHLER 19e. Informent's Neme/Raletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) MR. VICTOR L. SKILLMAN (HUSBAND) 526 SUNSET DRIVE - BALTIMORE, MD 20b. Place of Disposition (Name of cemetery, crematory or other place) 20e. Method of Disposition Dete 20c. Location - City or Town, State 1 ☐ Buriai 2 ☐ Cremation 3 ☐ Removel from Stete HILLTOP SERVICE CORP. TOWSON 4 ☐ Donetion 5 ☐ Other (Specify) 3/12 21. Signeture of Funeral Service Licensee HUBBARD FUNERAL HOME INC. NA 4107 WILKENS AVENUE-BALTIMORE, MD 21229 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximete Intervel Between Onset and Death **Physician** Immediete Cause (Finel disaasa or condition rasulting in deeth) /Medical day **Examiner** Due to (or es e consequence of) Examiner physician and s the buriel-transit law requires that the death certificate be executed Sequentielly list conditions, if any, leading to Immediate cause. Enter Underlying Couse (Disease or Injury that initiated events resulting in deeth) Lest Due to (or es e consequenca of): Division of Vital Records, P.O. Box 68760 Physician/Medical Due to (or es e consequence of) ettending p signed by the el Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? pertesion 3 □ Probably 4 □ Unknown 1 Yes 2 No þ been si 24b. Were autopsy findings available prior to complation of causa of deeth? Completed 24a. Wes an autopsy performed? page 2 s certificate 1 🔲 Yas 2 100 1 ☐ Yas 2 ☐ No Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certific funeral director, Be 25. Wes case referred to medical exeminer? 26. Place of Deeth (Check only one) Hospitel: Other: 4 Nursing Homa 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 LNO 1 Impatient 2 ER/Outpetient 3 DOA 28e. Dete of Injury (Month, Day Year) 27. Menner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 1 Maturel 5 Pending 1 ☐ Yes 2 ☐ No 2 Accident investigation 6 Could not be determined 3 Suicida 28e. Pleca of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) filled in by 4 Homicide To the Hospital
within 24 hours a
To the Funeral C 1 Certifying Phyeician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29e. Certifier Medicai 29b. Signature and title of corplian 29c. Licansa number 29d. Date street (Month, Day, Year) 03172(0 30. Nema and address of person who completed cause of deeth (Item 23e) (Type, Print) RAAFAT Y. GIRGIS - 500 N. ROLLING ROAD - SUITE 4 - CATONSVILLE, MD 21228 32. Registrer's Signature 31. Dete filed (Month, Day Year) State Registrar

State of Maryland / Department of Health and Mental Hygiene 96 070

Certificate of Death 1. Decedent's Neme (First, Middle\_Lest) 2. Date of Deeth 3. Time of Deeth MARCH **Physician** IGUA 0720 057 1996 /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner OSPITAL BALTIMORE BALTIMORE OF LWORE 8. Dete of Birth
Month Dey, 3ear 1911 Sociel Security Number 7. Age (In yrs. lest birthdey) If Under 1 Yeer if Under 24 Hrs. 9. Birthplace (State or Foreign **Funeral** Months 10XM 20 F Deys Hours MARYLAND 84 Director 217-34-7659 Usuei Residence of Decadent death with the Maryland 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits ahow event, the Medical Examiner must be notified at BALTIMORE BALTIMORE Director MARYLAND 1 Yes 2 No or items 23a or 28a-f 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21208 USA Funeral 8305 BURNINGWOOD ROAD 12. Wes Decedent Ever in U,S. Armed Forces?

1 Yes 2 No If Yes, Give Yeer or Detes: 11 Maritai Status Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14 Rece - American Indian Bleck, White, etc. Pages 1 and 2 should be filed within 72 hours after 1 ☐ Never Merried 2 ☐ Married 21215-0020 1 ☐ Yes 2 ☐ Xlo Specify: þ Specify: WHITE 3 ₩ Widowed 4 Divorced "natural", Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Rusiness/Industry al Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) AT LAW / REAL ESTATE ATTORNEY / REALTER Baltimore, Maryland 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) permit. Pages 1 and 2 should be fit Department of Health and Mental H Important: If item 27 is marked off any july or other traumatic even anges. Be Mental ZIEV SANDLER MINNIE 0 JOSEPH 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19e. Informant's Neme/Reletionship (Type, Print) ONE CALVERT PLAZA BLDG, SUITE 1500 BALTIMORE, MD MR. PAUL SANDLER (SON) 20b. Plece of Disposition (Neme of cemetery, cremetory or other pleca) 20a. Method of Disposition 20c. Location - City or Town, Stata 1 Burial 2 □ Cremetion 3 □ Removel from Stete ARLINGTON (CHIZUK AMUNO) 3/8/96 4 ☐ Donation 5 ☐ Other (Specify) BALTIMORE, MD 21. Signeture of Funeral Service Licensee 22. Name end Address of Facility
SOL LEVINSON & BROS., INC. Levenson BALTO., MD 6010 REISTERTOWN RD. 21215 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart feilure. List only one cause on each line. Approximate Interval Between Onset and Deeth Physician Immediate Cause (Final disease or condition resulting in deeth) /Medical ARDDAC Examiner The law requires that the death certificate be executed buriel-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Last Dua to (or as a consequence of): of Vital Records, P.O. Box 68760. attending physician Physician/Medical 94 Due to (or as a consequence of) PERTEN STON ate has been signed by the a page 2 should be detached! Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown JONE Š 24b. Ware autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? mis certificate has 1 ☐ Yes 2 ☐ No Physician: director, Be 25. Wes case referred to medical 26. Place of Death (Check only one) exeminer? Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Inpatient 2 ER/Outpatient 3 DOA 27. Manner of Deeth 1 Neturel Certification: 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? JIVISION 5 Pending 1 Tyes 2 No investigation 2 ☐ Accident 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Pieca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide edical Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end pleca, end due to the cause(s) and manner as steted.

Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) and menner steted. Fun 29a, Certifier within 24 ho To the Function (Check only one) 29b. Signature end title of certifier 29c. License number 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) SEER YO. 31. Dete filed (Month, Dey, Year MAR 12 State Registrar

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		REGISTRAR		RTMENT OF H		IENTAL HYGIENI REG. NO.	E				
		1. DECEDENT'S NAME (. Jeanette N.				2. DATE OF DEATH DA		3. TIME OF DEATH			
Pin		4. SOCIAL SECURITY NUMBER 5. SEX 1 1 M 2 F	6. AGE (In yrs. last birthday) 80 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Aug 3, 19	15 8. BIRT	Maryland			
1, 2, 3 should	СТОВ	9e. FACILITY NAME (If not institution, give street and number)  Levindale  RESIDENCE OF DECEMENT			imore	тн	9c. COUNTY OF N/A				
Pages	DIRE	106. STATE 106. COUNTY  Maryland N/A	10c. CIT	Baltim				10d. INSIDE CITY LIMITS? 1 YES 2 NO			
an. ransit permit.	FUNERAL	100. STREET AND NUMBER  3806 Fallstaff Rd Apt		101	21215			what country? .S.A.			
5-0020 nding physician. is the burial-transit	BY	11. MARITAL STATUS  1 Never Married 2 Married  3XXWIdowed 4 Divorced  12. WAS DECEDENT FORCES? 1  IF YES, GIVE W	T EVER IN U.S. ARMED  YES 2 NO AR OR DATES	If yes, sp	ecity Cuban, Maxican 2007 NO Specify:	C ORIGIN? (Specify Yes Puerto Ricen, atc.)		CE — American Indian, ck, White, etc. city: White			
ral or atte	LETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  1.2  College (1-4 or 5+	(Give kind of life. Do NOT u	USUAL OCCUPATION work done during mose retired.)	ON est all working	16b. KIND OF BUS	Govern				
	E COMPL	17. FATHER'S NAME (First, Middle, Lest) Harry	Neistadt	ographer		E (First, Middle, Malden S		Oser			
MAK retained 5 should notified	TO B	190. INFORMANT'S NAME. Leber Mrs Ruth <del>Laber</del> (Sister)				oute Number, City or Yown 2, Baltimo		21208			
e 6 m rector,		20s. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	20b. PLACE AND DATE complety, crematory or of WOLKMEN	lircle	3/10	/96 Bal	cation — City of T Ltimore,				
n - 2 m	Щ	god D Z	un	6010	Reisters	son & Bros town Rd, E	Baltimor	e, MD 21215			
within 24 hours appetely filled in the cremation, or referred, the median.			caused the deeth. Do see on each line.	i Hees	4		atory arrest,	Approximate interval Between Onset and Death			
cate be executory obysician and prior to bur or traumatic	RTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	Merlengre on as a consequence of	F):				7/48			
ending Hygier or oth	CERTIF										
A 30 M	MEDICAL	PART II. Other algnificant conditions contributing to	death but not resulting	In the underlying	cause given in P	ert I. 24s. WAS AN A PERFORM	WED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?			
23 pept	AN:	DID TOBACCO USE CONTRIBUTE TO CAU 25. WAS CASE REFERRED TO MEDICAL	JSE OF DEATH YE		UNCERTAIN			1  YES 2 NO			
ICIAN: The ertificate h the State or Item	IYSICI		ER/Outpatient 3 DOA		e 5 🗆 Residence 6						
동특출	ВУ РНУ	1 Natural 5 Pending 2 Accident Investigation (Month, De	y, Ybar) INJ	M 1 Y	RK? 'ES 2 NO	20d. DESCRIBE HOW IN	JURY OCCURED				
	ETED	4 Homicide determined	INJURY — At home, farm, rtc. (Specify)	street, factory, office	·	281. LOCATION (Street an City or Yown, State)	id Number or Rural	Route Number,			
로로	COMPLE	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the best of axi						a) and manner as stated.			
TO THE POSPI TO THE UNEF	TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER  30. HAME AND ADDRESS OF PERSON WHO COMMETED CAUSI	quair	Dist.	29c. LICENSE NUMB	E17	DATE SIGNED	(Morth, Day, Year) LEH . 9 . 1996			
-		31. DATE FILED (Month, Day, Year)  32. REGISTRAR	2430	who be	luedes	e ane	, Bul	hmose-			
			Yavidson Randall								

DHMH-18 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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**BALTIMORE, MARYLAND 21215-0020** 

DIVISION OF VITAL RECORDS, P.O. BOX 68760

ITEMS: 10e,10f,19b, PER F.H. FILM G-733 3/19/96 t.t FOR

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / CE		T OF HEALTH AND E OF DEATH	MENTAL HYGIEN						
	1. DECEDENT'S NAME (First, Middle, Last)  Rena Stu  4. SOCIAL SECURITY NUMBER . S.	SEX , 6. AGE (lo yrs. les	at birthday) IF UNDE	R 1 YEAR IF UNDER 24 HRS.	March (		MRTHPLACE (State or Foreign				
œ	9e. FACILITY NAME (If not institution, give street		Tho.	DAYS HOURS MIN.		9c. COUNTY C					
DIRECTOR	Genesis Elder C RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY	iare	Kar	ndellstown	Md	Dalt	imore County				
	MARYLAND BALTIMO	DRE	10c. CITY, TOWN	BALTIMORE	10d. INSIDE CITY LIMITS? 1 YES 2 NO						
FUNERAL	100. STREET AND NUMBER 2 HIGHST	EPPER CT. APT.101		101. ZIP CODE -21209	OF WHAT COUNTRY? USA						
ВУ	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	. WAS DECEDENT EVER IN U.S.AR FORCES? 1 TYES 2 THE IF YES, GIVE WAR OR DATES	MED 13.	WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 ☐ YES 2 NO Speci	an, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: WHITE				
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade corr Elementary/Secondary (0-12)  12	opleted) (G college (1-4 or 5 +)	CEDENT'S USUAL Cone kind of work done Do NOT use retired.)	CITY O	F BALTIMORE						
BE CON	17. FATHER'S NAME (First, Middle, Last)		STUL	TSIP		UNKNO					
5	19a. INFORMANT'S NAME (Type/Print)  MR. HENRY O. SHOR	(NEPHEW)	2531 FAR	S 2 HIGHSTEPPER	CI. apt. 101 BALTIMORE,	, Stere, Zip Code MD 2120	21208				
	20a. METHOD OF DISPOSITION 1 Description   3   Removal   4   Donation   5   Other (Specify)	from State 20b. PLACE /	AND DATE OF DISPO	FIORE - 3-11	-1996- BAL	TIMORE,	r Town, State MD				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN ROAD BALTIMORE,  23. PARTL. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or reapiratory strest,										
	snock, or neart failure. List	Dnly one ceuse on each line				iratory srrest,	Approximate interval Between Onset and Death				
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  S. RESPIRATORY  DUE TO (OR AS A CONSEQUENCE OF):										
NO	Sequentially list conditions,										
CERTIFICATION	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST										
MEDICAL (		deficience	endocs	mia.	PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO				
PHYSICIAN:	DID TOBACCO USE CONTRIB  25. WAS CASE REFERRED TO MEDICAL		TH YES  E OF DEATH (Check		N						
YSIC	1 YES 2 NO 1	OSPITAL: Inpatient 2 ER/Outpatient 3	□ DOA OTHE	rsing Home 5 🗆 Residence	6 Other (Specify)						
ВУ РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	269. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCURED	,				
	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY — At hot building, etc. (Specify)	ma, farm, street, fec	tory, office	261. LOCATION (Street City or Town, Stete)		vel Route Number,				
COMPLETED		i: To the best of my knowledge, dei in the basis of examination end/or i					ee(s) end manner se stated.				
H	29b. SIGNATURE AND TITLE OF CERTIFIER	N slemme	D. PPCY	29c. LICENSE NU	MBER	29d. DATE SIGN	NED (Month, Day, Year)				
2	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEATH (ITEM		Ranppi	15 town	MI	1116				
	31. DATE FILED (Month, Day, Year) MAR 1 2 1996	THEGISTRAN'S SIGNATURE	all								

DHMH-16 Rev 1/89

DHMH-18 Rev 1/89

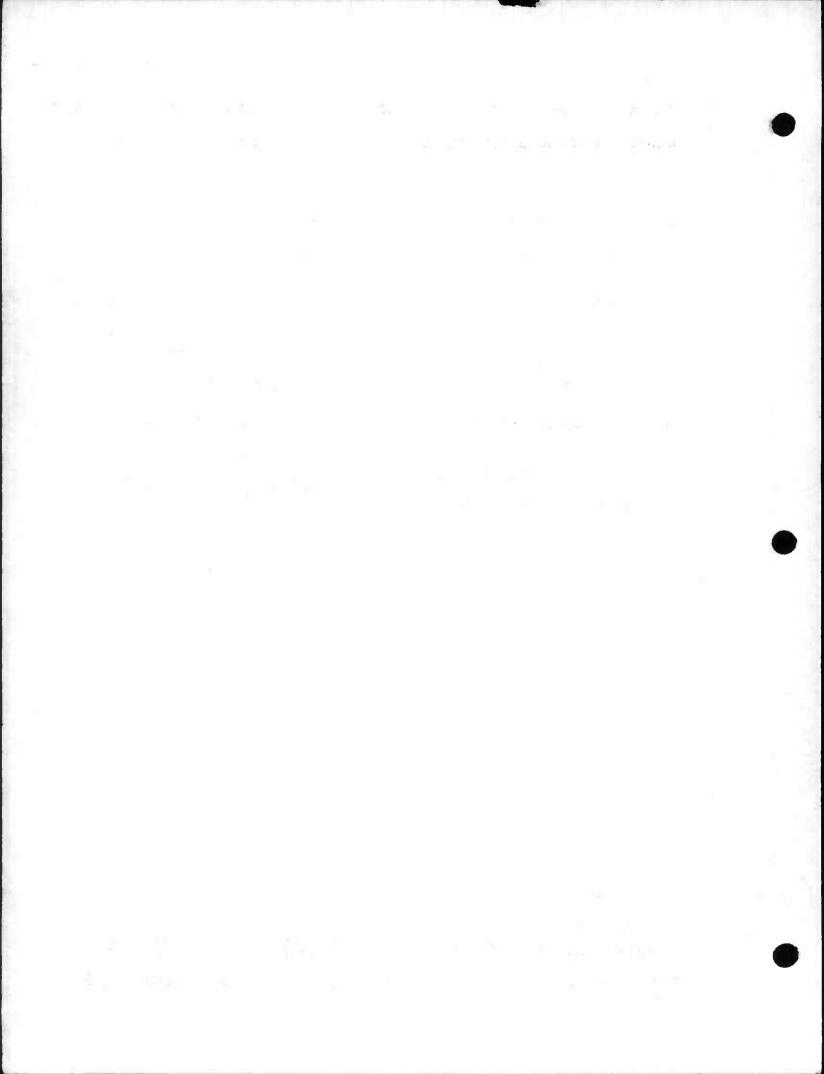
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•	1 - FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF H			YGIENE EG. NO.				
- 8	1. DECEDENT'S NAME (First, Middle, Last) ROSIE	Smith				2. DATE OF I	4,1996	YEAR	3. TIME OF DEATH 12:40 A		
	218-16-1082	1 🗆 M 2 💢 F	yrs. lest birthday) _	IF UNDER t YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E (Month, Da AUG	1 1899	Cour	HPLACE (State or Foreign try) ARYLAND		
TOR RO	96. FACILITY NAME (If not institution, give street and number)  Maryland General Hospital  Baltimore City  Bellimore  Bellimore										
DIRECTOR	10a. STATE 10b. COUNTY	N/A	10c. CITY, TOWN OR LOCATION  BALTIMORE CITY						10d. INSIDE CITY LIMITS? XX YES 2 NO		
	10s. STREET AND NUMBER	yn		101.	ZIP CODE		10g. C		WHAT COUNTRY?		
FUNERAL	2241 Orem Avenue	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DEC	21217 ENDENT OF HISPAN			U.S.	CE — American Indien.		
B	1 Never Merried 2 Merried 3 N Widowed 4 Divorced	FORCES? 1   YES	Z/L/NO TES	If yes, spe	2X XNO Specify		1, etc.)		City: BLACK		
ETED	15. DECEDENT'S EDUCA (Specify only highest grade co Elementary/Secondary (0-12)	TION ompleted) College (1-4 or 5+)	16a. DECEDENT'S I (Give kind of w life, Do NOT use	ork done during mo:		16b, KIN	ID OF BUSINESS	INDUSTRY			
COMPL	12th grade 17. FATHER'S NAME (First, Middle, Last)		Domes	tic Wor		MP (Fire Middle	Private		ne		
	Isaish Waters				16. MOTHER'S NA	me (First, Middl nrita		9)			
O BE	19a, INFORMANT'S NAME (Type/Print)		19b, MAILING	ADDRESS (Street a	nd Number or Rural			Zip Code)			
유	Edward Smith/ Son		2241	Orem Av	enue, Ba	ltimor					
	29e. METHOD OF DISPOSITION  1 & Burlel 2 Cremation 3 Remov  4 Donstion 5 Other (Specify)		PLACE AND DATE Of tery, crematory or oti			3/7	Baltin		Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LICE	HSEE /		22. NAME AN	D ADDRESS OF FA	CILITY					
	Hai ()	· Clos	<u>e</u>		LLIAM C. 06 W. No				<b>/</b> ''		
	23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardisc or respiratory arrest, ehock, or heer failure. Liet only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Pneumonia										
		Cerebro Vaso	consequence of cular Di	sease							
TION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	):					1		
CERTIFICATION	ceuse. Enter UNDERLYING CAUSE (Disease or injury that initieted eventa resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  d.										
AL	PART II. Other significant conditions Hypertension, L			n the underlying	cause given in		PERFORMED?	SY 24	Ib. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRI	BUTE TO CAUSE OF	F DEATH YE	S NO C	UNCERTAI	N 🗆			1 TYES 2 NO		
ICIAI		HOSPITAL:	8. PLACE OF DEAT	H (Check only one) OTHER:							
HYS	1 YES ZONO 27. MANNER OF DEATH	132 Inpatient 2 ER/Outpa 28e. DATE OF INJURY	ttlent 3 🗆 DOA		e 5 🗆 Residence		BE HOW INJURY	OCCURED			
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ		RK? (ES 2 NO						
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Special		treet, fectory, offic			ON (Street end Num own, State)	aber or Rura	I Route Number,		
COMPLETED		IAN: To the best of my knowle : On the basis of exemination							e(s) end manner es stated.		
TO BE C	200. SIGMATURE AND TITLE OF ERITHER	_	M.I		29c. LICENSE NU 89244	MBER			h 4,1996		
	30. name and address of person who Harsh Bhyshan, M.				pital						
N.	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA									

## Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

							C	erti	ficate o	f Deat	th		Reg.	No.		011	506
	Division		1. Decedant's Nama (First, I	fiddia, Las	t)							2. Data of De		Davi	Vees	3. Tim	a of Deeth
	Physic /Medi		ROBERT	PEN	NTNGTO	N		SMI	TH			MARCH		Day 1996	Year	12:20	O PM
	Exami		4a. Facility Nama (If not insti							4b. City,	Town, or l	ocation of Dear	1	4c. County	of Death		
			GREATER BAL	IMOR	E MEDI	CAL CE	NTER			BA	ALTIM	ORE		TOW	SON		
	Funeral		5. Social Sacurity Number	6. Sa		7. Aga (In y	rs. last birthde		f Undar 1 Ya		lar 24 Hrs.	8. Data of Bi	rth Vo	ar)	9. Birth	placa (Sta	ata or Foraign
	Director		213-46-4984	11	XM 2□ F		49 Yrs.		lonths Day	's Hour	s Min.	8. Data of Bi (Month, Di Sept.	26,	194	o M	ary]	land
	P.		Usual Rasidance of Daceda									-					
	how		10a. Stata 10b. Co	unty		10c.	City, Town or	Locat	ion						1		la City Limits
	Ma Ma	to	Maryland	Balt:	imore				Cato	nsvi	11e					101	Yas 2 No
	r 28	irec	10e. Street and Number						10f. Zip Code				10g.	Citizan of V	Vhat Cou	ntry?	
	3a o	2	54 Mello	r Av	enue					21228	В			ī	JSA		
	The 2	ers	11. Marital Status		12. Was De	cedant Evar in	U,S. 1	3. Was				pecify Yas or No Rican, atc.)	0-	_	a - Amaric	can Indiar	n,
0	fler flor	Fur	1 ☐ Nevar Married 2 ☐	Married	Armed F	orces? 2 X No						Rican, atc.)		Biad	ck, Whita,	atc.	
21215-0020	permit. Peges 1 and 2 should be filed within 72 hours effer deeth with the Maryland Depertment of Health and Mental Hygiene. Important: if item 27 is marked other than "natural; or items 23a or 28a-f show any injury or other traumatic event, if a Medical Examiner must be notified at another.	Completed by Funeral Director	3 ☐ Widowed 4 X Divo	ra- un	If Yas, G Yaar or	iva		1 🗆	Yas 2XIN	lo Speci	ify:			Specify	· W	nite	
ŏ	2 hou	P	15. Dec	dant's Edu	ucation		16a. De	cedan	t's Usuai Occ	upation			16b	. Kind of Bu			
75	in 7	piet	(Specify only h	ghast grad	la complated		(Gi	iva kin e. DO	d of work doi NOT usa ret	na during m ired)	ost of wor	king		mmun		,	
212	2 should be filed within and Mental Hygiene. Is marked other than "raumatic event, the Mental County to the Mental	mo	Elamantary/Secondary (0-	12)	Collega	(1-4or 5+)	F	ro	fesso	r				lleg	~		
	Hyg Hyg	O	17. Fathar's Nama (First, Mic	dia, Last)							thar's Nam	na (First, Middle			-		
an	ould be f Mental F arked of	o Be	John Lee	Smi	th.	Ir.					Doro	thy Ho	11	and	•		
2	should and Men marks umatic	10	19a. informent's Name/Rala				10h M	oiling /	Adress /Ctr			rai Routa Numb			Ctota 7is	Cadal	100
Maryland	d2 s th an 7 is i					[a & ]a											MD
	of Health of Health if item 27 is		Dorothy Holl. 20a. Mathod of Disposition	and S	այ շո/Ի		ZIU	) K	1Verw	ray C	. C. P.	pt. 20					
ō	Peges nent of ? int: If ite		1 Burial 2 Crama	ion 3 🗆 F	Ramovai from	Stata	. Place of Dis camatary, c	ramat	ory or othar	olace)	i			. Location -	City of To	own, State	1
E	ment: tant:		4 □ Donation 5 □ Othe				tro Cr					3/12/96		Bal	timo	ore,	MD
Baltimore,	permit. Peg Depertment Important: I any injury o		21. Signature of Funaral Sar	vice Licens	aa Dawn	F. Mc	Dona1d	22. N	ama and Add	rass of Fa	cility	ty of M	0 257	land.	Tno		
ш	20549		Maurio	W	COM	malal						oad Ba					Ω
	-		23a. Pert1. Entar tha disaas shock, or haart failura.	a, or comp	ications that	caused the de	ath. Do not							more,	FID	Approxi	mata
	Physician		shock, or haart failura.	List only o	na causa on	aach lina.									i	Intarval Onset a	Batween and Death
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	الشريف	ē				Dua to	(or as a Cons	sequar	nce of):						į		
	nsit	Examiner			b												
	eath certificate be executed ettending physician end for use es the bunel-transit	Xa	Sequantially list conditions, if any, leading to immediate causa. Enter Underlying Causa (Diseese or Injury			Dua to	(or as a cons	saquar	nce of):								
68760,	be e iclar buri	a	Causa (Diseese or Injury	~	c										i		
387	phys the	Medical	that initiated avents resulting in death) Last			Dua to	(or as a cons	sequar	ica of):						i		
×	Jing Jing Se es	Me			d										- 1		
Bo	The law requires that the death certate hes been signed by the ettending page 2 should be detached for use	Physician															
	the e	sic	Part II. Other algnificant con	ditiona co	ntributing to d	leath but not r	asulting in the	a unda	rlying causa	givan in Pa	rt I.	23b. Did	tobac	co use cor	ntribute to	o the cau	sa of death?
P.0	at the	F.										1	Yes	2□ No	3 Pro	bebly 4	4 Unknown
Ś	es tha igned be del	þ															
Records,	v require been si should	P										24a. Was	an au			ara autop	osy findings
ပ္တ	w requ	ojet						_				pen	Omnau	,	CO	mplation daath?	of causa
A.	The law ate hes page 2:	Completed										10	Vac	et No			ord No
Vital			25. Wes casa rafarrad to me	lical						00.00				Sarah .	11	1145	No No
5		o Be	axaminer?		lospital:	/			- I	Whar.		th (Check only					
of	£ ± £	2	27. Manner of Death		28a. Data		☐ ER/Outpat 28b. Time		3LI DUA	411	Nursing H	oma 5 Ras 28d. Dascribe				у)	
on	ding F h. Aftar funer	tio	Natural 5 □ Pa	nding astigation	(Moi	nth, Dey Year)	Injur		28c. In	ork? □Yas 2	□No	-50 40050		,ary cood.			
vlsion	Attending ar death. ector: After by the fune	ca	3 Suicida 6 □ Co	uid not be	200 Pies	n of Injune At	home form	-11		1177		294 Location	Ctrant	and Shumb	or or Pur	al Davida A	ham box
2		Certification:	4 ☐ Homicida da	armined	build	e of Injury - At ling, atc. <i>(Spe</i>	cify)	straat,	ractory, one	0		28f. Location ( City or To			er or Hura	II Mouta N	vum <i>ber</i> ,
1	in a se																
	To the Hospital or within 24 hours after To the Funeral Dir completely filled in	edicai	(Check only 2 Mad	fying Phy- cat Exami	aician: To the nar: On tha b	bast of my ki basis of axaml	nowiedge, de nation and/or	eth oc	curred at that igation, in my	tima, date	end place, laath occur	and dua to tha	causa data a	(s) and me	nner es s	tated.	sa(s)
_	To the To the Complet	Med	U10)		and mar	nnar stated.											
	T ¥it o		29b. Signature and title of ce	T.A.	4.5	110			29c. Lica	nsa numbe	er a		29d. I	Data signed	1 (Month,	Day, Yea	r)
	h h		ray (	lew	m ,1	N, O.			D3	092	7		4	3///	196		
			30. Name and address of per	spn who co	ompiated cau	se of death (it	am 23a) (Typ	e, Prir	nt)			10.	/	1)(7)			
	la	1	6569 N. C.	rarle	2 20	BA	Dim	re	MP 2	1201	4 /	PAUL	- (	ILLA.	OW,	MO	).
	Sta	te	31. Date filad (Month, Day, Y	ear)	32. [	Registrar's Sig							_				
	Regist		MAR 1 2 1996	11	1.												
DH	MH 16 Rav 6/9	5	1170	1/10	a Rock	continue	11										
				-													



## Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene

					Cert	ificate of	f Death	R	eg. No.	07063
	Physici /Medic		Decedent's Neme (First, Middle, La WILLIAM EARL S					2. Dete of Dee MARCH	<sup>ຫ</sup> <b>ປ້າ</b> 199ຄ	3. Time of Death 9:11 AM
	Examir		4a. Fecility Neme (If not institution, given	re street and number)			4b. City, Town, or L	ocation of Deeth	4c. County of D	eeth
	Funeral Director		5. Sociel Security Number 6. S	NSPRING AVENUE FORM 2□ F 7. Age (In yrs. In 12 M 2□ F 47		09 If Under 1 Yee Months Dey		ORE 8. Dete of Birth 7 / 18/ 48	Year) 9.	RE, CITY Birthplece (State or Foreign Country) RYLAND
	Maryland a-f ahow	ctor	10e. Stete 10b. County  MARYLAND BALTIMO		Town or Loca LTIMOR					10d. Inside City Limits 1 XYes 2 No
	ith with the Marylar 23a or 28a-f show	Funeral Director	10e. Street end Number 3700 GREENSPRING	AVENUE		10f. Zip Code	1215	1	0g. Citizen of What U.S.A	
020	or Items	þ	11. Meritel Stetus  1 Never Married 2 Merried 3 Widowed 4 Divorced	12. Wes Decedent Ever In U,S Armed Forces? 1 DYes 2 DNo If Yes, Give X Yeer or Detes:		as Decedent of Yes, specify Cu	Hispenic Origin? (Sp ben, Mexican, Puerto o <i>Specify:</i>	ecify Yes or No- Rican, etc.)	Bleck, W	merican Indien, Inite, etc. RO. AMERICAN
Maryland 21215-0020	d within 72 hours jiene. r than "natural", I're Madical En	Completed	15. Decedent's E (Specify only highest gra Elementery/Secondery (0-12)	ducation ade completed)  College (1-4or 5+)	(Give ki	nnt's Usuel Occ Ind of work don O NOT use retir NONE	e during most of work	ing	16b. Kind of Busine	
rland	12 should be filed wi h and Mental Hygien f is marked other th traumatic event, the	To Be C	17. Fether's Neme (First, Middle, Last WILLIAM EARL SM)				18. Mother's Nem		Melden Surneme)	
, Mary	und 2 shou alth and M 27 is mer		19e, Informent's Name/Reletionship (				et end Number or Rui			
Baltimore,	permit. Pages 1 and 2 s Department of Health an Important: if itsm 27 is any Injury or other trau 8068.		20e. Method of Disposition  1	Removel from State LOU	metery, creme	tion (Name of etory or other pi RK CEME	TERY 3/11,		20c. Location - City BALTIMORE	or Town, Stete
Ball	Depart Import any Inf		21. Signetura of Fureira Service Lice	2 d 2	EC.	Name and Add TEP BRO	THEDS FINE	ERAL HOM	E PA.	ID 21217
	Physician		23a. Pert1. Enter the disease, or com shock, or hear feilure. List only					or respiretory err	est,	Approximete Intervel Between Onset end Deeth
T	/Medical Examiner		Immediate Ceusa (Finel disease or condition resulting in deeth)	V	es a consequ	d 30 enca ot):	nde	4		
	bed skit	nlne				phone				
,09	tificate be executed g physician and as the burial-transit	al Exar	Sequantially list conditions, if eny, leeding to immediate cause. Entar Underlying Cause (Disease or Injury	Due to (or	es e conseque	ánca ot):				
x 68760,	sath certificate be execut attending physician and for use as the burial-trar	clan/Medical Examiner	thet initiated evants resulting in death) Last	Due to (or	es e conseque	enca of):				
Box	eath certifi attending p	clan								

To the Hospital or Attending Physician: The law requires that the de within 44 hours effer death.

To the Funeral Director: After this certificate has been signed by the completely filled in by the funeral director, page 2 should be detached. certificate has been signed by the lirector, page 2 should be detached Physi by Be Completed Medical Certification: To

Division of Vital Records, P.O.

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

23b. Did tobacco use contribute to the cause of death? 1 □ Yes 2 No 3 Probably 4 Unknown

24e. Wes en eutopsy performed?

24b. Were eutopsy tindings evallable prior to completion of cause of death?

26. Plece of Deeth (Check only one)

1 Yes 2 No

		to medical	
examiner?			
1 ☐ Yes	21 No		

27. Manner of Deeth 5 Panding investigation 1 Naturel 2 Accident

6 Could not be

Date of Injury (Month, Dey Year) Plece of Injury - At homa, tarm, street, factory, office building, atc. (Specify)

28b. Time of

1 Inpatient 2 ER/Outpetient 3 DOA 28c. Injury et Work? 1 ☐ Yes 2 ☐ No

Othar: 4 Nursing Home St. Residence 6 Other (Specify)

28t. Location (Street and Number or Rural Route Number, City or Town, Stete)

29e. Certifiar (Check only one)

3 ☐ Suicide

4 \( \text{Homicide} \)

Decrtifying Physician: To the best of my knowledge, deeth occurred et the tima, date end plece, end due to the cause(s) end mannar es stated.

| Medical Examinar: On the best of examinetion end/or investigation, in my opinion, daeth occurred et the time, date end pleca, end due to the cause(s) and menner steted.

29b. Signeture end title of certifier

29c. License number

29d. Dete signed (Month, Dey, Year)

046197

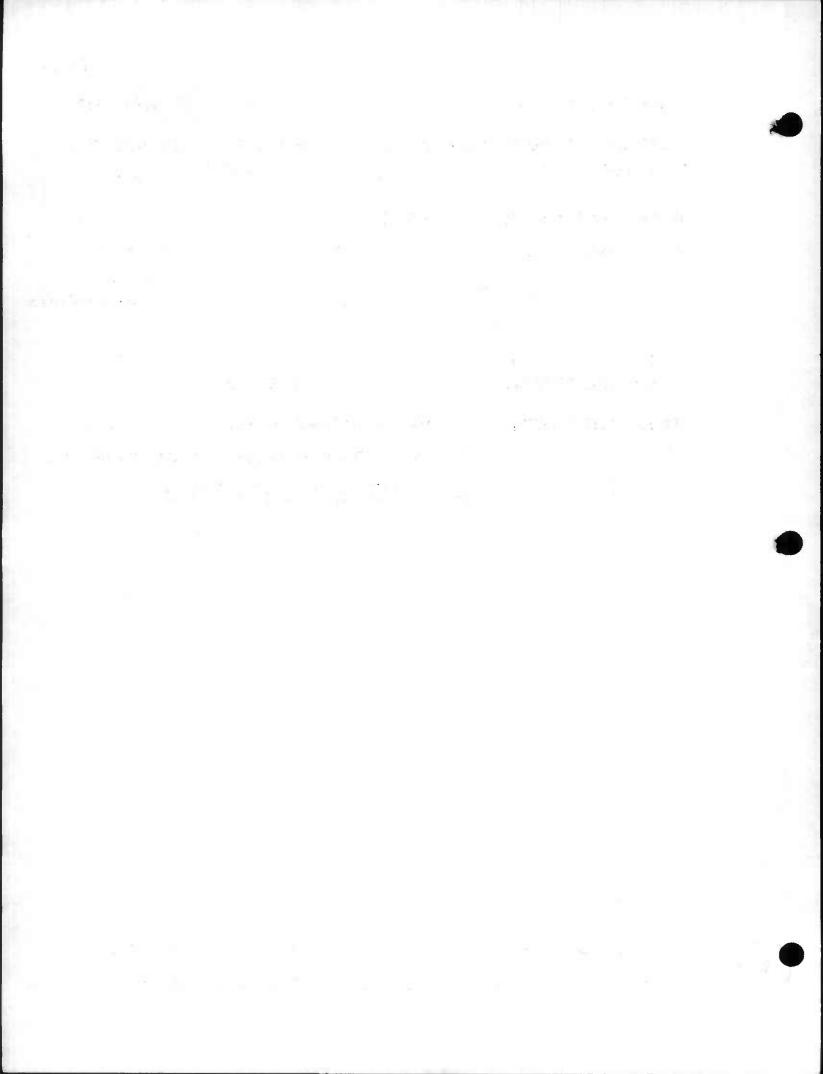
30. Nama end address of person who completed cause of deeth (Item 23e) (Type, Print)

32 Registra 's Signeture

Blodwyne Park Port Balkun

State Registrar

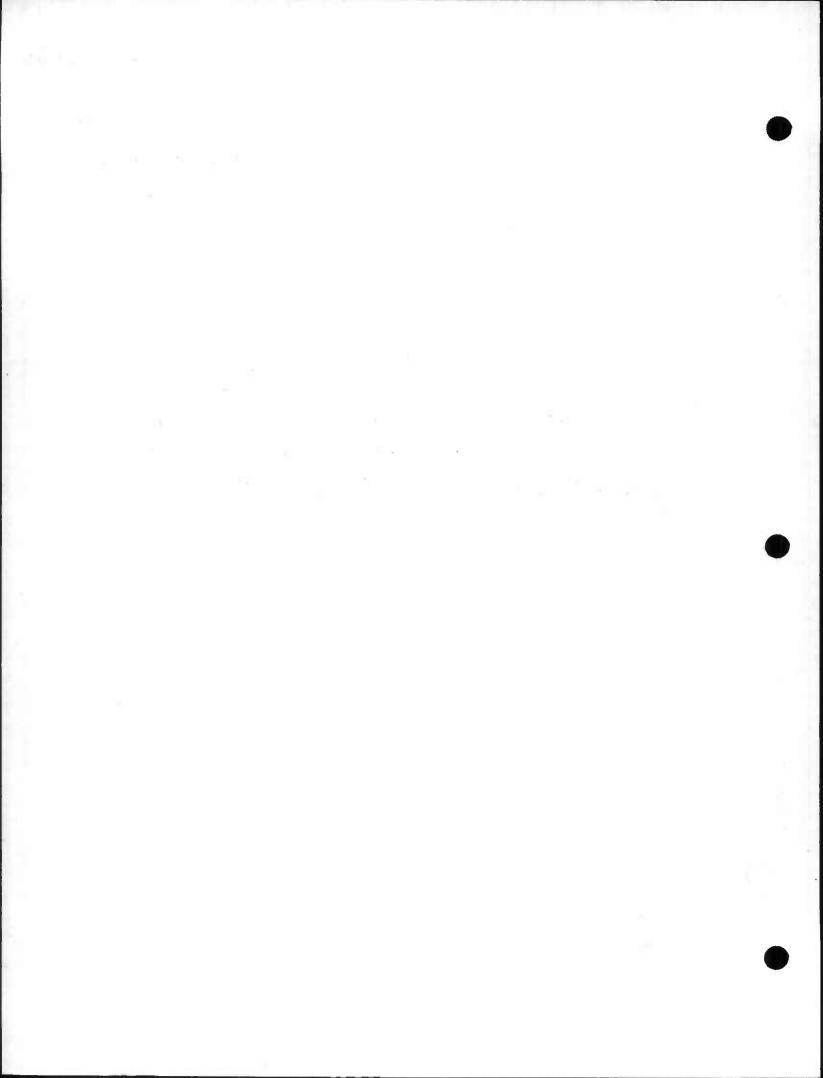
DHMH 16 Ray 6/95



760 BALTIMORE, MARYLAND 21215-0020	SICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	I the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	. or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
F VITAL RECORDS, P.O. BOX 68760	te be exec	sician and	prior to bu	traumati
P.O. B	h certificat	unding phy	Hygiene p	or other
SDS, I	the death	by the atte	nd Mental	injury, u
ECOF	quires that	n signed b	of Health au	YOU'S ANY
AL R	ne law re	has bee	Dept. o	n 23 sh
Z	CIAN: Th	ertificate	the State	or Iten
N	G PHYSI	er this c	ath with	narked.
1810	TENDIN	CTOR: Aft	after des	28 is n
<u>&gt;</u>	AL OR A	IL DIREC	2 hours	f Item
0	TO THE HUSPITA	A REBA	be filed within 7.	IMPORTANT: 1

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	EALTH AND I	MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last) MARY M. SITKOWSK	(I				2. DATE OF DEATH MARCH 1 I		3. TIME OF DEATH 5:57 AM			
	4. SOCIAL SECURITY NUMBER 212-10-6835	12-10-6835 1 $\square$ M 2 $\square$ F 77 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year, June 13,									
TOR	9a. FACILITY NAME (If not institution, give s  River View Nursia  RESIDENCE OF DECEDENT			Essex	OR LOCATION OF DE	ATN	9c. COUNTY Balti	TI COMMITTEE TO THE TIME TO TH			
DIRECTOR	10a. STATE 10b. COUNTY	timore	10c, CITY,	TOWN OR LOCAT	TION		10d. INSID LIMIT 1 YES				
	10e. STREET AND NUMBER			101. ZIP CODE 21221				109. CITIZEN OF WNAT COUNTRY? U.S.A.			
BY FUNERAL	325 Wye Road  11. MARITAL STATUS  1  Never Married 2  Merried  3  Widowed 4  Divorced	N U.S. ARMED 25 NO ATES	If yea, ap	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yen, Puarlo Rican, etc.)	A.  RACE — American Indian, Black, White, atc.  SpecifyWhite					
ETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  College (1-4 or 5+)	18a. DECEDENT'S U (Give kind of w life. Do NOT use	JSUAL OCCUPATE ork done during mo retired.)	ON st of working	16b. KIND OF BU	JSINESS/INDUS	TRY			
COMPLET	12							reo Space			
00	17, FATNER'S NAME (First, Middle, Lest)				(	ME (First, Middle, Malde	n Surname)				
H H	Edward Lurz					. Sperzel					
2	19e. INFORMANT'S NAME (Type/Print)	January 1				Route Number, City or To					
	Donna Samples (	daughter)						d, MD. 21040			
	1 Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from State 200	PLACE AND DATE One tery crematory or of	r DISPOSITION (Notice place)	ame of	DATE 20c. L	ocation - cit	ore, Maryland			
	21. SIGNATURE OF FUNERAL SERVICE LI		DITA HITI	MEIII. G	ND ADDRESS OF FA	3/14/9p 1	3dI LIIIK	re, maryrand			
		13				uneral Hor	ne P.A.				
	Anhare (-	170	ju.					ore, MD 21221			
	Approximate interval Between Onset and Death  Approximate interval Between Onset and Death  But To (OR AS A CONSEQUENCE OF):  Approximate interval Between Onset and Death  Due To (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentielly list conditione, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):  d.										
MEDICAL (	PART II. Other eignificent conditione contributing to deeth but not resulting in the underlying ceuse given in Part I.  Articus above an autopsy performed?  1 yes 2 and of peaths.  1 yes 2 and of peaths.										
Σ.	DID TOBACCO USE CONT		OF DEATH YE	S I NO F	UNCERTAI	NI		1 YES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF DEAT								
Sic	EXAMINER?	HOSPITAL:	pstient 3 DOA	OTHER:	ne 5 🗆 Realdence	B Cher (Specify)					
PHYSICIAN:	27. MANNER OF DEATN  1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	Inpatient 2   ER/Outpetient 3   DOA   4   Antifaing Home 5   Residence 6   Other (Specify)								
TED BY	2 Accident Investigation 3 Suicide 8 Could not be datermined 28s. PLACE OF INJURY — At home, term, street, factory, office City or Rown, State)  28s. PLACE OF INJURY — At home, term, street, factory, office City or Rown, State)										
COMPLETED	0001	ICIAN: To the best of my know						cause(a) and manner as stated.			
8	29b. SIGNATURE AND TITLE OF CERTIFIE	A S			MBER	SIGNED (Month, Day, Year)					
ОТ	30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  DR. MICHAEL SCHWARTZ 606 HAMMONDS LANE BALTIMORE, MD. 21225  31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SENATURE  MAR 12 1996										

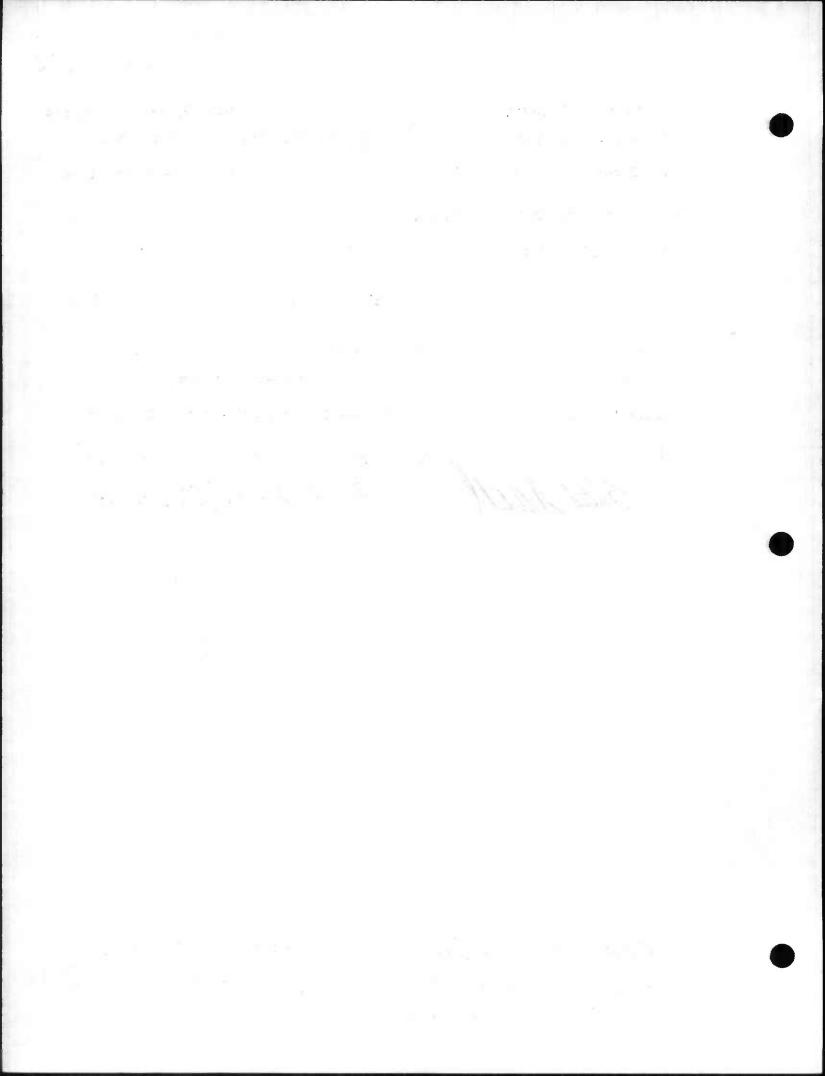




#### Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Q A

						tificate of	Death		Reg. No.	5 U	1065
Physicia	ın	1. Decedent's Nama (First, Middle, I						2. Date of De Month	Dey	Year	3. Time of Death
/Medica	_	Ruth Virginia 4a. Facility Name (If not institution, g	ive street end number	·)			4b. City, Town, or	March Location of Deat	7, 1996 4c. County		6:10am
LAMINING	31		Road				Galesvill	le	Anne A		el
Funeral Director		578-40-4408	Sex 7. A	ga (in yrs. las 95	st birthday) Yrs.	if Under 1 Yaa Months Day			th Year) 7,1900	9. Birtho Coun Mary	laca (State or Foreign (ny) Land
and fand	ŀ	Usual Residence of Decedent  10a. State 10b. County		10c. City,	Town or Lo	cation				10	Od. Inside City Limits
Many Many Many Many	ķ	MD Anne Aru	ndel	Gales	sville	2					Yes 2□ No
uth with the Marylar 23s or 28s-f ehow	Funeral Director	10e. Street and Number 947 Galesville F	load			10f. Zip Code 20765			10g. Citizen of V USA	What Coun	try?
ire, Maryland 21215-0020 s i and 2 should be filed within 72 hours after death with the Maryland f Health and Mental Hygiene. Item 27 is marked other than "natural", or items 23s or 28s-f show other traumstic event, the Medical Experies must be notified at	2	11. Marital Status  1 □ Nevar Married 2 ☑ Married 3 □ Widowed 4 □ Divorced	12. Was Decedent Armed Forces 1  Yes 2  If Yes, Give Yaar or Dates:	? ONo		Vas Decedent of Yas, specify Cu	Hispanic Origin? (S ban, Mexican, Puar Specify:	Specify Yes or No to Rican, atc.)	14. Rac Biac Specify	e - Amaric ck, Whita, a v: Wh:	
15-00% in 72 hours   "natural",	Completed	15. Decedent's (Specify only highest g	reda complated)		16a. Deced (Give I	ent's Usual Occi kind of work don O NOT use retii	upation e during most of wo ed)	rking	16b. Kind of B	usiness/ind	lustry
212 d with giene.	E O	Elementary/Secondery (0-12)	College (1-4or			ranteer		rood			
Maryland 21215-0020 d 2 should be filed within 72 hours aff the and Mental Hygiene. The marked other than "natural", or traumatic event, the Medical Expentral and traumatic event, the Medical Expentral and the filed Expent	To Be	17. Father's Name (First, Middle, La: Oden Edward Tuck						me (First, Middle S Sophia		ne)	
, Mary and 2 sho alth and 1 127 is me or treum		19a. loforment's Name/Belationship NELSON J. Smith	(Type, Print)	9	947 Ga	Address (Street Lesvill	e Road,	ural Route Numb Galesvil	er, City or Town, Le, MD	2076	Code)
Baltimore, Maryland 212: permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: if Nem 27 is marked other than any Injury or other traumatic event, the Monte.		20a. Method of Disposition  1 ☑ Burial 2 ☐ Cremation 3  4 ☐ Donation 5 ☐ Other (Spec		cen	netery, crem	sition (Neme of letory or other pi emetery		Dete 3/9/96	20c. Location -		
Balt permit. Departri Importa any Inje		21. Signature of Funeral Service Mo	7/1/1		Ha 12	Name and Add Irdesty	Funeral H y Avenue,	lome, P.	A. lis MD	2140	01
	1	23a. Part1. Enter the disease, of co shock, or heart failure. List on	nplications that cause	d the death.				_		2170	Approximate
Physician /Medical Examiner		Immediate Cause (Finel disease or condition resulting in death)	a. 20%	LC)	5/11	NO,	y Fee	; lure	,		Interval Between Onset and Death
6876( tificate be g physicia as the bu	8	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseasa or injury that initiated avents rasulting in death) Last	b. Ostes	Due to (or a			adkri	scolo	n Miss	P	ypois
Box eath cert attendin for use	any		d								
O. He dear the at the at fe	Physician/N	Part il. Other significant conditions	contributing to death t	out not rasuiti	ing in the un	derlying cause (	iven in Part I.	23b. Did	tobacco use co	ntribute to	the cause of death?
ds, P.O. Box ires that the death cer signed by the ettendir d be detached for use	2	Hyportess	M, 05	ma	11/1	175		10	Yes 2□No	3 Prob	
Vital Records, siden: The law requires the certificate has been signed rector, page 2 should be d	Completed							24e. Was perfo	an autopsy ormed?	ave	re autopsy findings illable prior to inpletion of cause death?
Vital Relationary The law rector, page 2								1 🗆	Yes 2⊠No	1	Yes 2□ No
Vit		25. Was case referred to medical examiner?  1 ☐ Yes 2 ☐ No.	Hospital:	ent 2 EF	2/0.4.41	3□ DOA O	th or	ath (Check only	-		
0 7 7 8	ation: 10	27. Menner of Death  1 Natural 5 Pending 2 Accident investigati	28a. Dete of Inju (Month, Da		8b. Time of Injury	28c. Inj	Other: 4   Nursing Homa   5   Hesidence   6   Other (Specify)			9	
Divis	Certification:	3 Suicide 6 Could not determine	d 28e. Place of in	jury - At hom tc. (Specify)	e, farm, stre	et, factory, office	)	28f. Location ( City or To	Street and Numb wn, Stete)	er or Rura	Routa Number,
Division To the Heaptal or Attanding Is within 24 hours after death. To the Funeral Director: After completely filled in by the funeral director.	Medical	29e. Certifier 1 Certifying P (Check only one) 1 Medical Exa	hysician: To the best miner: On the basis of and manner st	f examination	edge, death n and/or inv	occurred at the estigation, in my	lime, date and place opinion, death occu	a, and due to the urred at the time,	cause(s) and ma date and piece,	anner as st and due to	ated. the cause(s)
To the To the Committee of the Committee	Σ	29b. Signature and title of certifier		2	1-	29c. Licar	isa number	7	29d. Data signe	-	
		Colodo	0 8MI	-De	D)	9) 1	17758		DIA	250	,
		30. Name end address of person who	completed cause of	death (Item 2	3e) (Type, F	Print)	redi -	Ago T	MARC	(1)	NO NO
State Registra	3	31. Date filed (Month, Pay, Year) MAR 1 2. 1996	Julia Paudi	rar's Signatur		- ) )	7	Ve ,			



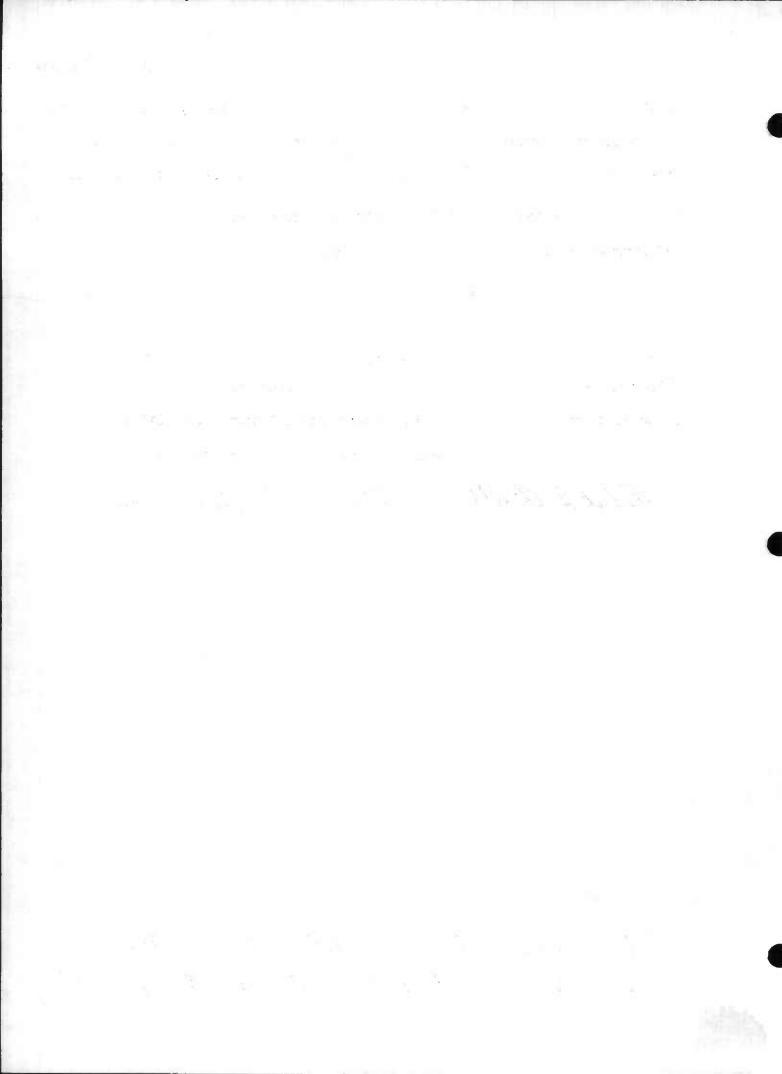
#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time f th **Physician** Month March 9, Judith 1996 12:05 /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Chesapeake Manor Nursing Home Arnold Anne Arundel If Undar 1 Yaar Months Days If Undar 24 Hrs. Hours Min. 5. Social Sacurity Number 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) Birthplaca (Stata or Foreign Country) **Funerai** Months 1 ☐ M 2 🖫 F 61 499-34-9308 Yrs. Director Apr. 15, 1934 Missouri Usual Rasidance of Dacedant the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits rai', or items 23a or 28a-f shov Examiner must be notified at 28a-f show 215 Cinnamon Lane, Edgewater MD Anne Arundel 1 Yas 2X No Director 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? permit. Pages 1 and 2 should be filed within 72 hours efter deeth with 1 Department of Health and Mental Hygiene.

Department of Health and Mental Hygiene.

Sanothart if fem 27 is marked other than "natural", or items 23a or in any injury or other treumatic event, the Modified Exerting man that in Institute. 215 Cinnamon Lane 21037 USA Funerai 12. Was Decedant Evar In U,S. Armed Forcas? Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Raca - Amaricen Indian, Black, Whita, atc. 11. Marltal Status 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas: 1 ☐ Navar Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☑ No þ Specify: White 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use ratired) 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Businass/Industry Elemantary/Secondary (0-12) Collega (1-4or 5+) 12 Secretary Account Payable 17. Fathar's Nama (First, Middla, Last) 18. Mother's Nema (First, Middla, Maldan Sumama) Be Walter Weber Esther Hoque 2 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Sarah J. Scott 215 Cinnamon Lane, Edgewater, MD 20b. Place of Disposition (Name of cematary, cramatory or other place)
Metro Crematory 20a. Mathod of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from State 3/11/96 Baltimore, MD 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funetal Service Licenses 22. Nama and Addrass of Facility Hardesty Funeral Home, P.A. no or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, alre Approximata Interval Between Onsat and Death **Physician** /Medical Immediata Cause (Final CANCER disaasa or condition rasulting in daath) Examiner Due to (or as a consequence of) Examine The law requires that the death certificate be executed physician and is the burial-trens Sequentially list conditions, if any, laading to immadiata ceusa. Entar Underlying Causa (Diseese or Injury that initiated evants rasulting in death) Last Dua to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medicai Dua to (or as a consequence of): attending p Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. P P 23b. Did tobacco use contribute to the cause of death? been signed by t should be detact 10 108 2 No 3 Probably 4 Unknown þ 24a. Was an autopsy performed? 24b. Wara autopsy findings available prior to completion of ceuse of death? Completed s certificate hes b 1 ☐ Yas 2 AK 1 ☐ Yas 2 ☐ No iding Physician: Be 25. Was cese refarred to medical axaminar? 28. Place of Death (Check only ona) Hospital: Other: 4 Horsing Home 5 Residence 6 Other (Specify) Certification: To 1 Yas 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this uneral 27. Mannar of Deeth 28c. Injury at Work? 28a. Dete of Injury (Month, Day Year) 28b. Time of 28d. Describe how Injury occurred 1 ANaturel 5 Panding Invastigation 1 Yas 2 No 2 Accidant 24 hours after dea 6 Could not be datarmined 3 ☐ Sulcida 28f. Location (Straat and Number or Rural Route Number, City or Town, Stata) 28a. Placa of Injury - At homa, farm, street, factory, office building, atc. (Specify) 4 - Homicide P P 1 Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the causa(s) and manner as stated. Medical 29a. Certifier To the Hosp within 24 hou To the Fune completely fi 2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, deeth occurred at tha time, data and place, and due to the causa(s) and manner stated. 29b. Signature and titla of certifian 29c. Licensa number 29d. Data signed (Month, Day, Year) 30. Nama and addrass ceusa of death (Itam 23a) (Type, Print) Are. Annapolis, 5 31. Data filed (Month, Da Year State 1996 Registrar



BALTIMORE, MARYLAND 21215-0020

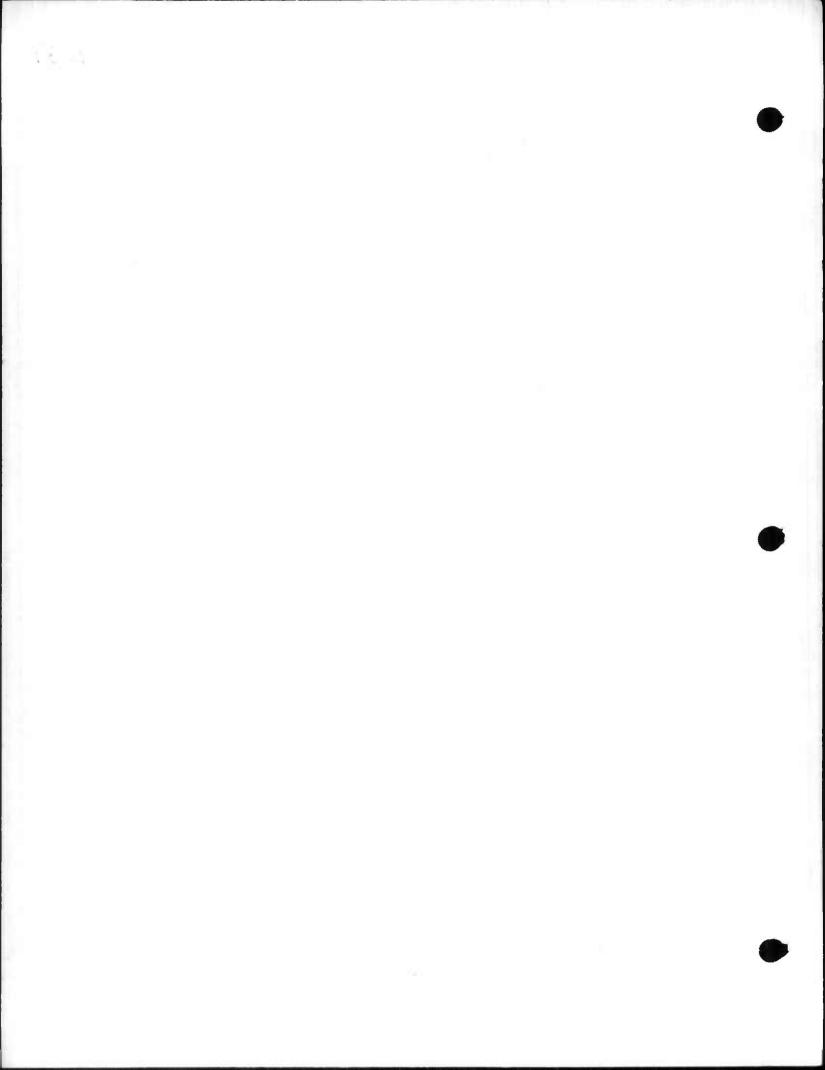
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2% hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mertial Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CERTIF	CALE	: UF	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	Rose	4.	in				2. DATE OF MONTH	DA		YEAR	3. TIME OF DEATH
										996_		2:25 A.M. M
	4. SOCIAL SECURITY NUMBER 213–58–0154	5. SEX	6. AGE (In yrs.	last birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF	ATE OF BIRTH  (State of Birth BALTIMORE, M. 1910)  ATE OF BIRTHPLACE (State of BALTIMORE, M. 1910)			MORE, MARYLAND
						MAY 14, 1910 BAL				BALIT	MURE, MARYLAND	
~	Sa. FACILITY NAME (If not institution, give st	,					OR LOCATION OF DE	ATH			INTY OF D	
0	AUGSBURG LUTHERAN HOME				BALTI	IMHOL	COUNTY			BAL	TIMORE	
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY			100 CIT	Y, TOWN O	B LOCA	FION					
E I	MARYLAND BALTIM	noE		-	TIMORE							10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	JI 14		DAL	I TI-DUI							1 TES 2 1 NO
FUNERAL	2708 SUPERIOR AVENUE						1. ZIP CODE 1234			10g. CI		VHAT COUNTRY?
5	11. MARITAL STATUS	12. WAS DECEDEN			13. V	NAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (S	Specify Yea	or No-	14. RACE	— American Indian, c, Whita, atc.
	3 [V] Wildoward 4 □ Disposed IF YES, GIVE WAR OR DATES 1 □ YES 2 YXY NO Specify: Specify:											
ВУ								WHITE				
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		16a.	DECEDENT'S	vork done d	CUPATIO	ON ast of working	16b, KI	ND OF BUS	INESS/IN	DUSTRY	
٣	Elementary/Secondary (0-12)	College (1-4 or 5 +		INe. Do NOT us	,				TT 4000	- ~~ -	TD (	
N N	12	4	50	HOOL TE	AUHEK			BAL	TIMORE	: 000	VIY	
႘၂	17. FATHER'S NAME (First, Middle, Last)						16. MOTHER'S NA		lle, Maiden l	Surname)		
BE	WILLIAM MOEHLBERGER						ROSE FINK					
2	19a. INFORMANT'S NAME (Type/Print)						and Number or Rural I					
-	MARLYN S. MAUFER (DAUG	SHITER)		2708 SU	PERIOR	RAVE	ENUE BALTI	MORE, M	<b>IARYLAN</b>	D 212	234	
	20a. METHOD OF DISPOSITION 1 ☐ Burlel 2 ☐ Cremation 3 ☐ Remo	and from State		CE AND DATE				DATE	20c. LOC	CATION -	City or To	wn, Stata
	4 Donation 5 Other (Specify)	West Horn State	METRO	CREWAT		INC.	MARCH 11,	1996	BALT	MORE	, MARYL	AND
	21. SIONATURE OF FUNERAL SERVICE LIC	ENSEE					ND ADDRESS OF FA					
	>mallor	7000	sohr				N PUNERAL					200 400
⊣	23. PART i. Enter the diseases, or c	emolications that	Caused the	death Dor	ot enter	IUI E	BELATR ROAD	BALIIM	URE, N	MARYL	AND 21	
ı	shock, or heart fallure. I	iat only one cau	se on each I	ine.	ot enter	trie inc	de or dying, suci	1 as cardied	or respii	ratory ar	TOM,	Approximata Interval Batween
	IMMEDIATE CAUSE (Final disease or condition	0 . 1		-	(							Onset and Death
	resulting in death)	Ceret		Thro	mbo	515						2 montes
		DUE 10	OR AS A CON	SEOUENCE OF	<b>ን</b> :							
CERTIFICATION	Sequentially list conditions,	DUE TO	OR AS A CON	DECLIENCE OF								
F	if any, leading to immediate cause. Enter UNDERLYING	DOE 10	OH AS A CON	SECUENCE OF	·):							1
잂	CAUSE (Disease or injury	DUE TO	OR AS A CON	SECULENCE OF	a.							
Ē	that initiated events resulting in death) LAST	002.0	1011 AD A CON	SECOLINGE OF	<i>}</i> -							
ij.		l										
	PART II. Other significant conditions	contributing to	death but no	t resulting i	n the un	derlyin	g cause given in	Part i. 24	a. WAS AN		24b.	WERE AUTOPSY FINDINGS
EDICAL	INSUIN REQUI	RING I	SIA BE	77-5	MET	117	115	١.	PERFOR	-		AVAILABLE PRIOR TO COMPLETION OF CAUSE
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≦	25. WAS CASE REFERRED TO MEDICAL			ACE OF DEAT			DIACEKIAN	4 122		_		
PHYSICIAN: M	EXAMINER?	HOSPITAL:			OTHER	hr .	e 5 🗆 Residence	6 D Au				
È	27. MANNER OF DEATH	28a. DATE OF		26b. TIM		28c. INJ		28d. DESCRI	-	LILIBA OC	CUBED	
	1 Netural 5 Pending	(Month, Da	ly, Year)		URY M	WO	RK? res 2 No	2001 020011	DE TION III	ooni oo	CONED	
B	2 Accident Investigation 3 Suicide & Could not be	26a. PLACE OF	INJURY — At	home, term, s	treet facto			28f. LOCATIO	N /Stant o	and file conden	a as Direct D	hada Marahar
	4 Homicide determined	building,	etc. (Specify)	, , , , , , , , ,		.,,		City or T	own, State)	NO NUMBE	v or nover n	core number,
	29a. CERTIFIER					_						
COMPLE	(Check only											
8	2 MEDICAL EXAMINER	t: On the basis of ax	amination and/	or investigatio	n, In my op	pinion, d	eath occured at the	time, data and	f place, and	dua to ti	he cause(a)	and menner as stated.
29b. SIGNATURE AND TITLE OF CENTIFIER 29d. DATE SIGNED (Month, Day, Your)									(Month, Day, Year)			
	Nelvoraly ,	y such	ce th	)			V459	3/		MA	BCH	11188
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF DEATH (	TEM 27) (Type,				,		4.37		
	yeborah r	ience	7	220	PC	en	h Heis	suts	Are	BA	2/1	14721208
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	S SIGNATURE						-			
	MAR 1 2 1996	An alkus	contac	lall,								
	1101	/										



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ITEM: 23 PART II, PER MEO FILM State of Maryland / Department of Health and Mental Hygiene G-733 3/28/96 tat

Certificate of Death

Physician
/Medical
Examiner

**Funeral** Director

with the Marylend r 28a-f ehow r than "naturel", or items 23s or 3 death

permit. Peges 1 and 2 should be filed within 72 hours effer of Department of Heelth and Mental Hygiene. Important: if item 27 ie marked other than "naturel", or item any injury or other traumetic event, the Medical Example.

Maryland 21215-0020

altimore,

**Physiclan** /Medical Examiner

certificate be axacuted

Box 68760

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Division of Vital Records.

Attending Physician:

i or Attendin after death. Director: Aft

Hospital 24 hours a 24 hours a

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physician and the buriel-transit SE use jo the signed by 8 Deen page 2 director funeral completely filled in by

certificata has

Affer

1. Decedent's Nama (First, Middle, Last) 2. Data of Death 3. Time of Death Day 09 SMITH T. HARVEY 1996 MARCH 7:10 AM 4e. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth 3822 HICKORY AVENUE BALTIMORE Baltimore City If Undar 1 Yeer If Under 24 Hrs.

Months Deys Hours Min. 5. Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplaca (Stata or Foraign Country) Months 1€M 2□ F Yrs 70 220 129976 Nov. 17. 1925 Md. Usual Rasidance of Dacedant 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 Vas 2 □ No Director Balto. City Baltimore 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? U.S.A.

14. Rece - Amarican Indian,
Black, Whita, atc. Funeral 3822 Hickory Ave. 21211 12. Wes Decedent Ever in U,S. Armed Forcas? Was Decedant of Hispenic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 11. Maritel Stetus 1 XYas 2 No If Yes, Give Yeer or Dates: WWII 1 TrNevar Merried 2 Married 1 Yas 200No Specify: Specify: White þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT usa retired) 15. Dacadant's Education (Spacify only highest grada completed) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Collaga (1-4or 5+) 8 Nursing Aide Springfield Hospital 17. Father's Name (First, Middle, Last) 18. Mother's Nama (First, Middla, Maiden Surnama) 2 Jesse Edward Smith Annie Elizabeth Jenkins 19a. Informant's Name/Ralationship (Typa, Print) 19b. Mailing Addrass (Streat and Number or Rural Routa Number, City or Town, State, Zip Coda) Dorothy Fisher 3822 Hickory Ave. Baltimore, Md. 21211 20a. Mathod of Disposition 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20c. Location - City or Town, Stata Data 1 ☐ Burlei 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Other (Specify) Granite Church Cemetery 3/12/96 Woodstock, Md. 22. Nama end Addrass of Facility Haight Funeral Home tarry P.O.Box 195 Sykesville, Md. 21784 23a. Pert1. Enter the disease or complications that assed the daeth. Do not entar the mode of dying, such as cardiac or raspiratory arrast, shock, or heart failure. List only one cause of each line. Approximata Interval Batween Onset and Daath tmmadiata Causa (Final diseasa or condition rasulting in daath) Arteriosclerotic Cardiovascular Disease Dua to (or as a consequence of): Examiner Sequantially list conditions, if any, laading to immadiata cause. Enter Underlying Causa (Disaasa or injury that initiated avents rasulting in daath) Last Dua to (or as a consequence of): Physician/Medicai Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably ♥ ☐ Unknown HYPERTENSION: ASBESTOSIS þ 24b. Wara autopsy findings available prior to completion of causa of daath? 24a. Was an autopsy Completed 1 ☐ Yas 2 No 1 Type 2 No 25. Was casa rafarred to madical axaminar?
1√2 Yas 2□ No Be 26. Placa of Death (Check only ona) Hospital: Other: 4 Nursing Homa Certification: To 1 Inpatient 2 ER/Outpatient 3 DOA 5 Rasidance 6 □Othar (Specify) 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28c. Injury at Work? 28b. Tima of 28d. Dascribe how injury occurred 1 Natural 2 Accidant 5 Panding invastigation 1 Yas 2 No 6 Could not be datarminad 3 Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, streat, factory, offica building, atc. (Spacify) 4 Homicide 29a. Cartifia: Medical 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner stated.

29c. Licensa numbar

O.C.M.E.

111 Penn Street, Baltimore, Maryland 21201

29d. Data signed (Month, Day, Year) MARCH 09,1996

State Registrar 29b. Signetura and titia of cartifian

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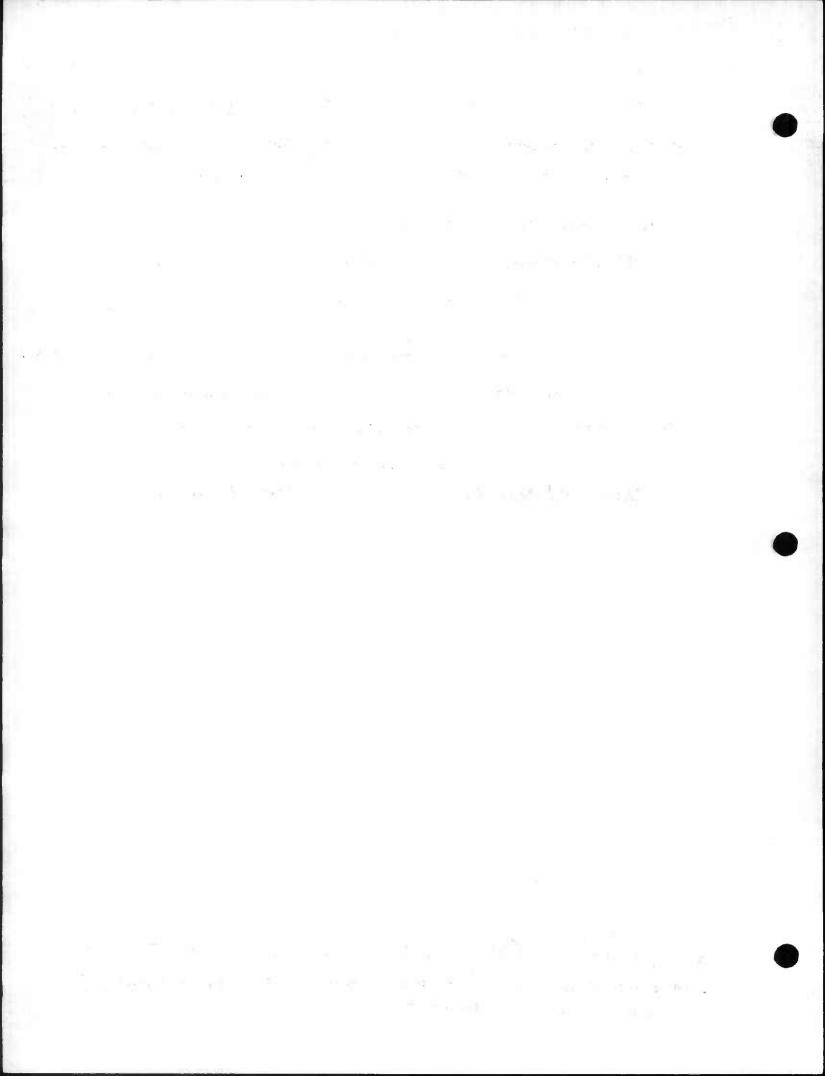
Theodore King M.D

11/ling

1.1.32 A MISTONIA ROUNDALL

30. Nama and addrass of person who complated causa of death (Itam 23a) (Type, Print)

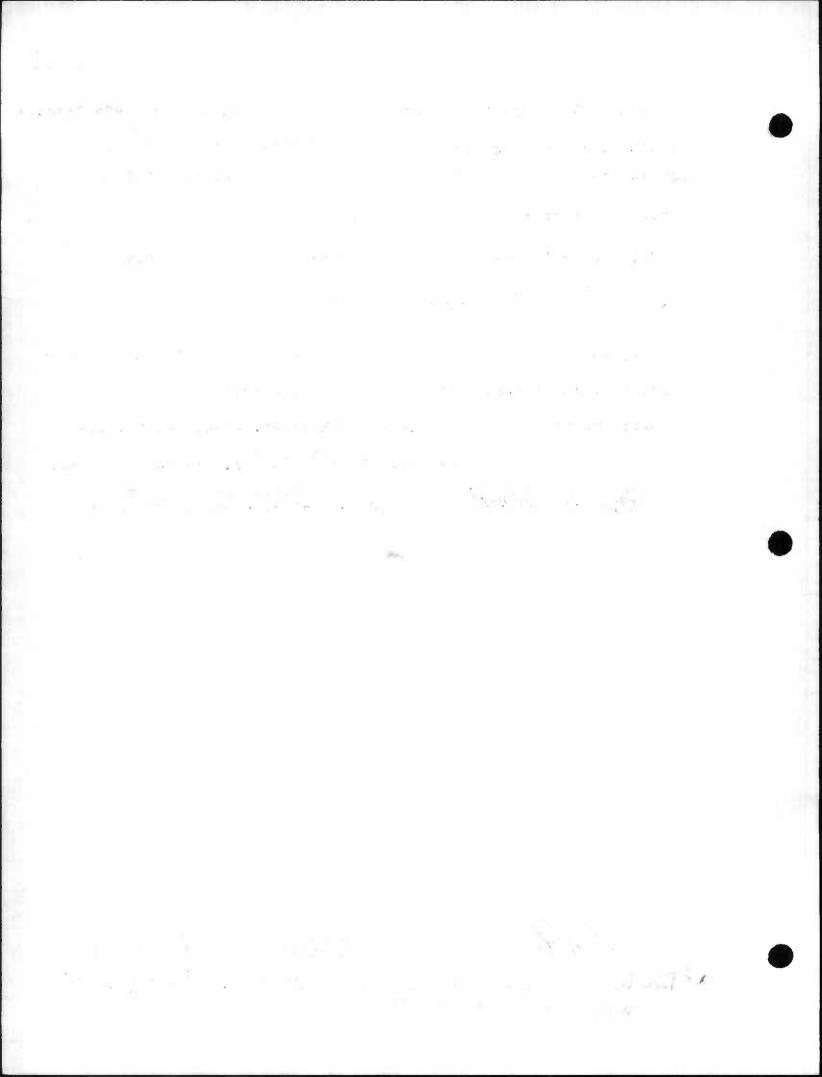
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Usuat Rasidence of Dacedant  10a. State  10b. County  Md.  Carroll  Woodbine  10c. City, Town or Location  Woodbine  10c. Street and Number  7043 Eden Mill Road  11. Marital Status  1 Never Married  21797  11. Marital Status  1 Never Married  3 Day/idowad 4 Divorced  12. Was Decedent Ever In U.S. Armed Forcas?  1 Never Married  3 Day/idowad 4 Divorced  15. Decedant's Education  (Specify only highest grada complated)  Elementary/Secondary (0-12)  15. Decedant's Education  (Specify only highest grada complated)  Elementary/Secondary (0-12)  17. Father's Nama (First, Middla, Last)  18. Mother's Nama (First, Middla, Maidan Sumame)	l ace (State or Foreign try) d.  d. Inside City Limits 1 □ Yes 2000 otry?  an Indian, atc.  ite
Vestminster   Vursing   Home   Westminster   Carrol	l ace (State or Foreign try) d.  d. Inside City Limits 1 □ Yes 2000 otry?  an Indian, atc.  ite
Funeral Director    Social Security Number   6. Sex   10 months	ace (State or Foreign Int)  d.  d. Inside City Limits  1 Yes 2000 Inty?  an Indian,  ite  ustry
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High School +1 Distribution Clerk Montgomer    Fight	y Wards
17. Father's Nama (First, Middle, Maidan Sumame) Robert Tripp Sparrow, Sr.  18. Mother's Nama (First, Middle, Maidan Sumame) Vida Brock	
Robert Tripp Sparrow, Sr. Vida Brock	
19a. Informant's Name/Relationship (Type, Print)  19b. Malling Addrass (Streat and Number or Rural Routa Number, City or Town, State, Zipe	Codel
Robert Tripp Sparrow, Sr. Vida Brock  19a. Informant's Name/Relationship (Type, Print)  Roberta Manning  7043 Eden Mill Rd. Woodbine, Md. 2  20a. Mathod of Disposition  20b. Place of Disposition (Nama of Data 20c. Location - City or Town)	
20a. Mathod of Disposition  20b. Place of Disposition (Nama of cemetery, cramatory or other place)  20c. Location - City or Tow Cemetery  4 Donatlor 5 Other (Spacify)	
1 Ramoval from Stata 4 Donation 5 Other (Spacify)  20d. Mainto of Disposition 1 Removal from Stata 4 Donation 5 Other (Spacify)  Garrison Forest Vet. 3/11/96 Garrison	. MD.
विष्ठ है । 21. Signature of Funaral Sarvice Licensaa 22. Nama and Addrass of Facility	,
Maight Funeral Home P.O.Box 195 Sykesyille, Md. 217	84
Physician	Orisat and Death
Sequentially list conditions, if any, laading to immediate cause. Enter Underlying Cause (Disease or Injury that inhisted avants resulting in death) Last  Due to (or as a consequence of):	Intylar ive years In years
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Spinology 24a. Was an autopsy performed? 24b. Was an autopsy performed?	re autopsy findings liable prior to aplation of cause leath?
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29th. Signature and title of Certifier 29th. Signature 29	Jay, Year)
133184 March 71	996
30. Name and addrass of person who complated causa of daath (Itam 23a) (Type, Print)  Tonathan Kushner 114 Business Center Drive Ristation,	mn
State Registrar MAR 1 2 1996 (A2) Final Property Control of the Property Contr	1 11)

DHMH 16 Rav 6/95



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	TO THE PREFERENCE AIR this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the t	be filed with 72 has a mer de in with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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	1 - STATE REGISTRAR	STATE OF MAR			TMENT OF H		) MEN	TAL HYGIEN REG. NO				
	1. DECEDENT'S NAME (First, Middle, Leat)	Jay 7	INKE	25				ATE OF DEATH	Š" S	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 165 /2 7101	5. SEX 6. /	AGE (In yrs. les	t birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN	(N	onth, Day, Year)	15	Counti	IPLACE (State or Foreign ry) Linois	
DIRECTOR	Baltimore V. A. M		ter		9ь. сіту, тоwn ( Ва]	timore	DEATH		EATH			
5	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LOCA						10d. INSIDE CITY	
	Maryland	N/A			Baltimo						1 X YES 2 NO	
Ž.	3905 Ednor Road				10	ZIP CODE	218		10g. Ci	0g. CITIZEN OF WHAT COUNTRY? U.S.A.		
BY FUNEHAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 X IF YES, GIVE WAR O 1-44 to 2	YES 2 1	RIMED	If yes, sp	ENDENT OF HIS	PANIC OR	ANIC ORIGIN? (Specify Yee or No— 14. RA can, Puerto Rican, atc.)			E — Americen Indian, k, White, etc.	
	15. DECEDENT'S EDU- (Specify only highest grade	CATION	16e. DE	CEDENT'S	USUAL OCCUPATION	ON set of working		16b. KIND OF BU	SINESS/IN	IDUSTRY	WILLE	
	Elementary/Secondary (0-12)	life	(Give kind of work done during most of working life. Do NOT use retired.)									
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		Couturier Clothing  18. MOTHER'S NAME (First, Middle, Meiden Surneme)									
BEC	Joseph Tin					Elizabeth Manhon						
0	190. INFORMANT'S NAME (Type/Print)  190. MAILING ADDRESS (Street end Number or Rurel Route Number, City or Town, Stell, Zip Code)  190. MAILING ADDRESS (Street end Number or Rurel Route Number, City or Town, Stell, Zip Code)  3905 Fdnor Road Baltimore Marsyland 21218									1.0		
	20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c, LOCATION — City or Town, State											
	t Buriel 2 Cremation 3 Rem	t Burlel 2 X Cremation 3 Removal from State 4 Donation 5 Other (Specify) Tennatory 3-13 Baltimore, Market Green Mount Crematory										
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	128		22. NAME A	nd address of hell-Wi	edef	feld Hon	ne		land 21212	
	23. PART I. Enter the diseases or shock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that ca List only one cause of a. OSINICO	on each ilne	9.	not enter the mo	de of dying, a	auch aa	cardiac or reap	iratory a	rreat,	Approximate interval Batwee Onest and Dear	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.  COPD (Chronic obstructive pulmonary 1 yes 2 No DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN D											
CIA	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one)											
2	1 VES 2 NO	1 Inpatient 2 ER			OTHER:		_	Other (Specify) DESCRIBE HOW	IN Bles >	OCUPED.		
								DESCRIBE HOW	INJURY O	CCURED		
EU BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF IN building, etc.	IJURY At he (Specify)	o <i>m</i> e, ferm,	street, fectory, offic	:•	281.	LOCATION (Street City or Town, State		per or Rural	Route Number,	
COMPLETED	neel .	ICIAN: To the best of my ER: On the basis of exemi									a) end manner as stated.	
BE CC	296. SIGNATURE AND TITLE OF CERTIFIE	RDD .			· · · · · · · · · · · · · · · · · · ·	29c. LICENSE	NUMBER	00	29d. D/	ATE SIGNES	Dey, Year)	

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER
MR0785 29d. DATE SIGNED (Morph, Day, Year)
3/10/96

ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

COLOSS MD EXIT MOJE VA Modical Contes

(Morris Days 1996 July 22 BEGISTRAR'S SNATURE

## Please Type or Print in Black Indelibie Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Month 3. Tima of Death **Physician** Yee SHIRLEY TILSON MAR. 6 1996 8:33 PM /Medical 4a. Fecliity Name (If not Institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Death Examiner NORTHWEST HOSPITAL CENTER RANDALLSTOWN BALTIMORE if Under 1 Yeer | if Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) 5. Societ Security Number 7. Age (In yrs. lest birthdey) Birthplece (State or Foreign Country) **Funeral** Montha 1□ M 2□ F Yrs. Director NEW YORK 500-50-3730 89 NOV.25,1906 filed within 72 hours after death with the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or items 23a or 28s-f show the Medical Examiner must be notified at MARYLAND BALTIMORE BALTIMORE 1 Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 2837 MARNAT RD. 21209 USA Funerai 11. Meritei Status 12. Was Decedent Ever in U.S. Wes Decedent of Hispenic Origin? (Specify Yes or No If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Reca - American Indian, Biack, White, atc. 1 ☐ Yes 2 No if Yes, Give Yeer or Detes: 1 Never Merried 2 Married 21215-0020 1 ☐ Yes 2 ☐ No Specify: ρ 3√ Widowed 4 Divorced Specify WHITE Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent'a Education 16b. Kind of Business/Industry (Specify only highest grade completed) I Hygiene. Elementary/Secondary (0-12) Coitege (1-4or 5+) i. Pages 1 and 2 should be filed wi tment of Haalth and Mental Hygien tant: If Item 27 is marked other th ijury or other traumatic event, the 12 HOMEMAKER OWN HOME Baitimore, Maryland 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) Be **FEINBERG** BENJAMIN FANNY LINKNOWN 19e. Informant's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 2505 VELVET VALLEY WAY MRS. ILENE POWERS (DAUG.) OWINGS MILLS, MD 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, State 1 Burlei 2 Cremetica 3 Removal from State permit. Page Department of Important: If any Injury or once. 4 Donetlon 5 Detail (Specify) ARLINGTON (CHIZUK AMUNO) 3/10/96 BALTIMORE, MD 21. Signature of Funeral Service Liber 22. Name end Address of Fecility
SOL LEVINSON & BROS., INC. 6010 REISTERTOWN RD. BALTO., MD 21215 or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximete Intervat Between **Physician** /Medical tmmediate Cause (Fine) Myo corduel disease or condition resulting in death) **Examiner** Due to (or as a consequence of): Athenocle putce The law requires that the death certificete be executed the burial-transit Sequentielly tist conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Last Due to (or as a consequence of) P.O. Box 68760. Physician/Medicai Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by Stenos AORTIC 1 Yee 2 No 3 Probably 4 Unknown of Vitai Records, þ 24a. Was en eutopsy performed? 24b. Were autopay findings available prior to completion of cause of death? Completed 1 ☐ Yes 2 No certificata 1 ☐ Yes 2 ☐ No Attending Physician: 25. Was case referred to medicat Be 26. Placa of Death (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 ☐ Inpatient 2 ☑ ER/Outpatient 3 ☐ DOA this funaral 27. Manner of Death 28a. Date of tnjury (Month, Dey Year) Certification: 28b. Time of 28c. tnjury at Work? 28d. Describe how Injury occurred Aftar Division 5 Pending Investigation 1- Netural 1 Yes 2 No death. i or Attendi after death Director: A 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Pleca of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide Managerhours of To the Funeral C Medical 1 Certifying Phyeician: To the best of my knowledge, deeth occurred at the time, dete end place, end due to the cause(s) and menner as ateted.
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, end due to the cause(s) end manner atated. 29a, Certifier 29b. Signeture end title of certifier festin 29c. License number 29d. Date aigned (Month, Dey, Year) D40867 march 17, 1990 eath/(tem 23a) (Type, Print)
1777 Reisterstown Rd. Suite 108 MD 21208

State Registrar 30. Name and address of person who completed cause of death/(Item 23a) (Type, Print)

Julia Davidsons Adridade

miquel Sadowyk, m.O

Trongryj wie gedan 

## Please Type or Print in Biack Indelible Ink. Assure All Copies Are Legit

State of Maryland / Department of Health and Mental Hygiene

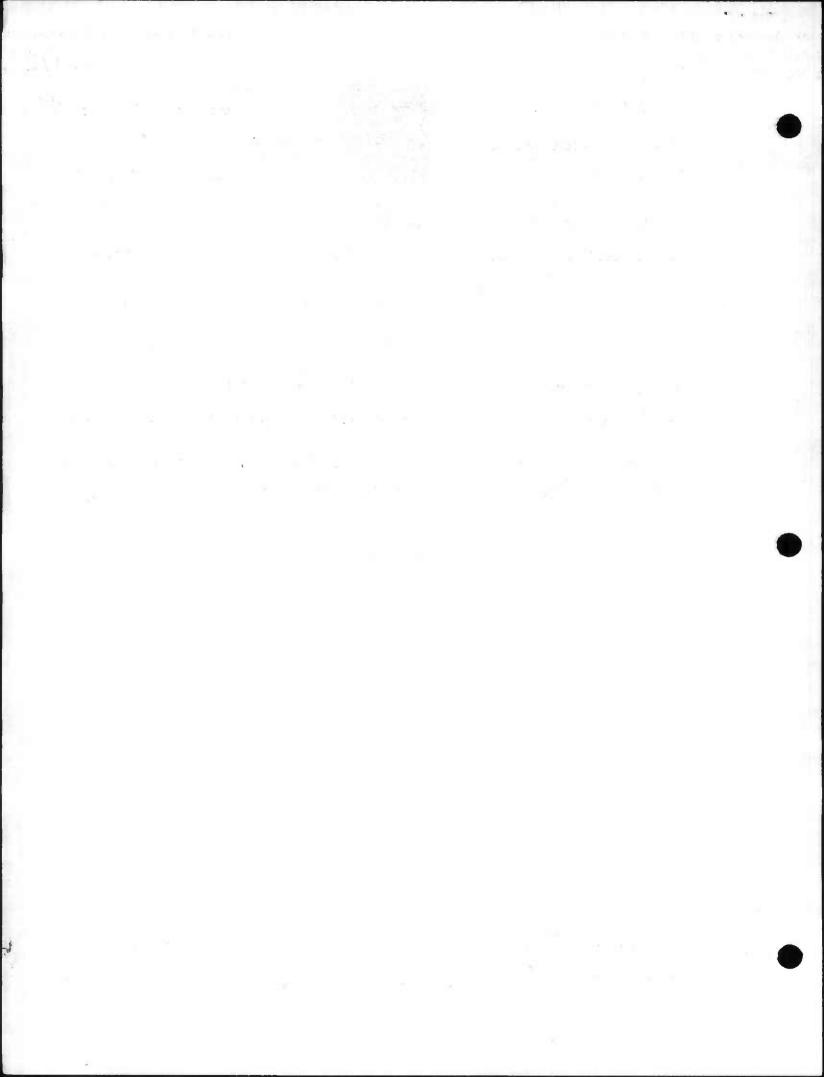
96	07072	
Yaar	3. Time of Death	-

Baltimore, Maryland 21215-0020	permit. Peges 1 and 2 should be filed within 72 hours after death with the Department of Health and Mental Hygiene. Important: If flem 27 is marked other than "natural", or itema 23s or 28, any injury or other traumatic event, its Medical Examiner mail to not once.	To Be Completed by Funeral Direct
	Physician /Medical Examiner	iner
Division of Vital Records, P.O. Box 68760,	To the incomplete Attending Physician: The law requires that the death carificate be executed with from after death.  To the function after this carificate has been signed by the ettending physicien and complete limit in by the timeral director, page 2 should be detached for use as the buriel-fransit	Medical Certification: To Be Completed by Physician/Medical Examiner
	6	

ITEM#1 film g733 3/20/96 ag per FH Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Date of Death VALERIA VALERIE L. Month **Physician** TOOMER March 9, 1996 /Medical 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Baltimore N/A 2231 E. Jefferson Street 8. Data of Birth (Month, Pay, FEB. 18, 5. Sociel Security Number 7. Age (In yrs. last birthday) If Under 1 Yaar If Undar 24 Hrs. Birthplaca (Stata or Foreign Country) **Funeral** Months Hours Davs 220-78-3805 Yrs 35 Director Maryland Usual Residence of Decedent 10a. State 10b. Count 10c. City, Town or Location 10d. Inside City Limits 1X Yes 2 No Baltimore Maryland N/A 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21205 United States 2231 E. Jefferson Street 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 Z No If Yas, Give Was Decedent of Hispanic Origin? (Specify Yes or No-if Yas, specify Cuban, Maxican, Puarto Rican, atc.) Race - American Indian, Biack, White, etc. 11. Marital Status 1 X Naver Married 2 ☐ Married 1 ☐ Yas 2 No Specify: Specify: Black 3 ☐ Widowed 4 ☐ Divorced Yaar or Datas 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) LABORER Hospital 12th 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Edna R. Miller Johnnie H. Toomer 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)
2231 E. Jefferson Street, Baltimore, MD 21205 19e. Informent's Neme/Reletionship (Type, Print) Edna Toomer 20e. Method of Disposition

1 ☑ Burial 2 ☑ Cremation 3 ☑ Ramoyal from State 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State Date MEMORIAL PARK 3 - 15RANDALLSTOWN, MD 4 ☐ Donation 5 ☐ Other (Specify) KING 21. Signature of Funeral Service Ideens 22. Name and Address of Facility
March Funeral Home 1101 E. North Avenue, Baltimore, MD 21202 Part tenter the disease, or complications that caused the shock or heart failure. List only one cause on each line Approximate Interval Batween Onset and Death or complications that caused the death. Do not enter the mode of dylng, such as cardiac or respiratory arrest, Immediate Cause (Final disease or condition resulting in death) MUTASTATIC BREAST Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter Undarlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or es e consequence of) Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☑ No 3 ☐ Probably 4 ☐ Unknown 24b. Wera autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 1 ☐ Yas 2 ☑ No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examiner? 26. Piece of Deeth (Check only one) 1 Yes 2 No Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Pasidence 6 □Other (Specify) 28a. Dete of Injury (Month, Day Year) 27. Menyer of Death 28c. Injury et Work? 28b. Time of 28d. Describe how injury occurred 1 Netural 5 Pending 1 Yas 2 No Investigation 2 ☐ Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Pleca of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide 1 Certifying Phyaician: To the best of my knowledge, death occurred at the time, dete end piece, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and menner stated. 29a. Certifier (Check only one) 29b. Signature and title of certified 29c. License number 29d. Date signed (Month, Day, Year) 218320 ted cause of death (Item 23a) (Type, Print) 30. Name and address of person who da Johns Hopicus Dwalegy cin ELTO 113 21287 John H. PETTING MA 32 Registra's Signature State Registrar

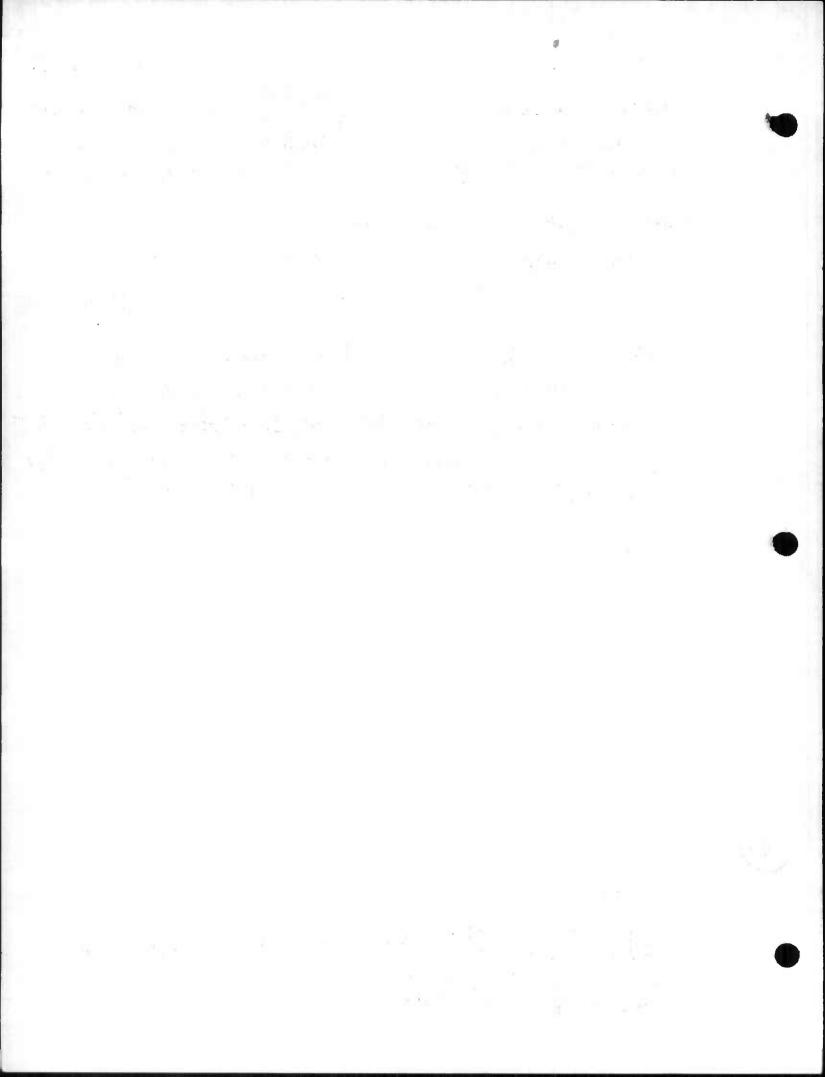


Item19b 3-12-96 FilmG733 W.H.Per F/H
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

_					Certifica	ate of Death	Re	g. No.	O	0/0/3
	Dhusisi		1. Decedent's Nama (First, Middla, Las	t)			2. Data of Death Month		Yaer	3. Tima of Death
<b>1</b>	Physici /Media		IRENE TAY	LOR			MARCH	9 1	996	2 PM
	Examir		4a. Facility Nema (If not institution, give	street end number)		4b. City, Town, or	Location of Death	4c. County	of Death	
			SINAL HOSPITA	L		BALTIM	ORE	BALT	IMO	RE
	Funeral Director		5. Social Sacurity Number 8. Si 219-36-2272 11 Usuei Rasidance of Decedent	TAY Age (In yrs	Yrs. If Unc	dar 1 Yeer If Under 24 Hrs s Days Hours Min		Y9912	9. Birthpl Goun	lace (Stata or Foreign stry)
	yland		10a. Stata 10b. County	10c. C	ity, Town or Location				10	0d. Insida City Limits
	Mar Mar	tor	Maryland NIA		Baltim	ore				1 Yas 2 No
	d 2 should be filed within 72 hours after death with the Maryland the nd Mentel Hyglene.  7 le marked other than "natural", or items 23s or 28s-f show treumstic event, the Madical Examinar must be notified at	al Director	10e. Street and Number 418 Southw	av	10f. :	21218	10	og. Citizen of W	S A	try?
	r dea	Funeral	11. Marltai Status	12. Was Decedent Ever in I Armed Forces?	U,S. 13. Was Dec	edent of Hispenic Origin? (Specify Cuben, Mexican, Puer	Specify Yas or No- to Rican, atc.)		e - America k, Whita, e	
21215-0020	72 hours afte "natural", or it	þ	1 Nevar Married 2 Merried 3 Widowed 4 Divorced	1 ☐ Yas 2 No If Yas, Give Year or Detes:		2 No Specify:		Specify:		gro
15-	neth edice	Completed	15. Decedant's Ed (Specify only highast great	ucation de complated)	16a. Decedant's U: (Give kind of	sual Occupation work dona during most of wo use_cetired)	orking	16b. Kind of Bu	siness/Ind	julstry
12	within ene. than	ошо	Eiamantary/Secondary (0-12)	Collega (1-4or 5+)	j	Doubleal	Lucea	Ho	1cni	tal
	filed within Hyglene. Ither than than than than than than than than		17. Fathar's Nama (First, Middle, Last)	00	Licensed	18. Mothar's Na	ma (First, Middla, M	laidan Sumam	al	1al
lan	id be entel ced o	To Be	Charles To	ulson		Roca	10	Tack	SON	,
Maryland	2 should be end Mentel ie merked o	F	19a. Informant's Name/Ralationship (7	ype, Print)	19b. Mailing Addra	iss (Street and Number or R	ural Routa Number,	City or Town,	State, Zip	Code)
	ロヨスト		Mrs. Phullis Co	mawail	# 392	4 Rose Cr	est AU	o Br	14.1	11.2121
Baltimore,	8 7 2		20a. Mathod of Disposition		Placa of Disposition (A cematary, cramatory o	lama of	Data / 2	Oc. Location -	City or To	wn, Steta
E	Pages nent of I mt: If ite		1 Burial 2 □ Cramation 3 □ 4 □ Donation 5 □ Othar (Specify	Ramovai from Stata	arrison	Forest	3/14/96 (	Julina<	= M	ills. Md
alti	그는 무슨		21. Signature of Funeral Service Viseni			and Addrass of Facility		501113	Lance	1110/110
8	Depa Impo eny li		Majonh	2 4111	1 3059	h h KHS	5 June	ral	TOM	P31711
			23a. Past . Enter the disease, or comp shorts, or heart failure. List only of	ications that causad the das	ath. Do not antar tha m	oda of dying, such as cardia	c or raspiratory arra	13a17	orria	Approximata
я	Physician		Jan Contract Talland Clist Only C	ma cause on aach mia.					1	Intarvel Batwean Onset end Deeth
4	/Medical		immediata Causa (Final disaasa or condition	SEPS	15 20 TO	INFECTI	ON		1	1 Day
в	Examiner		resulting in daath)	d	(or as a consequanca o					
	D #	lue	_	DEHY	BRATION	J			į	1 MONTH
	death certificate be axecuted e attending physician and of for use as the burial-transit	Examiner	Sequantially list conditions, if any, laading to immadiata	Due to (	or es a consequenca o	f):				
68760,	be ay ician burla		Causa, Entar Undarlying Causa (Disease or Injury	c						
387	phys the	Medical	that initiated avents rasulting in daath) Last		or es e consequanca o	i):			i	
	certifica iding pl			d. MULTI	PLE CER	EBROVASCU	LLAR A	CCIDEN	1276	YEARS
Box	attendir for use	clar	Death Office In 10 and and				1 40 7411.0			
0	thet the dended by the a	Physician/	Part II. Other aignificant conditions co	ntributing to death but not ra-	sulting in tha undarlying	causa givan in Part I.		\/		the cause of death
Q.	thet the ned by th	by P	HY PERTENSION	, PEG PLA	MENT,		1 □ Ye	2 2 No	3 Prob	pably 4 ☐ Unknow
rd Sp	been sign should be	ed t		,			24a. Was ar		24b. Wa	ara autopsy findings
20	30 24 (0)	Completed					perform	JeG r	cor	mpiation of cause
Vital Records,	0 - 0	om					10 Ya	s 2 No	10	Yas 200 No
ita	ician: The certificate rector, pag	Bec	25. Was casa ratarrad to medicai			28. Piaca of Da	ath (Chack only one	A)		
of <	8 0 D	To	axaminar? 1 ☐ Yas 2 X No	Hospital: 1 inpatiant 2	☐ ER/Outpatient 3☐	OOA Othar: 4 Nursing I	Homa 5□ Rasida	nce 6 Othe	ar (Specify	1)
0	P Ph		27. Manner of Death 1 Natural 5 □ Panding	28a. Data of Injury (Month, Day Year)	28b. Tima of Injury	28c. Injury at Work?	28d. Dascribe ho	w Injury occurre	ed	
uois Bion	anding the transfer	ertification:	2 Accidant invastigation		M	1 ☐ Yas 2 ☐ No				
S.	in by	Ě	3 ☐ Suicida 6 ☐ Could not be datarminad	28e. Plece of Injury - At I building, atc. (Space	noma, farm, straat, fact	ory, office	28f. Location (Str. City or Town,		er or Rura	Route Number,
Ω		O								
	To the Hospital within 24 hours To the Funeral Completely filled	edical	29a. Certifiar Check only one) Certifying Phy	elcian: To the best of my known: On the basis of axamin	owledga, daath occurre ation and/or invastigati	d at tha tima, data and piace on, in my opinion, daath occ	e, and dua to tha ca urred at tha tima, da	usa(s) and mar ta and place, a	nnar as stand dua to	ated. tha causa(s)
	within 2 To the comple	Mec	29b. Signature and titla of certifier	end mannar statad.	1001	9c. License number	29	d. Data signad	1 (Month )	Day Year)
	F ≱ F 8			PHYSIC	HOSPITAL	DEA AS 240 DA -9909	2321- 1			
	7		30 Name and address of account	And a super of death (iii	= 020) (Tura Date)	DA -9909		1ARCH	7	1996
	/		30. Nama and address of person who o	/ SINA I IHA	PITAT	ME / OM TI	MORE, A	M.K.		
	Sta	te		1 32. Bustrale Sign	ELVEDERE	AVE / BALTI	intoke 1	.(0.		
	Sta Registr		MAR 1 2 1996	Jane Branch						

Registrar



# DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an increase fire death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	ND / DEPAR CERTIFI	TMENT OF H	EALTH AND I	MENTAL HYGI				
2000	1. DECEDENT'S NAME (First, Middle, Last)	Taylor				2. DATE OF DEATH	0414	STIME OF DEATH	м	
	4. SOCIAL SECURITY NUMBER	S. SEX O S. AGE (In )	yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year,	1	8. BIRTHPLACE (State or Foreign		
- 3	377 07 0137		58 YRS.	MONTHS DAYS	HOURS MIN.	July 12	, 1927	Washington, D	С	
œ	9a. FACILITY NAME (If not institution, give stre			9b. CITY, TOWN O	121	9c. COUNTY OF DEATH				
5	Levindale Geriati	ric Center		Balt	imore		Balt	timore City		
DIRECTOR	10e. STATE 10b. COUNTY		10c. CITY	, TOWN OR LOCAT				10d. INSIDE CITY LIMITS?		
	Maryland Balt:	imore City		Balti			1	1 X YES 2 NO		
FUNERAL	2434 W. Belve	edere Avenue		101.	21215			S . A .		
S		12. WAS DECEDENT EVER IN U	WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF			HC ORIGIN? (Specify	Yes or No —	14. RACE — American Indian,	_	
ВУ Е	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYES  IF YES, GIVE WAR OR DATE	2X_NO ES		cify Cuben, Maxica 2 NO Specify	n, Puerto Rican, etc.)		Specify: White		
	15. DECEDENT'S EDUCA	ATION 1	Se DECEOENT'S	USUAL OCCUPATION	M	140 KIND OF	BUSINESS/INDU			
ET	(Specify only highest grade or Elementary/Secondary (0-12)	College (1-4 or 5 +)		ork done during mo:						
COMPLETED	Unknown		Bur	ndler			Mail Se	ervice		
	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maid	,			
BE	Unknot 19a. INFORMANT'S NAME (Type/Print)	wn	10h MAILING	ADDRESS (Company)	and Alicenters are Discrete	Unknows			_	
2	Levindale Geriatr	ic Center						, MD 21215		
	20a. METHOD OF DISPOSITION	20b. Pi	LACE AND DATE O	F DISPOSITION /Na	me of			City or Town, State		
	4 Donation 5 Other (Specify) Cemetary, cuematory of other place   Cemetery 3/11/96 Sykesville, MD									
	21. SIONATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY HAIGHT FUNERAL HOME (P.O. Box 195)									
	Sykesville, MD 21784 (410)-795-1400									
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. Liet only one cause on each line.									
	IMMEDIATE CAUSE (Final disease or condition									
	resulting in deeth) s.	DUE TO (OR AS A CO	ONSEQUENCE OF	): \	1		1.	_ om	0.1	
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IFIC	CAUSE (Disease or Injury thet initiated events	DUE TO (OR AS A CO	ONSEQUENCE OF	):		-			-	
CERTIFICATION	resulting in death) LAST d.									
AL C	PART II. Other significant conditions	contributing to deeth but	not resulting in	n the underlying	ceuse given in	Part I. 24e, WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS		
200							ORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
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AN:	DID TOBACCO USE CONTRI				UNCERTAIN	1 🗆				
PHYSICIAN: MEDIC		26. HOSPITAL: Inpetient 2 - ER/Outpetie		OTHER:					$\dashv$	
H.	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME	OF 28c. INJU	JRY AT	8 Other (Specify) 28d, DESCRIBE HOV	V INJURY OCCI	URED	$\dashv$	
ВУБ	Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU		ES 2 NO					
	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY — building, etc. (Specify)	At home, ferm, st	treet, factory, office			BI. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
									4	
COMPLETED		AN: To the best of my knowleds On the basis of examination or								
- 11	2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the ceuse(a) and management of the ceuse(a) and management of the ceuse(b) and management of the ceuse(b) and management of the ceuse(b) and management of the ceuse(b) and management of the ceuse(b) and management of the ceuse(c) an									
) BE	30. NAME AND ADDRESS OF PERSON WHO COMPLEXED CAUSE OF DEATH (ITEM 27) (1700, Print)  SUN (L. P. FATONI 2434 Relief are, Balting  31. DATE FILED (Month, Day, Year)  32. REGISTRAR SIGNATURE  JULIAN DRIVERS NUMBER  296. LICENSE NUMBER  296. LI									
일	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	(ITEM 27) (Type,	Print)	1		0 11		1	
	31. DATE FILED (Month, Day, Year)	JUNI 2	434 W	Belve	dere	aue,	15911	Mose		
	MAR 1 2 1996	A REGISTRAR'S SIGNATU	artall							



ITEN: 1. PER F.H. FILM 6-733 Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death BERTHA LOUISE Van Burg 1. Decedent'a Nama (First, Middle, Last) 2. Data of Death MANBUR, **Physician** MARCH 10,1996 /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner NORTH ARUNDEL HOSPITAL GLEN BURNIE ANNE ARUNDEL If Under 24 Hrs. Hours Min. 5. Social Security Number 7. Age (In yrs. last birthday) If Under 1 Year 6. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) 6. Sex **Funeral** 1 □ M 2 X F Days Yrs. **Director** 215-07-6850 92 PENNSYLVANIA 12/13/1903 Usual Residence of Decedent with the Maryland 10a. Stata 10c. City, Town or Location 10b. County 10d. Inside City Limits Peges 1 and 2 should be filed within 72 hours after death with the Marylan nent of Heelth and Mental Hygiene. Int: If item 27 is marked other than "natural", or items 23a or 28a-f show ary or other traumatic event, the Medical Examiner must be notified as 1 Yes 2 No Directo MARYLAND ANNE ARUNDEL MILLERSVILLE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? U.S.A. 805 SPRINGDALE DRIVE 21108 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yas 2 ☐ No If Yes, Give Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. Race - American Indian, Black, Whita, etc. 11. Marital Status 1 Navar Married 2 Married 1 ☐ Yes 2 No If Yes, Give Yaar or Dates: Specify. þ 3 ☐ Widowed 4 ☐ Divorced WHITE 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elemantary/Secondary (0-12) College (1-4or 5+) HOMEMAKER OWN HOME 12 17. Father's Name (First, Middle, Last) 16. Mothar's Name (First, Middle, Malden Surname) HOMER CHARLES 19a. Informant's Name/Reletionship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) PIETER Van Burg 805 SPRINGDALE DRIVE, MILLERSVILLE, MD 21108 Saltimore, 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Department of important: If it any injury or o 1 ☐ Burlai 2 ☐ Cremation 3 ☐ Removal from State 4 Donation 5 Other (Specify)

21. Signature of Furtieral Service Unit of Service Control 3/13/96 BALTIMORE, MARYLAND LOUDON PARK CEMETERY 22. Nama and Address of Facility SINGLETON FUNERAL HOME 1 SECOND AVENUE S.W., GLEN BURNIE, MD 21061 23a. Purt 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on each lina. Approximate Interval Between Onset and Death **Physician** Immediate Cause (Final disaasa or condition rasulting In death) CONGESTIVE HEMT FAILURE /Medical Examiner Dua to (or as a consequenca of) Examiner physician and s the burial-transit Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Causa (Disease or injury that initiated events resulting in death) Last OBSTAUGIUR PULMONARY DISLATE Division of Vital Records, P.O. Box 68760, Physician/Medicai HEART signed by the a d be detached f Part Ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown à 24b. Were autopsy findings available prior to completion of cause of death? leted 24a. Was an autopsy performed? peen 1 ☐ Yes 2 No 1 Yes 211 No 25. Was casa rafarred to medical examiner? Be 28. Place of Death (Check only ona) Hospital: 1 Yes 2 No Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 Inpatiant 2 ER/Outpatient 3 DOA 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28c. injury at Work? 28d. Describe how injury occurred Certification: 5 Pending Investigation Netural death. 1 ☐ Yes 2 ☐ No 2 Accident ofter death 6 Could not be 3 ☐ Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, State) Plece of injury - At home, farm, street, factory, offica building, etc. (Specify) To the Hospital within 24 hours a To the Funeral Completely filled Certifying Physician: To the best of my knowledge, death occurred et the time, dete and piace, and due to the cause(s) and manner as stated.

| Medical Examinar: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end piece, end due to the ceuse(s) and manner stated. 29a. Certifier Medical 29c. License number D2F721 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifier Schreibfiles

State

Month, Day, Year)

32. Registrar's Signature

MAR 1 2 1996

Jahn Day Rentall

Day (1. Schreibfele M D28221 March 10,1996)
30. Name and eddress of person who completed causa of death (Item 23a) (Type, Print)
DAV H SCI+1-EIBFELER M 301 HOSPIME DRIVE CLEN BURNIEMMYCAND

21061

Registrar

Albert Add and the college

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Lest) 2. Data of Death Day **Physician** Yaar March 2,1996 JOHN HENRY WILLIAMS /Medical 4e. Facility Nema (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner 2318 E. HOFFMAN ST BALTO If Under 1 Yeer | If Under 24 Hrs. | 8, Dete of Birth (Month, Day, Year) 5. Social Security Number 6. Sax 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foraign Country) **Funeral** XXM 2 F Yrs. Director 54 216-36-0103 MAR 20, 1941 MD Usual Rasidanca of Decedent with the Meryland 10a, Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits must be notified at MD N/A YYes 2□No Director BALTO 288-1 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 6 Herne 23a 2318 E. HOFFMAN ST 21213 USA Funeral 12. Wes Decedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 2 No If Yes, Giva Year or Dates: Wes Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puarto Rican, etc.) 14. Rece - Amarican Indian, Black, Whita, atc. Peges 1 and 2 should be filed within 72 hours after onent of Heelth end Mental Hygiene. Int: If them 27 is marked other than "natural", or its 1 ☐ Nevar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 🎾 No Specify: BLACK by 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedant'a Education (Specify only highast grada complated) 16a. Decedant's Usuel Occupation 16b. Kind of Businass/Industry (Giva kind of work dona during most of working life. DO NOT usa ratired) Elementary/Secondary (0-12) Collega (1-4or 5+) 9th COOK NURSING CENTER 17. Fathar's Neme (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maiden Surnama) Be JOSEPH WILLIAMS ETHEL GREENE 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Department of Heelth er Important: If item 27 is sny injury or other trauonce. CALLIE WILLIAMS/WIFE 2318 E. HOFFMAN ST. BALTO, MD 21213 20a. Mathod of Disposition 20b. Placa of Disposition (Nama of cametary, cremetory or other place) Data 20c. Location - City or Town, Stete POBurial 2 Cramation 3 Ramoval from Stata MAR 4 ☐ Donation 5 ☐ Other (Specify) 6,96 BALTO CEM BALTO, MD 21. Signature of Funeral Sarvice Licansee 22. Nama and Addrass of Facility BETTS FUNERAL HOME 23a. Part1. Entar tha disaasa, or complications that caused tha death. Do not entar tha mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on each line. BALTO., MD 21 Approximata Interval Batween Onset and Deeth Physician /Medical Immediata Causa (Final diseasa or condition rasulting in daath) **Examiner** The lew requires that the deeth certificate be executed Sequantially list conditions, if any, laeding to immadiate cause. Entar Undarlying Cause (Disaesa or Injury that initiated events rasulting in daath) Last and Dua to (or as a consequence of): ettending physician a for use as the burial Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e consequence of): signed by the e Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 Yes 2 Diller É, Completed 24b. Wara autopsy findings avaliable prior to 24a. Was an autopsy performed? completion of cause of death? certificate has b irector, page 2 s 1 Yes 2 AM 1 ☐ Yas 2 ☐ LNO An Hospital or Attendant of the Continuation of the Fullering Director: After this certification of the fullering the funeral director, per and filled in by the funeral director, per and filled in by the funeral director, per and filled in by the funeral director, per and filled in by the funeral director, per and filled in by the funeral director, per and filled in by the funeral director, per and filled in by the funeral director, per and filled in by the funeral director, per and filled in by the funeral director, per and filled in by the funeral director, per and filled in by the funeral director, per and filled in by the funeral director, per and filled in by the funeral director. 25. Was casa rafarred to medical 26. Placa of Death (Check only one) axaminer Other: 4 Nursing Homa 5 Residence 8 Othar (Specify) 1 Yas 2 N 1 Inpatient 2 ER/Outpatient 3 DOA 28c. Injury at Work? 27. Mennar of Deeth 28e. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how Injury occurred 1 Natural 5 Panding invastigation 1 ☐ Yas 2 ☐ No 2 Accidant 6 Couid not be datamined 3 Sulcide 28f. Location (Street and Number or Rural Routa Number, City or Town, Stete) 28a. Placa of Injury - At home, ferm, straat, factory, office bullding, atc. (Specify) 4 Homiclda 1 Cartifying Physicien: To the best of my knowledge, death occurred at the time, data and place, and due to the causa(a) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the causa(s) and manner stated. 29a, Certifian To the Hosp within 24-ho To the Fund completely fi 29b. Signatura addattle of certifier 29c. License number 29d. Data siggled (Month, Dey, Yaar) 30. Nama and addrass of person who complated causa of death (item 23a) (Type, Print) BALTO, 1 BAM 9101 FRANKLIN 31. Data filed (Month, Day, Year) 32. Registrar's Signeture State MAR 1 2 1996 Registrar

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	TO THE HOSPILL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	TO THE FLACTAL DIRECTOR: After this certificate has been signed by the attending physician and completely fill to the control beautiful programme prior to hundle promotion.	the lifet within 2 from a first occur with the cate occur, of regult and mental rightness prior to come, comments. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the
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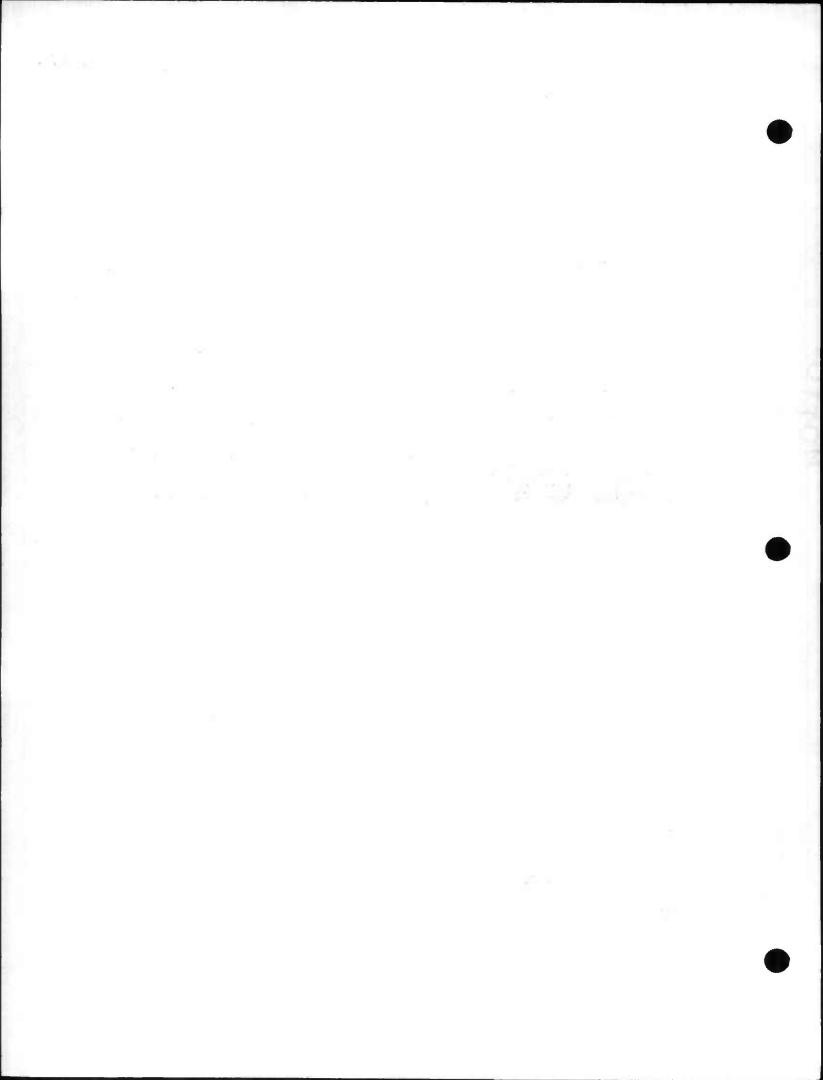
FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 2. DATE OF OEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR March 8, 7:00 P Nora 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. B. BIFTHPLACE (State or Foreign DAYS HOURS 1 M 2 F 218-34-0498 90 5-3-1905 Virginia 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Meridian Multi Medical Center Baltimore Towson RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 TYES 2 X NO Towson FUNERAL 10e. STREET AND NUMBER 10f. ZIP COOE 10g, CITIZEN OF WHAT COUNTRY? 909 Southerly Road, Apt 1 21204 U.S.A. 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-11. MARITAL STATUS 14. RACE — American Indian. Black, White, atc. yes, specify Cuban, Maxican, Puerto Rican, atc.) 1 Never Married 2 Married 1 TYES 2 NO Specify: Specify: BY 3√√ Widowed 4 □ Divorced White 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade complete (Give kind of work done life. Do NOT use retired.) ET Elementary/Secondary (0-12) College (1-4 or 5+) COMPLI 12 Homeaker Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Gilley Elsner Mary Glaxner 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) Mary Louise Kellum Fleetwood Ave., Baltimore, Maryland 21214 20a. METHOO OF DISPOSITION DATE 29c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of t XBurial 2 Cremation 3 Removal from State Moreland Memorial Cemetery 3-11-96 Parkville, Maryland 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNCHAL SERVICE LIGH 22. NAME AND ADDRESS OF FACILITY Ruck Towson Funeral Home, Inc. 1050 York Road, Towson, Md. 21204 23. PART I: Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heart fellure. List only one ceuse on each line. interval Batwean IMMEDIATE CAUSE (Final Onset and Death disesse or condition metastatic resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentielly ilst conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO INCERTAIN PHYSICIAN: 28. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL OTHER: HOSPITAL 1 | YES 2 | -NO 1 Inpetient 2 ER/Outpetient 3 DOA Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, 3 Suicide 8 Could not be COMPLETED 4 Homicide determined 29a. CERTIFIER

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1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the beals of exemination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER 3278 BE 3 111/8 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Adams MD 7401 Osker Drive Touson

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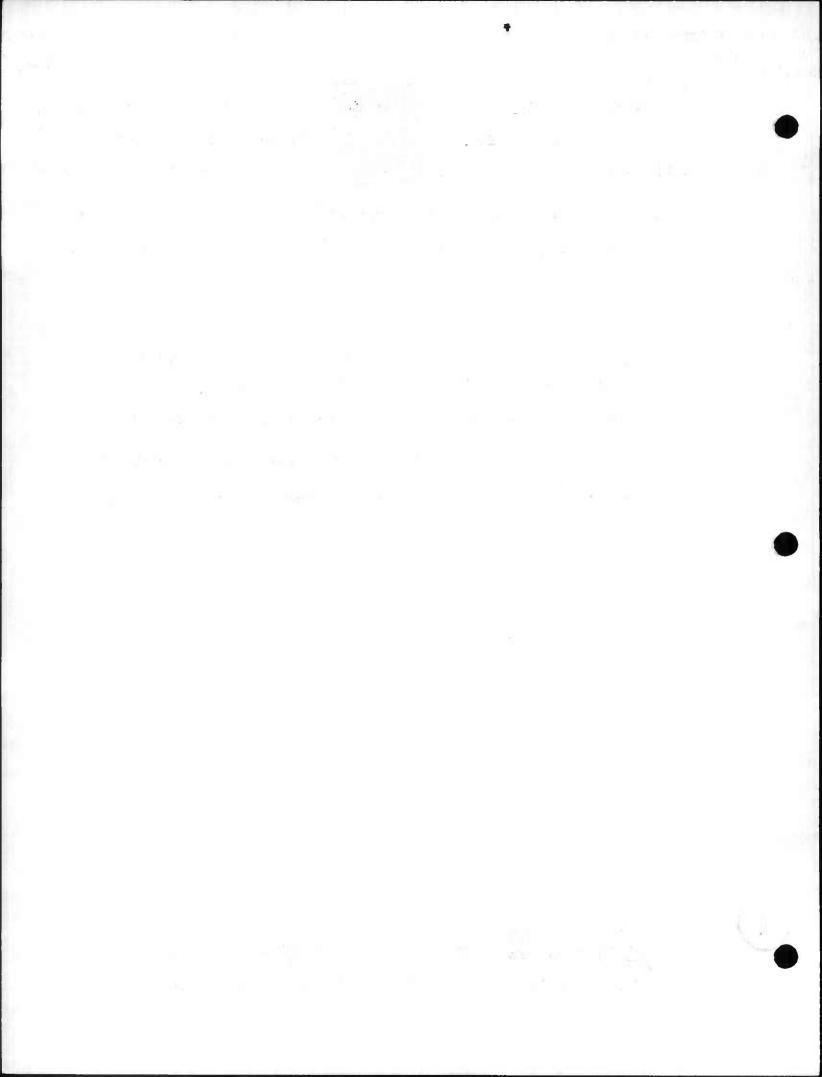
						Certificate o	f Death		Reg. No.	96 (	11010
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)	Exami		4a. Facility Nama (If not institution, g	riva street and number) TERN AVEN			4b. City, Town, or BALTIM	DRE CITY	4c. County	of Death	
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	Maryland I show	tor	Usual Rasidanca of Decedant  10a. Stata 10b. County  MD n/	a	10c. City, Town o	r Location BALTIMO	RE			10d.	Insida City Limits 1 ☑ Xes 2 ☐ No
	3a or 28a	Funeral Director	10e. Street and Numbar	NVALE ST a	pt 204	10f. Zip Code	21213	3	UNITED		? TES
	permit. Peges 1 end 2 should be filed within 72 hours efter death with the Maryland Department of Heath and Mentel Hygiene. Department of Heath and Mentel Hygiene. If them 27 is marked other than "naturel", or itema 23a or 28a-f show eny injury or other traumatic event, the Medical Examines must be notified at once.	by	11. Maritai Status  1 Navar Married 2 Married 3 Widowad 4 Divorced	12. Was Decedent Armed Forcas? 1  Yas 2 fi Yas, Give Yaar or Datas:	Evar in U,S.	13. Was Decedant of if Yas, specify Cu	Hispanic Origin? (Suban, Maxican, Puart o Specify:	pecify Yas or No- o Rican, atc.)		ce - Amarican ck, Whita, atc y: BLA	
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,	end 2 shou ealth end N n 27 is mar er traumai	_	19a. informent's Name/Raiationship ARTHUR WIL	(Туре, Print) KES- husba			et end Number or Ru ANVALE S	T., BALT			,
Danimole, mai jiana ElE19-0020	t. Peges 1 tment of Hetant: If Item		20a. Method of Disposition 1XD/Buriai 2 □ Crametion 3 4 □ Donation 5 □ Other (Spec	eity)	20b. Place of D cemetary, ARBUT		IAL PARK		ARBUT	US, MD	
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1	Physician /Medical Examiner		23a. Part1. Enter the disease, or co shock, or heart failure. List off immediate Ceusa (Finai disease or condition resulting in death)	:	Dua to (or as a cor		ying, such as carolac	c or raspiratory an	est,	ini Oi	oproximate tarvai Batween nsat and Death
	rifficate be executed ng physician and as the burial-transit	Medical Examiner	Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disease or injury that initiated events resulting in death) Last	b. Smoku		nsaquance of):				4	Dyrs Dyrs
	that the deeth certified by the attending deteched for use a	Physician/M	Part II. Other aignificant conditions	contributing to death b	ut not rasulting in th	na underlying causa	givan in Part i.	23b. Did to	obacco use co	ntributa to th	e cause of death?
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	n 2 hour -	edicai	29e. Certifier (Check only one) Cartifying F	thysician: To the best miner: On the besis of end manner st	exemination and/o	eeth occurred at tha r investigetion, in my	tima, data and place opinion, deeth occu	, and dua to the c rred at the time, c	ausa(s) end mi late and place,	annar as state end due to the	id. e ceuse(s)
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State Registrar

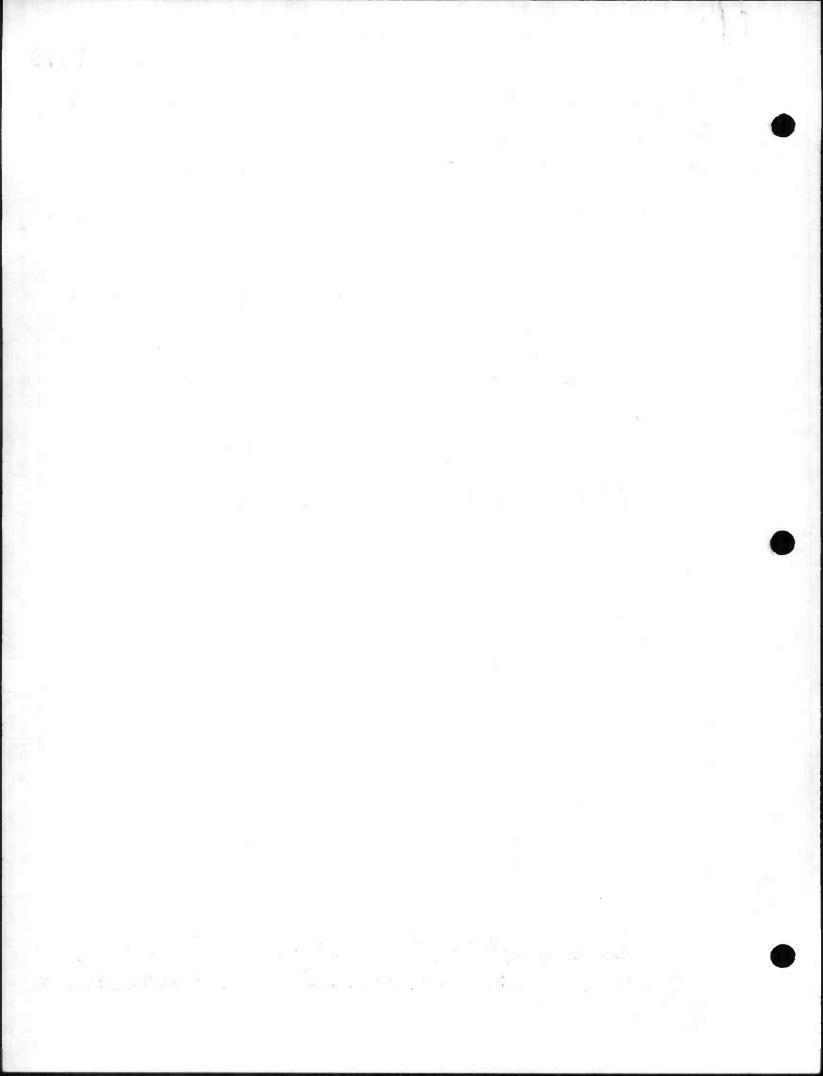
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State of Maryland / Department of Health and Mental Hygiene 96 07079

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	Physic /Medi		1. Decedent's Name (First, Middle, Las	Washing	,ten		2. Data of Death Month D	ey Yaar 7 1996	3. Time of Deeth 7.00 p.m
	Exami		4a. Facility Name (If not institution, giva	Fail (	Parkway		to	c. County of Death	
	Funeral Director		5. Sociel Security Number 6. Se 2/2 -07-570 1  Usuel Residence of Decedant	XM 2□ F 7. Aga (In yrs	s. last birthday)   ff Undi	er 1 Year If Under 24 Hrs. Days Hours Min.	6. Dete of Birth (Month, Day, Year April 29,	9. Birthp Cour	plece (Stete or Foreign fifty)
	Ra-f show	ctor	10a. State 10b. County		Ba 140			1	0d. Inside City Limits 1 2 Yas 2 □ No
	ath with the 23a or 2	Funeral Director	3108 GWYnns	·	kwy	ip Code 2/2/5		itizen of Whet Cour	A
0200	ges 1 and 2 should be filed within 72 hours after death with the Maryland it of Heelih and Mental Hygiene. If itsm 27 is marked other than "natural", or items 23a or 28a-f show or other treumatic event, the Medical Examinat must be notified at	by	11. Maritei Stetus  1 Nevar Married 2 Married 3 Widowed 4 Divorced	12. Wes Decedent Ever In Armed Forces? 1 \(\sum Yes 2 \sum No If Yes, Give Year or Dates: \(\sum \sum \sum \sum \sum \sum \sum \sum	If Yas, sp	edent of Hispanic Origin? (Specify Cuban, Mexican, Puerto 2 No Specify:	ecify Yes or No- Rican, atc.)	14. Race - Americ Bleck, White, Specify: B	ean Indien, etc. ac/L
21215-0020	C 1 65	Completed	15. Decedent's Edu (Specify only highast grad	cation de completed)  College (1-4or 5+)	life. DO NOT	ork done during most of work	ing	Kind of Business/Inc	
Maryland	permit. Peges 1 and 2 should be filed within Department of Heelith and Mental Hygiene. Important: if item 27 is married other than any injury or other treumatic event, the M. DDGs.	To Be	17 Father's Nema (First, Middle, Last)	hinsten		18. Mother's Nem	e (First, Middle, Melde	n Sumema)	
	and 2 sho eelth and n 27 is me		1 101	nington - wife	3108 G	ss (Street end Number or Rur Wynn Falls	Pkwy B	alto, ma	1 21216
Baltimore,	ury in Pe		20e. Method of Disposition  1 Buriel 2 Cramation 3 F  4 Donation 5 Other (Specify)	Removal from Stata		other plece)	11 - 11	Location - City or To	
Ball	permit. Pe Departmen Important: eny injury once.		21. Signetura of Funeral Service Licens	Ghron	22. Nama a	and Address of Facility	Verboush	Acruse	Ba 140, md
			23a. Pert1. Enter the disease, or composhock, or heart feiture. List only o	ications that caused the dec ne cause on each line.	eth. Do not enter the mo	de of dying, such es cardiec	or respiretory arrest,		Approximate Interval Between Onset and Death
	Physician /Medical Examiner	ler	Immediate Cause (Finet disease or condition resulting in deeth)	a. Metu.	statio Pl	rostate Can	65		3 your
o,	executed an end riel-transit	Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury	Due to	(or es e consequence of	):		1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
0× 68760,	eath certificate be executed attending physician end for use as the buriel-transit	Medical	Cause (Disease or Injury that initiated events rasulting in deeth) Lest	Dua to (	(or as a consequenca of)	:			
. 80	death of	Physician	Pert II. Other significant conditions con	orthuting to death but not re	esuiting in the underlying	cause given in Part I	23h Did tohace	o use contribute to	the cause of death?
s, P.O	requires that the de seen signed by the hould be detached	by Phys		and the desired to	nouning in the disconying	oduoo givaii ii i oiti.			bably 4 Unknown
Vital Records,	2 s	Completed t					24a. Wes en eut- performed?	ev.	ere eutopsy findings eliable prior to mpletion of cause death?
la F	The Bag		OS Was assessed and the state of the state o				1	2 DA 1 D	☐ Yes 2☐ No
N.	Physicien: this certificatal director,	To Be	25. Wes case referred to medical axaminer?	fospitet: 1 ☐ Inpatiant 2	☐ ER/Outpatient 3☐ D	Other	h (Check only onle) me 5 Residenca	6 Other (Specif	(v)
ivision of	After After fune		27. Manner of Deeth  1 Neturel 5 Pending 2 Accident Invastigation	28a. Deta of Injury (Month, Dey Year)			28d. Describe how inju		,
Divis	5 4 5 5	Certification:	3 Suicida 6 Could not ba 4 Homicide determined	28e. Pleca of Injury - At building, atc. (Spec	home, ferm, street, fecto ify)	ry, office	28f. Location (Street e City or Town, Ste		al Routa Number,
5	To the Mospiell within 24 hours of To the Funeral completely filled	edicai	29e. Certifier (Check only one)  1 Cartifying Physical Exami	ner: On the basis of examin	nowledge, deeth occurred netion and/or investigation	d et the time, dete and pleca, n, in my opinion, deeth occurr	and due to the cause(: red et the time, date er	s) and menner as si nd place, end due to	tated. the cause(s)
	vithin to the comple	Mec	29b. Signetura and title of certifier	end mannar steted.	, 25	c. License number	29d. D	ata signed (Month,	Dey, Year)
	1.		Fraffind	repelitor	× -	027034	Mo	Joh 11,	1996
4	M		30. Name and address of person who or	1 64	9m 23e) (Type, Print) りつ (は(05!	+ Road with	ews Run	lalktow	MD 21135
	Sta Registr		31. Dete filed (Month, Dey, Yeer)	3z. Registrar's Sign					



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 07080

_		- 10					tificate of	Death		Reg. No.		
п	Physici	ian	Decedent'a Nama (First, Middle, L	ŕ					2. Date of Do Month	eath Day	Year	3. Time of Death
ı,	/Medic	cal	ERNA				WEIL		MARCH			9 pm
ч	Examir	ner	4a. Facility Name (If not institution, gi		•	2.7		4b. City, Town, or L				100
H	Francis	-	MANOR CARE NURSI  5. Social Security Number 6.		ga (in yrs. la		If Under 1 Yea	RUXT r   If Under 24 Hrs.			BALTI	The second secon
L	Funeral Director			1□ M 2□xF	89	Yrs.	Months Days		8. Date of Bi (Month, D	ay, Year) 26,1906		ca (State or Foreign ') NY
	show		10a. State 10b. County		10c. City,	Town or Loc	ation				10d	I. Inside City Limits
	ath with the Maryla 23a or 28a-f show	to	MARYLAND BALTIM	ORE		BALTIM	ORE					1 ☐ Yes 2 No
	h the	Director	10a. Street and Number			-	10f. Zip Code			10g. Citizen of V	What Country	17
	23a c	alD	2606-D GAGE CO	URT			21209			U	JSA	
21215-0020	after des	by Funeral	11. Marital Status  1 Nevar Married 2 Married  3 Widowed 4 Divorced	12. Was Decedent Armed Forcas' 1 Yes 2 H If Yas, Give Year or Datas:	? <b>₫</b> No		/as Decedent of Yas, specify Cu ☐ Yas 2€ No	Hispanic Origin? (Sp ban, Maxican, Puarto Specify:	pecify Yas or No Rican, etc.)	o- 14. Rac Blac Specify	e - American ck, White, etc	
2-0	n 72 hours	te d	15. Decedent'a E (Specify only highast gi	ducation		16a. Deced	6a. Decedent's Usual Occupation (Give kind of work dona during most of working				usiness/Indus	stry
21	within and the than "r	Completed	Eiementary/Secondary (0-12)	College (1-4or	5+)	life. D	O NOT usa ratir	ed)				
12	Hygien ther th		12				SEAMS	TRESS			OTHIN	3
Maryland	0 E 0 ×	Be	17. Father's Name (First, Middle, Las	<i>t)</i>			EDC	18. Mother's Nam				TOTA
Ž	should be and Mental marked c	To	ALFRED  19a. Informant'a Name/Relationship	(T ) (D )	K	EIFENE			CHEN		ENBLA:	
Ma	7 is the		MR. PETER WEINE		(W			et and Number or Ru RTH DRIVE				
ē,	f Health them 27 other tr		20a. Method of Disposition	(1122112	20b. Pie	ce of Dispos	ition (Name of		Dete	20c. Location -		
OLL.	8== 8		1 Burial 2 Cremation 3 Donation /5 Other (Special		Cei		atory or other pi		0 1006	222		ATT. TEDOE
Baltimore,	arth and inje		21. Signature of Funeral Service Line	n//			AR PARK Name and Add					
ä	permit. Departmingorta any inju		X// ININI	Salian			SOL	LEVINSON				
			23a Part T. Enter the disease, or con shock, or heart failure. List only	plications that cause	d tha daath.	Do not ente	OLO REIS r the mode of dy	STERSTOWN ring, such as cardiac	ROAD BA	ALTIMORE	A	1215 pproximate
	Physician	'n	anock, or heart failure. List only	one sause on each I	ine.							nterval Between Inset and Death
1	/Medical		Immediate Cause (Final disease or condition									du/
П	Examiner		rasulting in death)	a	Due to (or	as e consequ	ience of):	<u> </u>				(
_	pe as	Examiner		b(	) vy cu	uc hu	ausy	ndrove			ì	ource
_	ificate be axecuted g physician and as the burial-transit	хап	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or injury		Due to (or	as a consequ	ienca of):				1	
68760,	be a Sician buris		cause. Enter Underlying Cause (Diseese or injury that initiated events	C								
687	ifficata g phys	edical	resulting In death) Last		Due to (or a	as a consequ	ance of):				i	
Box		Ž		d								
	that tha death cer ed by the attendir detached for usa	Physiclan/N	Part II. Other significant conditions	contributing to death b	out not resuit	ting in the un	dedvino causa o	iven in Pert I	23b Did	tohacco usa coi	ntribute to th	he cause of death?
P.0	that tha de ed by the detached	hys					aorijing aaaaa g			Yes 2 No	3 Probal	
	as the deligned be del	by F								X		
Records,	been s	Completed		,						s an autopsy ormed?	availe	autopsy findings able prior to pletion of cause ath?
	0 - 2	mo;							10	Yes 20 No	1 🗆 Y	res 20 No
of Vital	ysician: The	Be	25. Was case referred to medical examiner?					26. Piace of Dea	th (Check only	one)		
> >	2 00	2	1 Yea 2 No	Hospital: 1  inpati	ent 2DE	R/Outpatient	3□ DOA O	ther: Nursing H	ome 5 Ras	idence 8 □Oth	er (Specify)	
-	After th	ino ii	27. Manner of Death 1 Natural 5 Pending	28a. Date of Inju (Month, Da	ury Ay Year) 2	28b. Time of Injury	28c. Inju	ury at ork?	28d. Describe	how injury occurr	red	
잃		catl	2 ☐ Accident investigetion 3 ☐ Suicide 6 ☐ Could not be	10				]Yes 2□No				
DIVIBIO	To the Hostillace Altenwithin 24 hours To the Funeral Director: completely filled in by the	Certification:	4 Homicide determined	266. Place of In	jury - At hom c. <i>(Specify)</i>	ie, farm, stre	et, factory, office	•		(Street and Numb wn, State)	er or Rural R	loute Number,
	Hospital 24 hours Funeral	edical	29e. Certifier (Check only one) Certifying Pl	nysician: To the best miner: On the basis o and manner st	of examination	edge, deeth on and/or inve	occurred at the testigation, in my	ime, date and place, opinion, death occur	and due to the red at the time	cause(s) and ma date and place,	nner as atstead	ed. ne cause(s)
	To the Within 2 To the comple	¥	29b. Signature and filte of certifier	000	)		29c. Licar	naa number		29d. Data signed	d (Month, Da	y, Year)
	,		Mulitar	WILL.			DI	R(19 V		3-100	91	
	4		30. Neme and address of peragra who	completed cause of	jeath (Item 2	23a) (Type, P	rint)	001)	0	) 0	0	
			Michael TRi	rditto+	-57	> W	(dd Sn	nyture	Bulte	e and	17(1)	
	Sta	te	31. Date filed (Month, Day, Year) MAR 1 2 199	63. Ragist	rar's Signatu	2.11	1					

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Deot, of Health and Mental Mujere prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - STATE OF MARYL	AND / DEPARTM			NTAL HYGIENE			07001
	1. DECEDENT'S NAME (First, Middle, Leet) Israel Williams				March &	10	YEAR	6:45 A M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (			URS MIN	DATE OF BIRTH (Month, Day, Year)	Ì	8. BIRTHPI Country)	H CAROLINA
NC.	9a. FACILITY NAME (If not institution, give street and number) Union Memorial Hospit	91	Baltim		Н	9c. COUN	TY OF DEA	ТH
DIRECTOR	106. STATE 105. COUNTY MARYLAND BALTIMORE, CITY	10c. CITY, T	OWN OR LOCATION	010 01	<u>-7</u>	DALI		0d. INSIDE CITY
	100. STREET AND NUMBER	DF.	10f. ZIP	CODE		10g. CITIZ		AT COUNTRY?
BY FUNERAL	703 ALLENDALE STREET  11. MARITAL STATUS  12. WAS DECEDENT EVER II				ORIGIN? (Specify Yea			- American Indian,
	1 Never Married 2 Married FORCES? 1 YES 3 Wildowed 4 Divorced FORCES? 1 YES, GIVE WAR OR D	2V NO ATES		Cuban, Maxican, I NO Specify:	Puerto Rican, etc.)			BLACK
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)	16s. DECEDENT'S USI (Give kind of work life. Do NOT use re MILL WRI	done during most of	working	16b. KIND OF BUS	INESS/IND	JSTRY	
OMPL	12 0 17. FATHER'S NAME (First, Middle, Last)	LONGSHO	REMAN-		BETHL (First, Middle, Maiden		STE	EL
BE	JAMES WILLIAMS  190. INFORMANT'S NAME (Type/Print)	19b. MAILING AD	اجا	INIE <del>INE</del> WIL Jumber or Bural Bou	LIAMS te Number, City or Town	State Zio	Code)	
T0	JOSEPH LEROY MILLIAMS - LEROY WILLIAMS (SON)  20a. METHOD OF DISPOSITION 201		ENDALE S	TREET B	ALTO., MA		D 21	
	1 Buriel 2 Cremation 3 Removal from State Control Donation 5 Other (Specify)	netery, crematory or other RUID RIDGE	CEMETER	Y 3/12/	96 PIK		-	MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1	ESTEP B		FUNERAL			LAND 21217
	23. PART I. Enter the disclass, or complications that cause shock, or heart feliure. List only one cause on a IMMEDIATE CAUSE (Final disease or condition resulting in death)	The death. Do not sech line.  Preum A CONSEQUENCE OF:	enter the mode					Approximate interval Between Onset and Death
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	A CONSEQUENCE OF):  A CONSEQUENCE OF):  O b s t c u	ctive	Lung	diseas	e		15 years
MEDICAL	PART II. Other significent conditions contributing to death is Colon Cancer  DID TOBACCO USE CONTRIBUTE TO CAUSE CO	y Conge	stive h	use given in Part fail	PERFOR	MED?		WERE AUTOPSY FINDINGS WAALABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?  I YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO 1 Inpetient 2 ER/Out		Check only one) THER:  Nursing Home 5	☐ Residence 8	Other (Specify)			
	27. MANNER OF DEATH  1 Netural 5 Pending (Month, Day, Year)  28e. OATE OF INJURY (Month, Day, Year)	28b. TIME C	Y WORK?	AT 2	ad. DESCRIBE HOW IF	JURY OCC	URED	
TED BY	a	Y — At home, ferm, stre	et, tectory, office	2	ef. LOCATION (Street a City or Town, State)	nd Number	or Rural Ro	ute Number,
COMPLETED	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the best of my knowness.							and manner as stated.
BE CC	296. SIGNATURE AND TITLE OF CERTIFIER	M.D.	1	c. LICENSE NUMB			. 667.6	Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OIL	EATH (ITEM 27) (Type, Pr 201 E.	. A	rsit	PKWY	1. B	altin	101e, HD21218
	31. DATE FILEO (Month, Day, Year)  MAR 1 2 1996  Julia Distribution Conference of the Conference of th			/	7 7	10		
7								DHMH-16 Rev 1/8
)	4							

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Data of Death 3. Time of Death **Physician** Month Yaar Teresa WILLIAMS Colleen 8, 1996 7:30 a.m. March /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Franklin Square Hospital Baltimore Baltimore
| Baltimore 5. Social Security Number Birthplaca (Stata or Foraign Country) 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) **Funeral** Days Hours 1□M 20 F 33 Yrs. Director 215-76-8576 Sept. 1962 Maryland Usual Rasidanca of Dacedent with the Maryland 10a Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits pemit. Pages 1 and 2 should be filed within 72 hours after death with the Manyla Department of Haalth and Mental Hygiens. Important: If item 27 is marked other than "natural", or items 23s or 28s-f show any injury or other traumatic event, the Medical Examiner must be notified a soc. 1 ☐ Yas 2 No Director Maryland Baltimore Dundalk 10e. Street and Number 10f. Zlp Coda 10g. Citizan of What Country? 2013 Paulette Road 21222 Funerai USA 12. Was Decedant Evar In U,S. Armed Forcas? Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Biack, Whita, atc. 1 Yas 2 No If Yas, Giva Yaar or Datas: 1 Nevar Married 20 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ◯ No 2 Specify: 3 ☐ Widowad 4 ☐ Divorced White Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedent's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elamentery/Secondery (0-12) Collage (1-4or 5+) 10 Homemaker Own Home 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumame) Be Donald Erdman Bryan 10 Verna Colleen Howmiller 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Eddie Williams/Husband 2013 Paulette Road Dundalk, MD 21222 20b. Place of Disposition (Name of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stete 1 Burial 2 Cramation 3 Ramoval from Stata 4 Donation 5 Othar (Specify) 03/09/96 Metro Crematory, Inc. Baltimore, MD 22. Nama and Addrass of Facility
Cremation Society of Maryland, Inc. of Funaral Sarvice Licensae Day F. McDonald 299 Frederick Road Baltimore, MD 21228 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximata interval Between Onsat and Deeth **Physician** /Medical Immediate Cause (Final Pneumocystis carinii pneumonia 4 weeks disaasa or conditior rasulting in daath) Examiner Dua to (or as a consequence of): Examiner Human immunodeficiency virus or Attending Physician: The law requires that the death certificate be executed burial-transit Sequantially list conditions, if any, laading to immadiata cause. Entar Undarlying Cause (Disaasa or Injury that Initiated evants resulting in daath) Last and Dua to (or as a consequence of) Box 68760, attending physician for use as the buria Physician/Medical Dua to (or as a consequanca of): signed by the atter d be detached for a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown ò been si 24b. Wara autopsy findings available prior to complation of causa of death? Completed 24a. Wes en autopsy performed? has 1 ☐ Yas 2 H No this certificata 1 Yes 2 No 25. Was casa rafarred to medical Be 26. Plece of Deeth (Check only ona) Hospital: 1 ☑ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Othar: 4 Nursing Homa 5 Rasidanca 6 Othar (Specify) 2 1 Yas 2 No funerai 28a. Data of Injury (Month, Day Year) 27. Mennar of Death Certification: 28b. Tima of 28d. Dascribe how Injury occurred 28c. Injury at Work? Affer 1 Natural 5 Panding after death. 1 Yas 2 No Invastigation 2 Accidant the 6 Could not be datarmined 28a. Place of injury - At homa, farm, streat, factory, office building, atc. (Specify) 3 ☐ Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) filled in by 4 Homloida To the Hospital c within 24 hours at To the Funeral D completely filled is 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner es stated.

2 Medical Examiner: On the basis of examinetion and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. ledical 29a. Certifier (Check only one) 29c. License number 29d. Data signed (Month, Day, Year) P07639 March 8, 1996 30. Name and address of person who complated causa of deeth (Item 23e) (Type, Print) Randell Sehres, M.D. 9000 Franklin Square Drive Baltimore, Md Julia dissidente la Heathra 31. Data filed (Month, Pay Year) State

**DHMH 16 Rev 6/95** 

Registrar

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BALTIMORE, MARYLAND 21215-0020

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OFV	PHYSICIAN
DIVISION OF VITAL RECORDS, P.O. BOX 68764,	PITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate he executed within
5	a
	PITAL

TO BE

31. DATE FILED (Month, Day, Year)

2 1996

Elizabeth I	le, Leat)							2. DATE OF MONTH	DEATH		YEAR 3	. TIME OF DEATH
	Parker Mit	chell	Wood	ward			13.9			996	TEAT	5:40 P.M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	ast birthday)	IF UNDER 1	DAYS	IF UNDER		7. DATE OF (Month, D			8. BIRTHPL Country)	ACE (State or Foreign
229-60-8848	1 M 2 V F	83	YRS.	MONTHS	DAYS	HOURS	MIN.	Jan.	29, 1	913	North	Carolina
9a. FACILITY NAME (If not institution				9b. CITY,	TOWN O	R LOCATI	ON OF DE	ATH		9c. COUN	TY OF DEA	тн
113 Grafton S RESIDENCE OF DECEDE 10a. STATE 10b. Virginia N				Chev	лу С	hase	2			Mon	tgome	ry
RESIDENCE OF DECEDE	COUNTY		10e, CITY	Y, TOWN OF	LOCAT	ION					1.	Od. INSIDE CITY
Virginia N	lone			deric								LIMITS?
10e. STREET AND NUMBER	·OTIC		10f, ZIP CODE							10a CITIZ		AT COUNTRY?
1615 Sunken RC	nad.					2240				USA	LEN OF WIT	AI COUNTAIT
11. MARITAL STATUS		NT EVER IN U.S. A	S. ARMED 13. WAS DECENDENT OF HISPA								14 BACE	- American Indian,
1 Never Married 2 Marrie XX Widowed 4 Diverced	FORCES?	WAR OR DATES						ican, Puerto Rican, etc.) Black, White			White	
	T'S EDUCATION est grade completed)	16s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working					16b. KI	ND OF BUS	INESS/IND	USTRY		
Elementary/Secondary (0-12)	College (1-4 or 5	- 10	. Do NOT us	e retired.)	uring mus	IL OF WORKS	No.					
	5+	Homemaker						Or	vn Ho	me		
17. FATHER'S NAME (First, Middle,				18. MOTHER'S NAME (First, A						Sumame)		
Averette Nance	Mitchell			Eli	zabe	th Pai	cker					
19a. INFORMANT'S NAME (Type/Pr	De. INFORMANT'S NAME (Type/Print)							oute Number,				
Elizabeth Holm	an		120 B	rookn	nead	e Ci	rcle	, Faye	ettev	ille	TN	37334
20e. METHOD OF DISPOSITION 1 ◯ Burlal 2 □ Cremation 3	Removal from State	20b. PLACE	ACE AND DATE OF DISPOSITION (Name of vry, crematory or other place)				DATE				, State	
4 Donation 8 DOther (Spec		Hill (	Cem.	3/2	/96			Fredericksburg, VA Mullins & Thompson Fun.			a. VA	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		Cancer -		n Mei	haet	asis	5					Onset and Deat
	DUE TO	OR AS A CONS	EQUENCE OF		case							3 Months
Sequentielly list conditions, if any, leeding to immediate	C b.	O (OR AS A CONSE		5):	case							3 Months
Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	δ DUE ΤΟ		EQUENCE OF	ŋ: ŋ:								3 Months
If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	6	O (OR AS A CONSE	EQUENCE OF	ŋ: ŋ:								3 Months
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other significant co	6	O (OR AS A CONSE	EQUENCE OF	ŋ: ŋ:			given in f		a. WAS AN . PERFORI	MED?	0	
PART II. Other significant co	b. DUE TO c. DUE TO d  onditions contributing to	O (OR AS A CONSE	EQUENCE OF	ŋ: ŋ:	derlying	cause			PERFOR	MED?	0	FERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMFLETION OF CAUSE F DEATH?
PART II. Other significant co	b. DUE TO d  onditions contributing to	O (OR AS A CONSE	EQUENCE OF	other	derlying 26. PL	cause :	DEATH (Cho	ck only one)	PERFOR	MED?	1	FERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEE EXAMINER?  1 YES 2 XNO  27. MANNER OF DEATH  1 X Natural 5 Pendil	DUE TO  d  DICAL HOSPITAL: 1   inpatient 2    28e. DATE O(Month).	O (OR AS A CONSE	reaulting I	OTHER 4 Division	26. PL : ing Homo 28c. INJU	ACE OF E	DEATH (Che	ck only one)	PERFORI	MED? 東NO  aughte	er's	FERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEE EXAMINER?  1 YES 2 XNO  27. MANNER OF DEATH  1 X Natural 5 Pendil 2 Accident Invest 3 Suicide 8 Could 4 Homicide Others	DUE TO  d  DICAL HOSPITAL: 1   inpatient 2   28a. DATE 0   (Month, inpatient building inpatient bui	O (OR AS A CONSE	reaulting I	OTHER 4   Number of URY M	26. PL:: ing Home 28c. INJI WOI 1  V	ACE OF E	DEATH (Che	ck only one)  XXOther (S 28d. DESCR	PERFOR	MED?  RNO  RUGhte	er's	FERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO  residence
25. WAS CASE REFERRED TO MEI EXAMINER?  1 YES 2 XNO  27. MANNER OF DEATH  1 X Natural 5 Pendl  2 Accident Invest  3 Suicide 8 Could  4 Homicide detart	DUE TO  c.  DUE TO  d.  DUE TO  d.  DUE TO  d.  DUE TO  d.  DUE TO  d.  DUE TO  d.  DUE TO  d.  DUE TO  d.  DUE TO  d.  DUE TO  E.  DUE TO  DU	O (OR AS A CONSE  O (OR AS A CONSE  O death but not  ER/Outpetient  F INJURY  Day, Year)  OF INJURY — Al h , etc. (Specify)	reaulting I  3 DOA 28b. TIMI	OTHER 4   Nursi E OF URY M	28. PL :: ing Home 28c. INJI WO 1	ACE OF D  5 RI  NY AT  RK?  ES 2 [	NO NO	ck only one)  When (S 28d. DESCR 28f. LOCATH City or 1	PERFORI	MED?  NO  Rughten  Aughten  Au	er's ured	FRE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO  Tesidence
PART II. Other significant co	DUE TO  c.  DUE TO  d.  DUE TO  d.  DUE TO  d.  DUE TO  d.  DUE TO  d.  DUE TO  d.  DUE TO  d.  DUE TO  d.  DUE TO  d.  DUE TO  d.  DUE TO  d.  DUE TO  d.  DUE TO  d.  DUE TO  d.  DUE TO  DU	O (OR AS A CONSE  O (OR AS A CONSE  O death but not  ER/Outpetient  F INJURY  Day, Year)  OF INJURY — Al h , etc. (Specify)	reaulting I  3 DOA 28b. TIMI	OTHER 4   Nursi E OF URY M	28. PL :: ing Home 28c. INJI WO 1	ACE OF D  5  RI JRY AT RK? ES 2 [	NO NO	ck only one)  Control one  Cont	PERFORI	MED?  NO  RUGhte  NURY occ  and Number as state  d due to the	OT SURED  OF Rural Rockets  or Rural Rockets  or cause(a) a	FRE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO  Tesidence

LETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATUR Muchack

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

> 96 ROCKLIVE MP 20850

> > DHMH-16 Rev 1/89

20b. Place of Disposition (Neme of cematary, crematory or other place)

Due to (or as a consequenca of)

Due to (or as a consequence of):

Dua to (or as a consequance of):

ANOXIC ENCEPHALOPATHY

1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA

26a. Place of Injury - At homa, farm, streat, factory, offica building, atc. (Specify)

28b. Time of

DISEASE

METRO CREMATORY, INC. MARCH 7, 1996

7401 BELAIR ROAD BALTIMORE, MARYLA pilications that caused the death. Do not enter the mode of dylng, such as cardiac or respiratory arrest, one cause on each fine.

22. Nama and Address of Facility LASSAHN FUNERAL HOME, INC.

State of Maryland / Department of Health and Mental Hygiene 07084 Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Data of Death 3. Time of Death Wallring Month 1996 4.35 AM 4a. Facility Nama (If not institution, giva street and number, 4b. City. Town, or Location of Death 4c. County of Death Meridian - Franklin Woods BALTIMORE BALTIMORE COUNTY 7. Age (In yrs. last birthday) If Under 1 Yaar | If Undar 24 Hrs. 6. Sax 9. Birthplace (State or Foraign 1□M 20 F Days Yrs. MARYLAND 84 10c. City, Town or Location 10d. Inside City Limits 1 Yas 2 No BALTIMORE BALTIMORE COUNTY 10f. Zip Code 10g. Citizen of What Country? U.S.A. 21206 108 CHESLEY AVENUE 12. Was Dacedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 X No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxicen, Puarto Ricen, etc.) 14. Race - Amaricen Indian, Black, Whita, atc. 1 □ Naver Married 2 □ Married 1 ☐ Yes 2 ☐XNo Specify: Specify: WHITE 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 16b. Kind of Businass/Industry Coilege (1-4or 5+) BEAUTICIAN BEAUTY INDUSTRY 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) MARTE LANG 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) 108 CHESLEY AVENUE BALTIMORE, MARYLAND 21206 WARREN WILLIAM WALLRING (SON)

Date

7401 BELAIR ROAD BALTIMORE, MARYLAND 21236-4625

**Physician** /Medical Examiner

**Funeral** 

Tertrude

5. Social Sacurity Number

47-09-6833

Usual Residence of Decedent

3XWidowed 4 □ Divorced

Elementary/Secondary (0-12)

12

GEORGE BOPP

20a. Method of Disposition

Immediate Cause (Final

Sequentially list conditions, if any, laading to immediata cause. Enter Underlying Cause (Disease or Injury that initiated events rasulting in death) Last

SEVERE

CORONARY

25. Was cesa referred to medical examiner?

5 Pending

Investigation

6 Could not be determined

1 ☐ Yas 2 ☐ No

27. Manner of Beath

1 Watural

2 Accident

4 ☐ HomicIde

(Check only one)

3 Suicida

29a. Certifier

disease or condition resulting in death)

10b. Count

1 ☐ Burial 2 ☐ Cramation 3 ☐ Removal from State

4 ☐ Donation 5 ☐ Other (Specify) 21. Signatura of Funeral Service Licenti

23a. Part1. Enter the disease, or conshock, or heart failure. List only

10a State

MARYLAND

11. Maritai Status

10e. Street and Number

Directo

Funera

þ

Be

Director the Maryland ? is marked other than "natural", or items 23a or 28a-f ahov traumatic event, the Modical Examinat must be notified at with death

filed within 72 hours after Hygiene. permit. Pages 1 and 2 should be file Department of Health and Mental Hy, Important: If Item 27 is marked othe any injury or other traumatic event, once.

Baltimore, Maryland 21215-0020

**Physician** /Medical Examiner

physician and the burial-transit as 188 Q ed by the s signed by t paga 2 certificata Attending Physician: funaral director, this After Seath.

Box 68760.

P.O.

Division of Vital Records.

Examiner Physician/Medical þ Completed Be 2 Certification: edical

spitar of Attandi filled in by

5 29b. Signature and titla of certifier

charden Mb

PNEUMONIA

Part If. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

ARTERY

28a. Date of Injury (Month, Day Year)

29c. Licanse number D46304

1 ☐ Yes 2 ☐ No

28c, Injury at Work?

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end piece, end due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigetion, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner stated.

29d. Data signed (Month, Day, Year) march 7, 1996

23b. Did tobacco use contribute to the cause of death?

1 Yee 2 No 3 Probably 4 Hohknown

20c. Location - City or Town, State

Approximate Interval Betw Onset and Death

ONE

WEEK

24b. Were autopsy findings available prior to completion of cause of death?

2 TLNo

1 Tyes

BALTIMORE, MARYLAND

30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print)

Hospital:

CANOL PICHANDSON MD 9000 Franklin Square Inie Baltmore MD 21737

24a. Was an autopsy performed?

1 Yes

28d. Describe how Injury occurred

Other: 4 Nursing Home 5 Rasidence 6 Other (Specify)

26. Place of Death (Check only one)

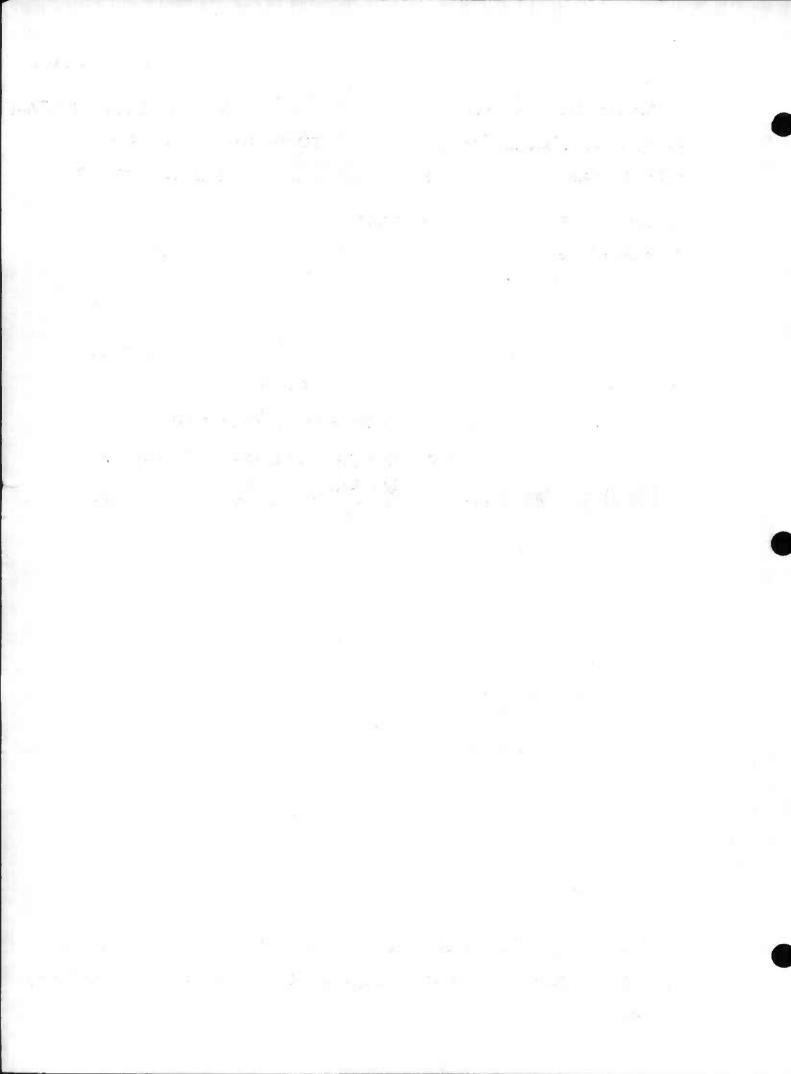
2.0 No

26f. Location (Street and Number or Rural Routa Number, City or Town, State)

31. Date filed (Month, Day, Year) MAR 12 1996 State Registrar

32. Registrar's Signature

To the F within 2 To the F



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TO THE HIGGS ALL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hospital is	TO THE WASTON: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for	98	IMPORTANT: If Item 28 is marked or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
10	0	9	MP
-	lare.	Д	-

1. DECEDENT'S NAME (Pirst, Middle, Last)   3. THE OF DEATH JOHN   FREDERICK   2. DATE OF DEATH TOWN ART 1 1 1996	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL	HYGIENE REG. NO.			
2.15 - O5 - 6.178   1.5 MZ   1.7   1.9   1.5 MZ   1.7   1.9   1.5 MZ   1.5	1	,	ZEIDL	ER		2. DATE MONTH	OF DEATH	96 YEAR	3. TIME OF DEATH	
Second Second	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (	In yrs. last birthday)	IF UNDER 1 YEAR		7. DATE	OF BIRTH n, Day, Year)	8. BIRTH Countr	y)	
Mary Land   Sac Country   Sec. CTY, TOWN ON LOCATION   Sec. CTY, TOWN ON LOCATION   Sec. TWO   Sec. CTY, TOWN ON LOCATION   Sec. TWO   Sec. CTY, TOWN ON LOCATION   Sec. TWO			9			ATH		OUNTY OF D	EATH	
800 Southerly Road Apt. 1705  II. MARTAL STATUS  II. Marta ETRUS  Moved 4   Oriented 20 Married 20 Married 21 WAS DECERDERT VERS N. U.S., S.A. JAMED PROCESS   LIVES 2   NO	Maryland Ba	UNTY			ION				LIMITS?	
IL MANUS AND CONTROL   D. WAS DECEDENT FOR BY U.S. ARMED PORCESS   CTYPES   2 MO   17 YES, DVY WAY DO DATES   1 YES, DVY WAY DO DATE   1 YES, DVY WAY DO DATES   1 YES, DVY WAY DO DATES   1 YES, DVY WAY DO DATES   1 YES, DVY WAY DO DATES   1 YES, DVY WAY DO DATES   1 YES, DVY WAY DO DATES   1 YES, DVY WAY DO DATES   1 YES, DVY WAY DO DATES   1 YES, DVY WAY DO DATES   1 YES, DVY WAY DO DATES   1 YES, DVY WAY DO DATES   1 YES, DVY WAY DO DATES   1 YES, DVY WAY DO DATES   1 YES, DVY WAY DO DATES   1 YES, DVY WAY DO DATES   1 YES, DVY WAY DO DATES   1 YES, DVY WAY DO DATES   1 YES, DVY WAS DO DATES   1 YES, DVY WAS DO DATES   1 YES, DVY WAS DO DATES   1 YES, DVY WAS DO DATES   1 YES, DVY WAS DO DATES   1 YES, DVY WAS DO DATES   1 YES, DVY WAS DO DATES   1 YES, DVY WAS DO DATES   1 YES, DVY WAS DO DATES   1 YES, DVY WAS DO DATES   1 YES, DVY WAS DO DATES   1 YES, DVY WAS DO DATES   1 YES, DVY		v Road Apt.	1705	101						
Italian   Ital	11. MARITAL STATUS  1 Never Married 2 X Married	12. WAS DECEDENT EYER IN FORCES? 1 XYES IF YES, GIVE WAR OR DA	U.S. ARMED 2 NO	13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuban, Maxican, Puerto Rican, etc.)  1 □ YES 2 NO Specify: Specify:						
TRAINER'S NAME (First, Modile, Casi)  William Frederick Zeidler  William	(Specify only highest (	College (1-4 or 5+)	(Give kind of wor life. Do NOT use	rk done during mo retired.)	st of working			NDUSTRY		
198. INFORMANTS NAME (**)purifiers*  198. INFORMANTS NAME (**)purifiers*  198. MALINIA ADDRESS (Stores and Number or Rural Rouse Remines City or Town, Stem, 20 coda)  MYSS. FYANCES E. Zeidler  198. MALINIA ADDRESS (Stores and Number or Rural Rouse Remines City or Town, Stem, 20 coda)  198. MALINIA ADDRESS (Stores and Number or Rural Rouse Remines City or Town, Stem, 20 coda)  198. MALINIA ADDRESS (Stores and Number or Rural Rouse Remines City or Town, Stem, 20 coda)  198. MALINIA ADDRESS (Stores and Number or Rural Rouse Remines City or Town, Stem, 20 coda)  198. MALINIA ADDRESS (Stores and Number or Rural Rouse Remines City or Town, Stem, 20 coda)  198. MALINIA ADDRESS (Stores and Number or Rural Rouse Remines City or Town, Stem, 20 coda)  198. MALINIA ADDRESS (Stores and Number or Rural Rouse Remines City or Town, Stem, 20 coda)  198. MALINIA ADDRESS (Stores and Number or Rural Rouse Remines City or Town, Stem, 20 coda)  198. MALINIA ADDRESS (Stores and Number or Rural Rouse Remines City or Town, Stem, 20 coda)  199. MALINIA ADDRESS (Stores and Number or Rural Rouse Remines City or Town, Stem, 20 coda)  190. MALINIA ADDRESS (Stores and Number or Rural Rouse Remines City or Town, Stem, 20 coda)  190. MALINIA ADDRESS (Stores and Number or Rural Rouse And Number or Rural Rouse And Number or Rural Rouse And Number or Rural Rouse And Number or Rural Rouse And Number or Rural Rouse And Number or Rural Rouse And Number or Rural Rouse And Number or Rural Rouse Rural Rouse And Number or Rural Rouse Rural R	17. FATHER'S NAME (First, Middle, Lest		ITEasu	re/Comp						
Mrs. Frances E. Zeidler    200, Southerly Road Apt. 1705   TOWSON, Md. 21286	William Fr	ederick Zeidle	er		Maude		Elnora	Winte	rs	
20. PART I. Enter the disable of complications the Journal of Control of Cont										
22. NAME AND ADDRESS OF PERGON TO CAUSE OF DEATH (TEM 27) (Pose And Name of Death (Specify))  22. NAME AND ADDRESS OF PERGON TICLOWSE (Specify)  23. PART I. Enter the disablesse or complications that assessed the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, and color of the disablesse or conflictions. The provided of the death of the	20a, METHOD OF DISPOSITION 1 X Burial 2 Cremetion 3	Ramoval from State Com	PLACE AND DATE OF	DISPOSITION (Ne	me of	DAT	E 20c. LOCATION	— City or To	wn, State	
IMMEDIATE CAUSE (Fine disease or condition resulting in death)	23. PART I Enter the diagram	Dulaney Valley Cemetery 3/14/96 Timonium, Mar  21. SIGNATURE OF FACILITY  1050  Ruck Towson Funeral Home, Inc. Tows								
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury) that initiated eventa resulting in death) LAST  PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1	ahook, or heart feilure. Lift only one of the Dn eech line.  IMMEDIATE CAUSE (Fine) disease or condition resulting in death)  a. CONGESTIVE HEART FAILURE								Interval Between Onset and Death 2 WKS	
By In Jeading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  CORONARY ARTERY DISEASE  DUE TO (OR AS A CONSEQUENCE OF):  The part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I.  CHRONC RENAL FAILURE  DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES   NO   UNCERTAIN X  DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES   NO   UNCERTAIN X  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1   YES 2   YES 2   YES 2   YES 2   YES 2   YES 2   YES 3   YES 2   YES 3	ISCHEMIC CARDIOMYOPATHY								2 WKS	
CHRONC RENAL FAILURE    DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH   YES   NO   UNCERTAIN   1   YES 2   NO	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr injury that initiated events								
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 PO		and the same of th	ut not resulting in				PERFORMED?	PERFORMED?		
EXAMINER?    YES 2					UNCERTAI	ИХ				
1   Month, Day, Year)  2   Accident   3   Suicide   4   Homicide   5   PLACE OF INJURY — At home, farm, street, factory, office   28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)  29e. CERTIFIER (Check only one)   2   MEDICAL EXAMINER: On the base of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) end manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER   29c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   30. NAME AND ADDRESS OF PERSON THO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)   RICHARD J. GROSS, M.D., 20 E. TIMONIUM RD., TIMONIUM, MD. 21083	EXAMINER?	HOSPITAL:		OTHER:	e 5 🗆 Realdence	6 🗆 Othe	or (Specify)			
3   Suicide 4   Homicide 5   Could not be determined 26s. PLACE OF INJURY — At home, farm, street, factory, office 29s. CERTIFIER (Check only one) 2   MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, data end place, and due to the cause(s) and manner as stated.  29s. SIGNATURE AND TITLE OF CERTIFIER 29s. SIGNATURE AND TITLE OF CERTIFIER 29s. SIGNATURE AND TITLE OF CERTIFIER 29s. SIGNATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  RICHARD J. GROSS, M.D., 20 E. TIMONIUM RD., TIMONIUM, MD. 21093	1 Stural 5 Pending	(Month, Day, Year)		RY WO	PK?	28d. DES	SCRIBE HOW INJURY	OCCURED		
(Check only 1 Destrict Title PHYSICIAN: to the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) end manner as stated.  2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, data end placa, and due to the cause(e) and manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  D 18758  30. NAME AND ADDRESS OF PERSON VIIIO COMPLETED CAUSE OF DEATH (IYEM 27) (Type, Print)  RICHARD J. GROSS, M.D., 20 E. TIMONIUM RD., TIMONIUM, MD. 21093	3 Suicide 6 Could no	3 Suicide 6 Could not be 26a. PLACE OF INJURY — At home, far					ATION (Street and Num or Town, State)	and Number or Rural Route Number,		
296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  D 18758  296. LICENSE NUMBER  D 18758  296. DATE SIGNED (Month, Day, Year)  30. NAME AND ADDRESS OF PERSON VIIIO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  RICHARD J. GROSS, M.D., 20 E. TIMONIUM RD., TIMONIUM, MD. 21093	(Check only								a) and manner as stated.	
RICHARD J. GROSS,M.D., 20 E. TIMONIUM RD., TIMONIUM, MD. 21093	29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE STGI							ATE SONE	(Month Day Year)	
	RICHARD J. GROSS,M.D., 20 E. TIMONIUM RD., TIMONIUM, MD. 21093									

unida eo

5 V

IL OR ATTENDING PI	DIRECTOR: After this	or death v	If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITAL OR ATTENDING PH	TO THE FUNERAL DIRECTOR: After this	2	IMPORTANT: If Item 28 is mark

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 -

	1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE O	OF DEATH	A	YEAR	3. TIME OF DEATH
DIRECTOR		ono	Zannin	0						3	5	44	96	4:10p M
	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER	1 YEAR	# UNDER 24 HRS. 7.		7. DATE C	Day, Yearl		Count	IPLACE (State or Foreign
1	220-14-47	752	1 M 2 K F	89	YRS.	MONTHS	DAYS	HOURE	MIN.	8/	5/190	)6	We	st Virgini
	9a. FACILITY NAME (If not in					9b. CITY	, TOWN	OR LOCATI	ON OF DE	EATH		9c. COU	NTY OF D	DEATH
OR	Keswick N		g Home			Ва	alti	mor	е				N/Z	A
5	RESIDENCE OF DEC	10b. COUNT	γ		Tine cn	ry, town	OB LOCA	TION						10d. INSIDE CITY
E I	MD		/A		-									LIMITS?
	100. STREET AND NUMBER		1 / A		a	alti	_	1. ZIP COD	e ·			10a CITI	ZEN OF	1 YES 2 NO
RA	2917 Alva		Square				- 1	2123				US		
FUNERAL	11. MARITAL STATUS			NT EVER IN U.S. AR	RMED	13.				NIC ORIGIN	(Specify Yea			E American Indian,
BY FL	1 Never Married 2 3 Widowed 4 Dive		FORCES?	NAR OR DATES	NO		If yes, sp	ecify Cubi	in, Maxica	in, Puerto R	ican, etc.)		Blac	white, etc.
ED	15. DEC	EDENT'S EDU	CATION			USUAL O				16b.	KIND OF BU	SINESS/INC	USTRY	
COMPLETED	Elementary/Secondary (I	y highest grade 0-12)	College (1-4 or 5	Sho	. Do NOT u	work done ise retired.)	aunng m	ost of world	ng					
APL	6th			B	usir	ess	Wo	man		S	elf	Emp1	oye	d
Š	17. FATHER'S NAME (First, A							18. MOT	HER'S NA	ME (First, M	liddle, Meiden	Sumame)		
BE	Guiseppe	DeVo				Ca	the	rine	Des	imon	e			
TO B	19a, INFORMANT'S NAME (		CORASANITI		b. MAILING	ADDRES	S (Street	and Numbe	r or Rural i	Route Numb	er, City or Tow	n, State, Zip	Code)	
F	Kathleen	DeV.	Corasan		3824	Tu	dor	Arn	ns A	ve.	Balt	imor	e,	Md. 21211
	20a. METHOD OF DISPOSIT		oval from State	20b, PLACE cemetery, cre	AND DATE	OF DISPO	SITION /N			DATE		CATION —		
	4 ☐ Donation 6 元 Other			_ Dula	ney	Va1	1ev	7	3	3/8/	96 Ba	lti	more	e, Md.
	21. SIGNATURE OF FUNERA	IL SERVICE LI	CENSEE	. 0		22.	NAME A	ND ADDRE	SS OF FA	CILITY J	oseph	N.	Zai	nnino Jr.
	Horera	11.	garere	K m		26	3 S	. C	onk]	ling	St.	Bal:	to.	Md 21224
	23. PART I. Enter the d													Approximate
	ahock, or to IMMEDIATE CAUSE (FI		List only one ce	use on sech line	0.			1	1					Onest and Death
	disease or condition	nai	CAM	Capations.	4	0 119	大	A.	111	131				in kanna
	resulting in death)		DUE TO	OR AS A CONSE	OUENCE (	PF):		1)	1.	000				1
z			1'ns	oxer	1 /	Irte	red	for de	sea	u				unknown
CERTIFICATION	Sequentially list condition if any, leading to imme		DUE TO	OR AS A CONSE			U							
3	cause. Enter UNDERLY CAUSE (Disease or Injury)	ING	C	U										
E	that initiated events resulting in death) LAS		DUE TO	OR AS A CONSE	OUENCE (	OF):								
ER	resulting in death) LAS	"	d											
	PART ii. Other algnific	ent condition	na contributing to	death but not	raauiting	in the u	nder!yir	ng ceuse	given in	Part i.	24a, WAS AN	AUTOPSY	24	b. WERE AUTOPSY FINDINGS
MEDICAL											PERFO	1		AMILABLE PRIOR TO COMPLETION OF CAUSE
											1 TYES 2	NO		OF DEATH?
-	DID TOBACCO U	ISE CONT	PIRITE TO CA	ALISE OF DEA	TH Y	FS 🗆	NO D	N LING	CERTAI	ΝП				1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED		THE TO CA			ATH (Check			SERTA					
Sici	EXAMINER?		HOSPITAL:	☐ ER/Outpetlant :	3 🗆 00A	QTHE		** 6 T B	naldanca	6 🗆 Other	/Cnachil			
H	27, MANNER OF DEATH		26s. DATE O	F INJURY	26b. TI	ME OF ·	26c. IN	JURY AT	Saidelica		CRIBE HOW	NJURY OC	CURED	
	1 Netural 5	Pending	(Month,	Day, Year)	IN.	JURY M		ORK? YES 2	NO					
BY	2 Accident 3 Suicide	Investigation Could not be	28s. PLACE	OF INJURY — At he	ome, ferm,	street, fac	ctory, offi	Ca					r or Rural	Route Number,
	4 Homicide	determined	building	, etc. (Specify)						City	or Town, State,	)		
COMPLETED	29s. CERTIFIER	TIEVING BUYE	SICIAN: To the beat of	d — u bizamtadas id	andh annu		al—			40.00	(-) 1			
M	CONSTRUCTION OF THE PARTY OF TH													(a) end manner as stated.
8											, , , , , , , , , , , , , , , , , , ,			
88	296. SIGNATURE AND TITL	L OF CERTIFIE		110				100	ENSE NU	-1177		29d. DAT	E SIGNE	D (Month, Day, Year)
2	VII MANAGEMENT	1 Inc	O COMPLETED CA	M1/	M OT C	o Out-of			136			1	arc	2 11770
	LI T- ADD	F I/	- COMPRETED CA	DOC OF DEATH (ITE	100 L	ra, Print)	100	1 410	1.1		81.7.	11122	- 4	1021211
	31. DATE FILED (Month, Day	YE FIR	1/4/(f-G0	AR'S SIGNATURE	UICK	, /	OR	· 70	The !	51.	DA C./1	MUICE	18	1021211
	The state of the s	7007	- 1	D. C. C. C. C. C. C. C. C. C. C. C. C. C.	0 40									

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Children and the control of the

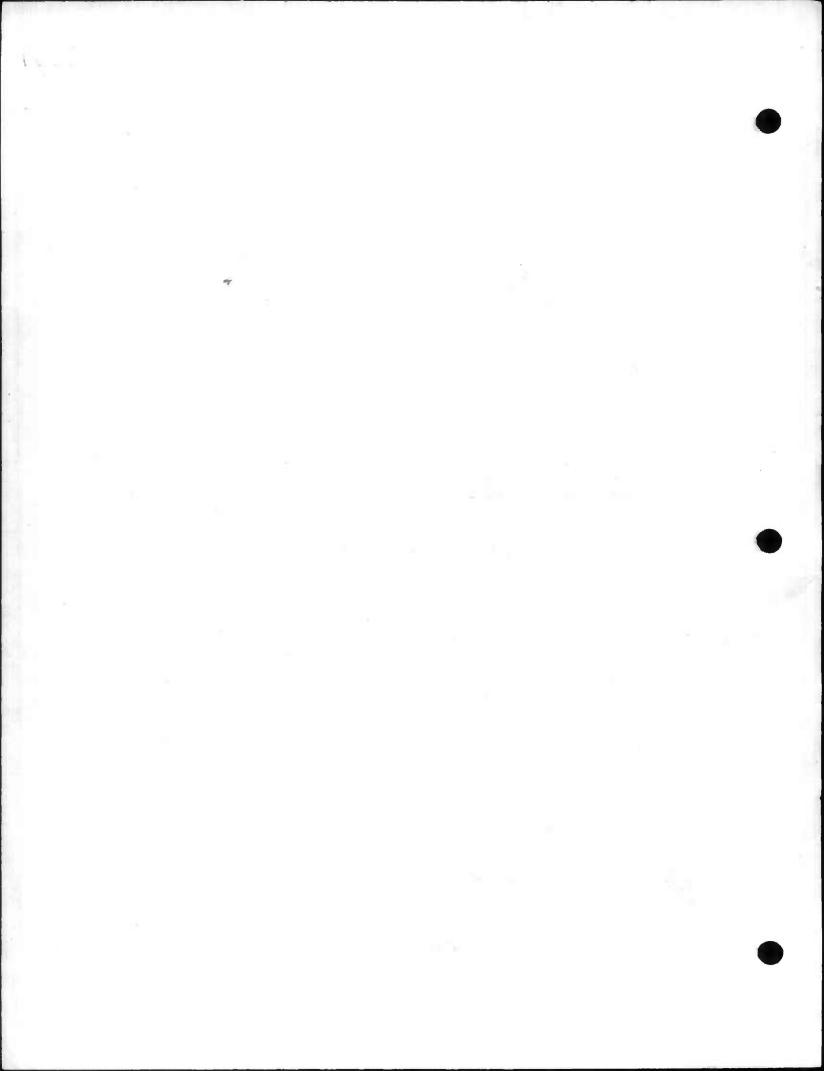
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	1. DECEDENT'S NAME (First, M	fiddle, Last)	- 19		CERTIF	IOAI	_ 01	DEAL		DATE	REG. NO.			3. TIME OF DEATH
	Mulas	2	zuk							тиом		NY O	YEAR	3. 111112 OF DEATH
	4. SOCIAL SECURITY NUMBER		R 1 YEAR	IF UNDER 2		DATE	OF BIRTH			HPLACE (State or Fore				
	216-14-7263		1∑CXM 2 □ F	74	YRS.	MONTHS	DAYS	HOURS	MIN.		h, Dey, Year) 1ary 21	1,1922	Coun	New York
-	9a. FACILITY NAME (If not instit	itution, give st	treet end number)			9b. CIT	Y, TOWN	OR LOCATIO		_		9c. COUNT		
5	Franklin Woods Nursing Home						Balt	imore				Balt	timo	ore
2	RESIDENCE OF DECEDENT						OR LOCA	TION						10d. INSIDE CITY
DIRECTOR	říd.	N/A								LIMITS?				
	10e. STREET AND NUMBER		ltimore			11/11	10	H. ZIP CODE				10g. CITIZ	EN OF	WHAT COUNTRY?
ER	6218 Ridgevi	.ew Av	renue					2120	06			ī	J.S	. A .
FUNERAL	11. MARITAL STATUS		12. WAS DECEDENT FORCES? 12	EVER IN U.S	S. ARMED	13.	WAS DE	CENDENT OF	HISPANIC (	ORIGIN	? (Specify Yes		14. RAC	E — American Indian
BY	1.XXNever Merried 2 Me 3 Wildowed 4 Divorce		IF YES, GIVE W	AR OR DATES				pecify Cuban, B 2 NO		uerto	Hicen, atc.)		Spe	
		ENT'S EDUC		II	a. DECEDENT'S					L				nite
COMPLETED	(Specify only h	ighest grade	completed)		(Give kind of	work done	during m	ost of working		166	. KIND OF BUS	SINESS/INDU	ISTRY	
1	Elementary/Secondary (0-12	2)	College (1-4 or 5+)		Enginee					Be	thlehe	em Ste	190	
Š.	17. FATHER'S NAME (First, Midd	17. FATHER'S NAME (First, Middle, Last)								_	Middle, Melden			
w	Alex Zuk							Man			linka			
TO B	19e. INFORMANT'S NAME (Type	e/Print)			19b. MAILING	ADDRES	S (Street	end Number o	r Rural Route	e Numi	ber, City or Town	n, State, Zip C	Code)	-
F	William Zuk				142 Br	candy	ywin	e Coui	ct,Cha	ar1	ottes	ville,	, Va	. 22901
	2883 METHOD OF DISPOSITION 1-A-Pauriel 2 Cremetion	N 3 □ Remo	oval from State	20b. PL/	ACE AND DATE	OF DISPO	SITION (N	ame of		DAT	E 20c. LO	CATION — CI	ity or T	own, Stata
	4 Donation 5 Other (St	pecify)		St.	y, crematory or o	el's	Ukr	ainiar	n Cem	. 3	3/ <b>∮</b> Bal	ltimor	ce,	Md.
	21. SIGNATURE OF FUNERAL	A COL	ensee	1 ,	n	22.	NAME A	ND ADDRESS	OF FACILIT	TY				21231
1.179	Call	2007	9/3								1.001			
					-	11.1	LLIV	& 7.e	iler	Tno	1901	l East	ragi	Avenue
	23. PART I. Enter the dise	eses, or c	complications that	caused the	e death. Do r	L] not enter	the mo	& Zei	iler :	Inc	lac or reapi	L East	et,	Avenue
	IMMEDIATE CAUSE (Final	rt fallure. L	List only one caus	se on each	line.	not enter	r the mo	ode of dyln	iler g, such as	Inc	lac or reapi	L East	et,	
	anock, or near	rt fallure. L	List only one caus	se on each	line.	not enter	r the mo	ode of dyln	iler j	Inc	190]	L East	et,	Approximate Interval Bet
	IMMEDIATE CAUSE (Final disease or condition	rt fallure. L	complications that List only one cause a. Myo Co /DUE TO (	se on each	line.	not enter	r the mo	ode of dyln	iler	Inc	tlac or reapli	L East	et,	Approximate interval Bet Onset and I
NO	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list condition	na, Tallure.	a. M YO CO	OR AS A CO	Ine.	The	r the mo	ode of dyln	iler	Inc	tlac or reapli	L East	et,	Approximate interval Bet Onset and I
ATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list condition if any, leading to immedia cause. Enter UNDERLYING	na, ste	a. M YO CO	OR AS A CO	line.	The	r the mo	ode of dyln	iler	Inc	tac or reapi	L East	et,	Approximate interval Bet Onset and I
IFICATION	IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentielly list condition if any, leading to immedia	na, ste	DUE TO (	OR AS A CO	Ine.	F):	r the mo	ode of dyln	iler	Inc	Sec. 1901	L East	et,	Approximate interval Bet Onset and I
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. I	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	na, ate G	DUE TO (4	OR AS A COL	INSECUENCE OF	F):	avc	hón	g, such as	e carc	24a. WAS AN. PERFORI	AUTOPSY/	et,	Approximatintarval Bet Onset and I
. 1	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant	ana, stee G	DUE TO (1)	OR AS A CO	INSECUENCE OF	F):	avc	hón	g, such as	e carc	flac or reapi	AUTOPSY/MED?	et,	Approximatintarval Bet Onset and I
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2 1996

32. REGISTRAR'S SIGNATURE



State of Maryland / Department of Health and Mental Hygiene 96 07088

					Cer	tificate of	Death	F	leg. No.	0 1	000
	Dhusia		1. Decedent's Neme (First, Middle, L.	est)				2. Dete of Dee Month		Yeer 3.	Time of Death
	Physic /Medi		ROSALIE			ANDEF	RSON	MARCH	6		:30P.M
	Exami		4e. Fecility Neme (If not Institution, gi	ve street end number)			4b. City, Town, or I	ocation of Deeth	4c. County	of Deeth	
			ST.AGNES HOSPI				BALTIM	ORE		N/A	
	Funeral Director		216-54-5064	Sex 7. Age (In your 1	rs. lest birthdey) Yrs.	If Under 1 Year Months Deys	Hours Min.	8. Date of Birth Month, Dey NOV 30,	1950	9. Birthplece Country) Mary 1	(State or Foreign and
	pue *		Usuel Residence of Decedent  10e. Stete 10b. County	100	City, Town or Lo	cetion				10d le	nside City Limits
	Ba-f show	Director	Maryland Balt	imore	Baltimo					1	Yes 2X No
	ath with the 23s or 2	ral Dire	10e. Street end Number 3813 Annap	olis Road,	-	10f. Zlp Code 21	1227		log. Citizen of US	What Country?	
020	filed within 72 hours effer death with the Maryland Hygiene. ther than "natural", or flems 23a or 28a-f show ont, the Medical Examiner must be notified at	by Funeral	11. Meritei Stetus  1 Never Merried 2 Merried  3 Widowed 4 Divorcad	12. Was Decedent Ever in Armed Forces?  1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes:		Ves Decedent of I I Yes, specify Cub □ Yes 20 No	Hispenic Origin? (S en, Mexican, Puert Specify:	pecify Yes or No- o Rican, etc.)		ca - American to ck, White, etc.	
5-0	72 ho	eted	15. Decedent's E (Specify only highest gr	ducation	16a. Deced	ent's Usuel Occup	pation	kina	16b. Kind of B	usiness/industry	1
121	ithin se	Completed	Elementery/Secondery (0-12)	Coilege (1-4or 5+)			during most of wor d)	Kiriy	11		
121	filed within Hygiane. other than out, the M	S	10		НС	memaker	1		Housev		
ylanc	S S S	To Be		corolla			Kath		ark		
, Mar	ith er trau		Mr. William Mich	(Туре, Print) Husband ael Anderson	- 19b. Meilin 3813	g Address <i>(Street</i> 3 Annapol	tend Number or Ru lis Rd.,	Baltimor	e, Md.	State, Zip Code 21227	9)
Baltimore, Maryland 21215-0020	9 0 L		20e. Method of Disposition  1 ☑ Buriei 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Special	Removel from State	edar Hil	netory or other ple	ery Mar			more, M	
Ball	permit. Pag Depertment Important: I any Injury o		21. Signature of Funeral Service Lies	Kevin E.	Ecker 22	Neme end Addre	ess of Fecility Funeral H atapsco A	ome of B	rooklyr	. 21225	5-1856
			23a. Pert1. Enter the disease, or con shock, or heert feilure. List only	plicetions thet caused the de						App	roximete rvel Between
	Physician /Medical Examiner	her	Immediate Cause (Final disease or condition resulting in death)	e. Sharing a	TNJ 13 6		MONNE	Dye		Ons	et end Deeth
,0	iceta be axecuted physician and s the burial-transit	Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury	b. ——Due to	(or es e conseq	uence of):					
x 68760,	\$ p #	/Medical	that initieted events resulting in deeth) Last	Due to	(or es e consequ	uence of):				I	
Box	eath cer attendir for use	clan				1	i				
P.0.		<b>Physician/</b>	Pert tt. Other algoificant conditions of	contributing to deeth but not re	esulting In the ur	derlying cause gi	ven in Pert I.		obacco use co 'es 2□ No		cause of death?
	Ø .5 A	d by						04- 111		24h Wasa au	utopsy findings
Records,	2 S S	Completed						24e. Wes a perfor		available	e prior to ion of cause ?
= =	The ate h	Con						184	es 2 No	1 Yes	2 No
Vital	ysician: The	Be	25. Wes case referred to medical exeminer?					th (Check only or	ne)		
of	Physician: this certific ral director,	2	YYes 2□ No	4	☐ ER/Outpatien	3LI DUA		ome 5 Reside		1-177	
UQ.	After funer	lon	27. Menner of Deeth 1-☑Naturel 5 ☐ Pending	28e. Dete of Injury (Month, Dey Year)	28b. Time of tnjury	28c. Injui Wo		28d. Describe h	ow injury occur	red	
Division	feat for:	Certification:	2 Accident investigation 3 Sulcide 6 Could not be 4 Homicide determined	99 Plans of Injury As	home, ferm, stre		Yes 2□No	28f. Location (Si City or Town		per or Rural Rou	te Number,
۵	To the Horottal or At within 24 hours effer of To the Funeral Direct completely filled in by			nystotan: To the best of my ki							
1	hin 24 hours the Funeral mpletely filled	Medical	(Check only one) 2 Medicat Example one)	niner: On the basis of exami end menner steted.		estigetion, in my o	opinion, deeth occu	rred et the time, d	ete end plece,	and due to the	cause(s)
_	さ で Con Con		29b. Signiture end title of cartifier			29c. Licens	se number	2	9d. Date signe	d (Month, Dey,	Y 00 r)
	6		Muncelon	emel			C.M.E.	M	ARCH 7	,1996	
				completed cause of deeth (It	em 23e) (Type, F 111	Print) Penn St	treet, 1	Baltimo	re, Ma	aryland	21201
	Sta Registr	- 1	MAR 1 3 1996	32. Registrer's Sig	neture						

Julia devalor Redall

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- 101 201

B.K.S' ITEMS: 23 PART I, 27, PERState of Maryland / Department of Health and Mental Hygiene MEO FILM G-733 3/4/96 t.t Certificate of Death

96

Physician	
/Medical	
Examiner	

1. Decedent's Name (First, Middle, Last)

2. Date of Death

Dire

permit. Pages 1 end 2 should be filed within 72 hours effer death with the Merylend Depertment of Health end Mental Hygiene. Important: If Item 27 is marked other than "natural", or Items 23s or 28s-1 show

Baltimore, Maryland 21215-0020

Physi /Med Exam

Hospital or Attending Physician: The law requires thet the death certificate be executed 24 hours efter deeth.

Funeral Director: After this certificate hes been signed by the attending physician and

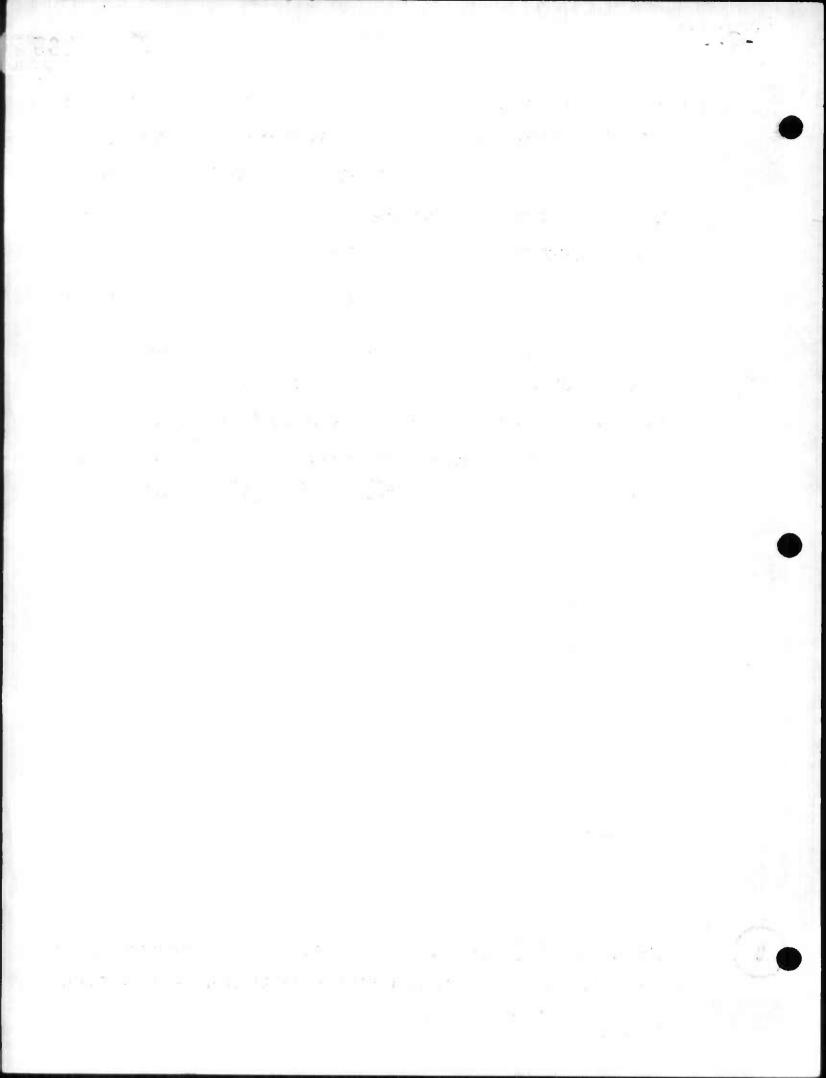
Division of Vital Records, P.O. Box 68760,

al				UTIST								FEB.	$0^{8}$	1996	) 1	045	Al
er	4a. Facility Name UNIVER					R				4b. City, To		cation of Deet		unty of Dea			
_	5. Social Security		6. Se				last birthda	iii If Unc	der 1 Yeer					LTO. (			
	218-45-3	143		ÎM 2□ F			dayyrs.	11			Min.	8. Dete of Bir (Month, Da 12/13/	95	C	thpiace ( ountry) MD.	State or I	-ore
Usuel Residence of Decedent  10e. State 10b. County 10c. City, Town or Location										10d. In	side City	Lim					
	MD.	BAL	ΤΟ.	CITY			BALTI	MORE							111	Yes 2	
MD. BALTO. CITY B								10f. Z	Zip Code				10g. Citizen	of What C	ountry?		
									212	223				SA			
	11. Marital Status			12. Wes De	ecedent E Forces?	ver in U,	S. 13	3. Was Dec	cedent of	Hispanic Ori	gin? (Spe	cify Yes or No		Race - Am		lien,	
1	11	rried 2 Mar 4 Divorced			s 2開Ni Give	0			2# No		i, rueno i	nican, etc.)		Black, Whi ecify: CA		IAN	
1	(Spi	15. Deceder	nt'a Edu	ucation	d)		16a. Dec	cedent's Us	suei Occu	petion during mos	t of working	20	16b. Kind	of Business	/Industry		
	Eiementary/Sec		701 9740		(1-4or 5+	F)	life	. DO NOT	use retire	9d)	o women	-9					
1	0	Communication Control		00				none	3					one			
	17. Fether's Name		,	ISTA							NNIE	(First, Middle,	Maiden Sui				
	19e. informant's P	Name/Relations BAUTIS			HER		1					Aoute Numb	-	_	Zip Code	)	
	20a. Method of Di					20b. P	lace of Dis	position (A	lame of	ece)		Dete	20c. Locat	ion - City or	Town, S	tate	
		Cremetion 5 Other (5			m State								CATON	SVILL	E. MI	0.	
4 Donetion 5 Other (Specify)  WESTERN STAR 2/12/96  CATONSVILL  21. Signature of Funeral Service Licensee  ESTEP BROTHERS FUNERAL HOME P.A. 1300 EUTAW PL. BALTO. MD. 21217											.A.	,					
+	23a. Pert1. Enler	the disease, or part failure. List	r comp	lications tha	it caused t	the death	n. Do not e							21/	Appr	oximete	_
1	disease or condit resulting in death	(Finai ion )	1	a. Sl	JDDE N	INFAN	IT DEAT	TH SYND	DROME						1		
	resulting in death	ion )	<b>C</b>	ast	C	Due to (or	r as a cons	H SYNE	of):								
	Sequentielly list of if eny, leading to cause. Enter Unc Cause (Disease othat initiated even resulting in death)	conditions, immediate derlying or injury	{	b	C	Oue to (or	r as a cons	sequence o	f):								
	Sequentielly list of feny, leading to cause. Enter Unc Cause (Disease othat initiated even	conditions, immediate derlying or injury	{	a. St	C	Oue to (or	r as a cons	equence o	f):								
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	sequentially list of if any, leading to cause. Enter Uncause (Disease of that initiated even resulting in death,	ion ) conditions, immediate ferlying or injury ts ) Last	E ons con	b	0	Due to (or	r as a cons	equence o	f): f):	iven in Part I		23b. Did	_		e to the c	ause of	
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	Sequentielly list ciff eny, leading to cause. Enter Uncause. Enter Uncause. Enter Uncause (Disease of that initiated even resulting in death,  Part il. Other sign  25. Was case refe examiner?  12 Yes 2  27. Manner of Death  3 Suicide  4 Homicide  29a. Certifier (Check only	onditions, immediate serying or injury its ) Last  ifficant conditions investing the service of	ng igation not be nined	b	Dideath but  death but  inpatient te of injuryonth, Day  ce of Injuryonth, basia of e	Due to (or Due to (or	as a conservation as a conserv	equence of equence of equence of equence of equence of equence of of M street, factors at hoccurre investigation.	DOA Ot 28c. Inju Wo 1 Cory, office	26. Piace ther: 4 □ Nu try at try at yes 2 □ i	of Death rsing Hon 2 No 2 d place, a	24a. Was period  (Check only of the 5 Resident Chy or Touth	an autopsymmed?  Yes 2 None)  dence 8 None)  thow injury or  Street and None, State)	24b.  24b.  Other (Specurred	Were au available completion of death?  (Payes available completion of death?  (Payes available completion of death?)	4 Ur  topsy find prior to prior to prior to 2 No	nkne ding ding

State Registrar

31. Date\_filed (Month., Day, Year)





State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Data of Death 1. Decedent's Nema /First. Middla. Last) 3 Time of Death Physician Baher 8:35 Am 6 EOGO Baher

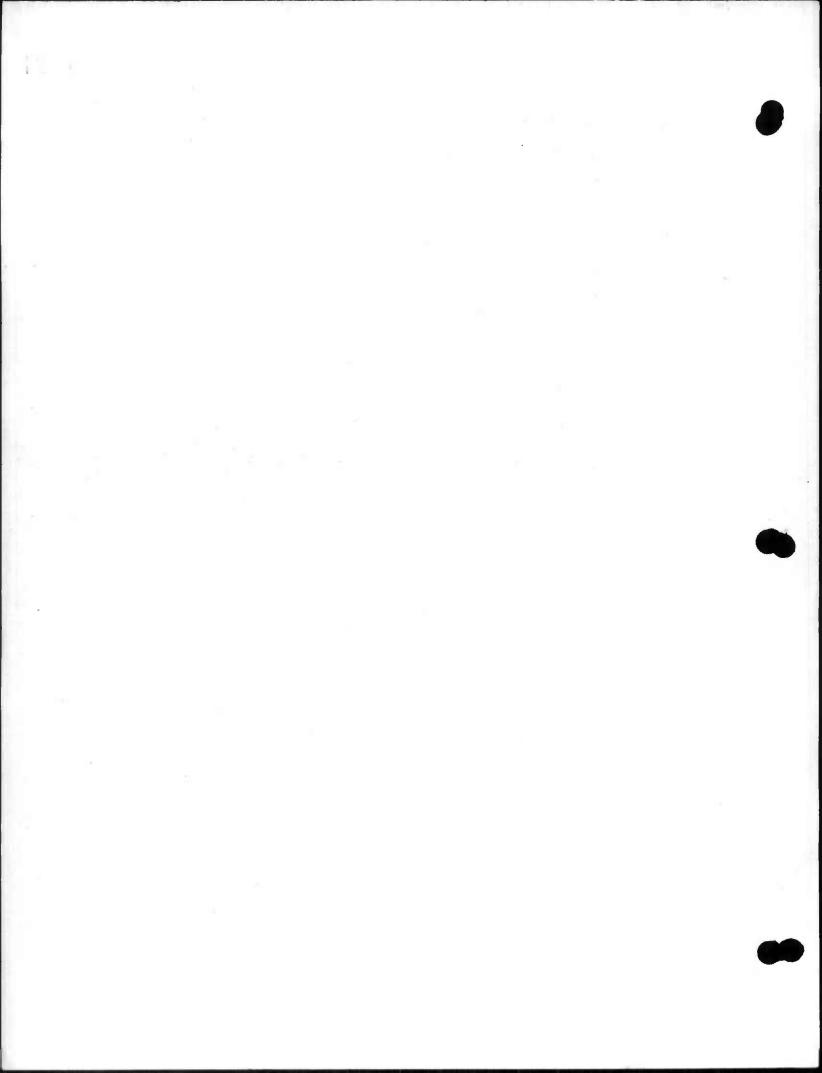
4a. Facility Name rithot Institution, giva street and number) march 08 /Medical 4b. City, Town, or Location of Death 4c. County of Death Examiner Gen Burne Anner If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) Sept. 23, 1904 Arunde Anne North tospita Arunde If Undar 1 Yaar 5. Social Security Number 7. Aga (In yrs. last birthday) Birthplaca (State or Foreign Country) 6 Sex **Funeral** 1 M XXF Months Deys Yrs. 91 218-30-5996 Virginia Director Usual Rasidence of Decedant Peges 1 and 2 should be filed within 72 hours after death with the Maryland nent of Heelth and Mentel Hygiene.

ant: If item 27 is marked other than "natural", or items 23s or 28s-f show arry or other traumatic event, the Medical Examinal nest be notified at 10e Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 TYas 2 □ No Maryland Baltimore Directo 10e. Street and Number 10g. Citizen of What Country? 10f. Zip Code 21216 1631 Bentalou Street U.S.A. Funeral 12. Wes Decedant Evar in U,S. Armed Forces? 1 ☐ Yas 2 ☒ No If Yes, Give Yaar or Datas: Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuben, Maxican, Puarto Rican, atc.) 14. Rece - American Indien, Bleck, Whita, atc. 1 ☐ Nevar Memlad 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ♥ No Specify: Specify: Black þ 3 Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Business/Industry 15. Decedant's Education (Specify only highast grade complated) Elementary/Secondary (0-12) College (1-4or 5+) RIVATE 6 Domestic 17. Fether's Name (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Unknown Unknown 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Coda) 19a. Informant's Name/Ralationship (Type, Print) 1631 Bentalou Street, Baltimore, MD 21216 Godson Ira Booker, Sr. 20b. Place of Disposition (Nema of cematary, cremetory or othar place) 20a. Method of Disposition 20c. Location - City or Town, State permit. Peges
Department of
Important: If it
any Injury or c Burlal 2 Cramation 3 Ramoval from State 4 ☐ Donation 5 ☐ Other (Specify) National Mem. Park 3/12 Laurel, MD 21. Signature of Funeral Service Licensee 22. Name end Address of Fecility Marshall W. Jones, Jr. Funeral Home PA AND edams 4101 Edmondson Avenue, Baltimore, MD21229 tha daath. Do not antar tha moda of dying, such as cardiac or raspiratory errest, 23a. Part 1. Entar tha disaase, or complications thet cause hock, or heert failura. List only ona causa on aach Approximata interval Between Onset and Deeth **Physician** 2 days /Medical Immedieta Causa (Final diseesa or condition resulting in daath) PRELIMONIA Examiner Dua to (or as a consequanca of): Examiner physician end the buriel-trensit the deeth certificate be executed Sequentially list conditions, if any, leading to immadiata causa. Enter Underlying Causa (Disaasa or Injury that initiated evants resulting in daeth) Last Dua to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequence of): signed by the a d be detached f Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use centribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown M ELLITUS DIABETES ğ 24b. Were autopsy findings available prior to completion of cause of death? 24e. Was an sutopsy performed? RENAL FALLURE hes page 2 ANEMIA 1 Yas 20 No 1 Yas 20 No certificate Attending Physician: 25. Was casa referred to medical axaminar? Be 26. Placa of Death (Check only ona) Hospital: Othar: 4 Nursing Home 5 Rasidanca 6 Other (Specify) ဥ 1 Yas 2 No N Inpatiant 2 □ ER/Outpatient 3 □ DOA this 27. Menne of Death 28c. Injury at Work? 28b. Time of 28d. Describe how injury occurred 28a. Data of Injury (Month, Day Year) Natural 5 Panding after death. Director: Aft 1 Yes 2 No 2 Accidant investigation 6 ☐ Could not be determined 3 ☐ Sulcida Location (Street and Number or Rural Route Number, City or Town, Stete) 28a. Place of Injury - At homa, ferm, street, fectory, office building, atc. (Spacify) 4 Homicida 9 29e. Cartifier 1 Certifying Physician: To tha best of my knowledge, daath occurrad at the time, data and place, end due to tha causa(s) end manner as stated. Medical (Check only one) 2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signetura and titla of cartifier 29d. Date signed (Month, Dey, Year) 29c. Licanse number 0 MUD 30. Nama and address of person who completed cause of deeth (Item 23e) (Type, Print) HOSTAL DRIVE. CHEN BRENES MO SZ: Registrar's Signatura anolus 31. Data filed (Month, Day, Year) State MAR 1 3 1996 Whi attweetor Redall Registrar

JK070 ....

Mark the second for t

		1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.
		1. DECEDENT'S NAME (First, Middle, Last) RICHARD WILLIAM BANKS II AKA JR. 2. DATE OF DEATH DAY 3. TIME OF DEATH MONTH 30 A M
Pa		4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. lest birthday)  7. DATE OF BIRTH (Month, Day)  8. BIRTHPLACE (Siete or Foreign MONTHS DAYS HOURS MIN.  7. DATE OF BIRTH (Month, Day)  8. BIRTHPLACE (Siete or Foreign Country)  9. DAYS  9
1, 2, 3 should	TOR	Se. FACILITY NAME (If not institution, give street and number)  NENDLAN FRANKLIN WOODS.  BALTO. MD.  RESIDENCE OF DECEDENT  Se. COUNTY OF DEATH BALTO.  BALTO.
Pages	DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?  MD N/A BAT.TO 11€ YES 2 □ NO
n. ansit permit.	FUNERAL	100. STREET AND NUMBER  101. ZIP CODE  109. CITIZEN OF WHAT COUNTRY?  1212 EDISON HIGHWAY  21213  II.S. A.
5-0020 nding physician. is the burial-transit	BY FUN	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED 1 Never Married 2 Married 3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yea, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 VES 2 NO Specify: BLACK
or afte	ETED.	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  College (1-4 or 5 +)
the hospital detached for	COMPL	9th N/A MECHANIC WOODWORKING CO  17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Melden Surreme)
MAHYL retained by ti 5 should be notified at	BE	RICHARD W. BANKS SR  19b. INFORMANT'S NAME (Typer/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
L S L	10	RICHARD BANKS JR 4800 LOCHRAVEN BLVD BALTO MD 21239
e 6 m rector,		Complete 2 Cremation 3 Removal from State Complete 5 Other-Specify  GARRISON FOREST VA  10  ONTINGS MILES  ONTI
death death fune	5	BETTS FUNERAL HOME  1129 N. CAROLINE ST., BALTO, MD 21213
within c4 hours at applietely filled in by cremation, or remore, the medic		23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in desth)  DUE TO (OR AS A CONSEQUENCE OF):
th certificate be executed physician and I Hygiene prior to burn or other traumatif	ERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. OUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):
at the A in it	CAL C	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  AMILABLE PRIOR TO COMPLETION OF CAUSE
v requires the been signed to of Health a shows any	MEDIC	STROKE
has b Dept.	SICIAN:	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL EXAMINER?  126. PLACE OF DEATH (Check only one)  127. HOSPITAL:  128. OTHER
rSician: The scrifficate the the State of item		1   Inpetient 2   ER/Outpetient 3   DOA   4   Uniting Home 5   Residence 6   Other (Specify)  27. MANNER OF DEATH   288. DATE OF INJURY   28b. TIME OF   28c. INJURY AT   28d. DESCRIBE HOW INJURY OCCURED
NOING PHYS T death with Is marked	BY P	1 Natural 5 Pending Investigation 2 Accident 5 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number,
OR ATTENDING DIRECTOR: After hours after death item 28 is ma	ETED.	4 Homicide determined City or Town, State)
K 20 %	COMPLET	29s. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.
TO THE FUNER TO THE FUNER THE WITHIN THE POSITION TO	BE	296. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  D46304  March 7, 1996
	ОТ	9000 Franklin Square Drive, Balhmore MD 21237
		31. DATE FILED (Month, Day, Year)  8.4 A D 1 2 1006



THE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	HE FULL PIAC DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	led within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.	ORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
2	10	be file	IMP

1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTMENT CERTIFICAT	T OF HEALTH AND E OF DEATH	MENTAL HYGIENE REG. NO.	
1. DECEDENT'S NAME (First, Middle ANTO)	INA L.	BOVA		2. DATE OF DEATH MONTH DAY MARCH, 5, 1	YEAR S. TIME OF DEATH
4. SOCIAL SECURITY NUMBER  215-05-17  9a. FACILITY NAME (If not institution	5. SEX 6. AGI	92 YRS. MONTHS	R 1 YEAR IF UNDER 24 HRS.  DAYS HOURS MIN.  Y, TOWN OR LOCATION OF D	7. DATE OF BIRTH (Morth, Day, Year) DEC 23, 1903 EATH 9c. COU	B. BIRTHPLACE (State or TOWN)  PROVIDENCE  INTY OF PEATH
CHURCH RESIDENCE OF DECEDE	HOME Hospin	TAL BA	PLTIMORE		N/A.
MD.	COUNTY NA	BALTI	MORE		10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER  829 BON  11. MARITAL STATUS  1 Novemer Married 2 Marri	ADARTE AVE		101. ZIP CODE 2/2/	10g. CIT	U.S.A.
11. MARITAL STATUS 1 Never Married 2 Marri 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE YES, GIVE WAR OR	S 2 XNO	WAS DECENDENT OF HISPA If yee, specify Cuben, Mexic 1 YES 2 NO Speci		14. RACE — American Indian, Black, White, etc. Specific
15. DECEDEN (Specify only high Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle,	T'S EDUCATION est grade completed)  College (1-4 or 5+)	16a. DECEDENT'S USUAL (Give kind of work done life. Do NOT use retired.)	during most of working	16b. KIND OF BUSINESS/IN	
17. FATHER'S NAME (First, Middle, ANTON	io BOVA	SEATT STR	18. MOTHER'S NA	AME (First, Migdle, Melden Surname) SEPHINE	<i>[[ 6 ]</i>
FRANK B	oVA	829 BOA	SS (Street and Number or Rural	Poute Number, City or Town, State, Z.  VE - BALTIM	LORE, MD 21218
20e, METHOD OF DISPOSITION  1 Burlel 2 Cremation 3  Donation 8 Other (Special Control of the Con	Removal from State	ob. PLACE AND DATE OF DISPO	CEM. 3	TATE 200. LOCATION -	E D V
21. SIGNATURE OF PURPERAL SER	WICE LICENSEE	la h. 22	SKARDA F	H. BAUTIN	HORE, MD. 2124
immediate cause (Final disease or condition resulting in death)		eech line.		CIDENT	Approximate interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	S A CONSEQUENCE OF):			
	donditions contributing to death	hut not consisting to the	radaylidas apries alica li	Part I. 24s. WAS AN AUTOPSY	24b, WERE AUTOPSY FINDINGS
	CO INTESTI			PERFORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
DID TOBACCO USE	CONTRIBUTE TO CAUSE	OF DEATH YES  26, PLACE OF DEATH (Chec		N 🗆	
EXAMINER?	HOSPITAL:	ОТНЕ		8 Other (Specify)	
I DO FEMORET D POINT	28a. DATE OF INJUF (Month, Day, Yea tigation	(Y 28b. TIME OF INJURY M	28c. INJURY AT WORK?  1 YES 2 NO	28d. DESCRIBE HOW INJURY O	CCURED
2 Pulalda ma	d not be mined 28e. PLACE OF INJL building, etc. (S	JRY — At home, farm, street, fa	octory, office	28f. LOCATION (Street and Numb City or Town, State)	er or Rural Route Number,
(Critical Orley	NG PHYSICIAN: To the best of my kn EXAMINER: On the beels of examina				
296. SIGNATURE AND TITLE OF	Vorzemi M.	Q.	- '	322	MARCH 5, 1986
2 2 1	PAZBMI	np. CHUN	CH HOSE	CTAL, BALI	n. m. 2/231
31. DATE FILED (MONTS) Day 991					

Pages 1, 2, 3 should

permit.

DIRECTOR

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CERTIFICATION

MEDICAL

PHYSICIAN:

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96 07093 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 0. BEER , Jr. WILLIAM MARCH 9. 1996 4:35 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 M 2 | F (Month, Day, Year) 09/21/1916 215-03-6774 YRS. Maryland 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD. Baltimore Dundalk 1 - YES 2 NO 10e, STREET AND NUMBER 10a, CITIZEN OF WHAT COUNTRY? 3471 McShane Way 21222 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 N Married If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 3 Widowed 4 Divorced Specify: White 16e. DECEDENT'S USUAL OCCUPATION

(Cilve kind of work done during most of working 15. DECEDENT'S EDUCATION pecify only highest grade complete 16b, KIND OF BUSINESS/INDUSTRY (Spe (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Assistant Roller Bethlehem Steel 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) William O. Beer, Sr. Doroth Sproll 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ACORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Dorothy C. Beer/Wife 3471 McShane Way Baltimore, MD. 21222 20a. METHOD OF DISPOSITION
1 Buriel 2 A Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State ometery cremetory or other place crematory 03/12/96 Beltsville, MD. 4 Donation 5 Other (Specify) 21. SIGNATURE OF SUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF EACLUTY
Bradley-Ashton Funeral Home, Inc. 2134 Willow Spring Rd.Balto., MD21222 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final **Onset and Death** amy otrophic lateral sclerosis disease pr condition Zypars resulting in death) Sequantially list conditions, OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate e. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificent conditions contributing to deeth but not reautiting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO chronic obstructive pulmonary direage COMPLETION OF CAUSE 1 TES 2 NO 1 TES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN D 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: Impetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED INJURY Natural 1 YES 2 NO Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm; street, factory, office building, atc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide 29a. CERTIFIER

(Chack only

1 CERTIFYINO PHYSICIAN: To the best of my knowledge, dasth occurred st the time, data and place, and due to the cause(a) and manner as stated. 2 \_\_ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. GRATURE AND TITLE OF CHATIFIER MGD95 29d. DATE SIGNED (Month, Day, Year) physician Morch 9, 1996



MAR

Gregory

31. DATE FILED (Month, Day, Year)

1996

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Prokopowicz

32. REGISTRAR'S SIGNATURE

Davidson

Tower 110 Johns Hopkins Hospital Biltimore MD

## Piease Type or Print in Black Indeiible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene O

_	Iteml	,Fi]	m733,3/12/96,1t		ai yidiid		cate of Dea			leg, No.	6 01	094
	Physic		1. Decedent's Neme (First, Middle, L	ast) JAMES	B+	HN TO	N		2. Data of Dea Month	Day	Yeer	ime of Death
	/Medi Exami		4a. Fecility Neme (If not institution, gith the REOR HOSPIT		3	001	4b. City	y, Town, or Loc		4c. County	of Death	3:45 PM
	Funeral Director		Social Sacurity Number 8.	Sax 7. Age	a (In yrs. las	S. HANG it birthday) If U Yrs. Mon	ndar 1 Yaar   if Ur	ALTIN ndar 24 Hrs. urs Min.	8. Data of Birth (Month, Dey Oct 31,	Year)	9. Birthplaca (S Country) W. Vi	
	how		10a. State 10b. County			Town or Location					10d. ins	ide City Limits
	the Marytar 28a-f show nortified at	Director	Maryland N/A		Bal	timore	(Brookly	/n)	1			XYas 2□No
	23a or 2	rai Dir	10e. Street and Number 607 Washbur	n Avenue,		101	Zip Coda 21225	5		10g. Citizen ot V USA		
21215-0020	d within 72 hours after death with the Maryland piene. • retural; or ferna 23a or 28a-f show the Madical Examiner must be notified at	by Funeral	11. Marital Status  1 Navar Married 2 Married  3 Widowed 4 Divorced	12. Was Decedant I Armed Forces? 1 12 Yes 2 ☐ N It Yas, Giva Year or Datas:			ecedant of Hispanic specify Cuben, Me as 2 X No Spe		oify Yes or No- lican, atc.)	14. Rac Blec Specify	e - American Indi k, Whita, etc.	ite
15-0	n 72 h	Completed by	15. Decedant's E (Specify only highest gr	ducetion ade completed)		16a. Decedent's (Give kind o	Usual Occupation f work done during OT use retired)	most of workin	g	16b. Kind ot Bu	sinass/Industry	
212	filed within Hygiene. ither than "	ошо	Elementery/Secondary (0-12)	College (1-4or 5	+) F		Automobil	e Pain	ter	Luby C	hevrole	t
Maryland	a la b	To Be C	17. Father's Nema (First, Middle, Las James Ernest B				18. M			Meiden Sumem Willia	,	
	2 sho		19a Intormant's Name/Reletionship Ms. Denise Pucke			-	irass <i>(Street end Ni</i> rchard Av					
Baltimore,	00_		20a. Method of Disposition 1 ☑ Burial 2 ☐ Cramation 3 [ 4 ☐ Donation 5 ☐ Othar (Speci		cen	e of Disposition netery, cremetory Cimore N	(Name of or other place) at'l. Cem	1. 3/1:	Deta 3/96		City or Town, Sta	
Balt	permit. Peg Department Important: If any injury o	i	21. Signature of Funaral Service Lice	Kevin E	E. Eck		e end Address of F ully Fune E. Patap		ne of B	rooklyn	21225.	-1856
Box 68760,	Bath certificate be executed when the continue and the purish transit for use as the burish transit	clan/Medical Examiner	23e. Perf. Enter the disease, or con shock, or heert tailura. List only Immediate Causa (Finel disease or condition rasulting in death)  Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Cousa (Disease or Injury thet initiated events rasulting in deeth) Last	b. SQU	Dua to (or a	s e consequence  S a consequence  N ET  s a consequence	OF COLOGY	META	STATIC	DISEAS	SE 3 1	iximete all Batween all Batwee
P.0.	that the de ed by the detached	Physician/N	Pert II. Other significant conditions	contributing to death bu	it not resulti	ng in the undarlyi	ng ceusa givan in F	Part I.		obacco use cor 'es 2 No	3 Probably	
Vital Records,	aw requires as been sign 2 should be	Completed by							24a. Was a perior	an eutopsy med?	24b. Ware aut evailable completic of death?	opsy findings prior to on of ceuse
al F	E Sag		OF W	1					1 🗆 Y		1 🗆 Yas	2 No
Ĭ.	Physician: this certific	To Be	25. Was cesa rafarred to medicei examinar?  1 Yas 2 No	Hospital:	nt 2□EF	VOutpatient 3E	Other	Place of Death  Nursing Hom		ne) ance 8 □Othi	ar (Specify)	
n of	P P		27. Mannar → Death 1 ☑ Natural 5 ☐ Panding	28a. Data ot injur (Month, De)	Year) 21	Bb. Tima of injury	28c. injury at Work?	2		ow injury occurr		
Division	or Attending arier death. Director: After In by the fune	Certification:	2 Accident investigetic 3 Suicide 6 Could not to determined	DB Disco of init	iry - At homi (Specify)	M a, term, street, fa	1 ☐ Yas		8f. Location (S City or Tow		er or Rural Route	e Number,
-	Funcai	edical C	29a. Certifiar (Check only one)	hysician: To the best o miner: On the basis ot and mannar sta	axamination	edge, deeth occur and/or investiga	red at the time, dat tion, in my opinion,	ta and place, at daath occurre	nd dua to tha c d at tha tima, d	ausa(s) and ma lata and place, a	nner es steted. and dua to tha ca	use(s)
	To the	Me	29b. Signature end title of certifier			YSICIAN	AS 244				(Month, Dey, Y	ear)
_			30. Nama and address of person who NAVTEJS, BUTTAR	completed causa of de	eath (item 2	3e) (Type, Print) MENGINE,	HARBOR 3001 S	HOSPI HAND	THE CO	enter træt (	BALTIMOX	MP 21225
DIE	Sta Regista MH 16 Rev 6/9	ar	31. Data filed (Month, Dey, Yeer) MAR 1 3 15	32. Registra								

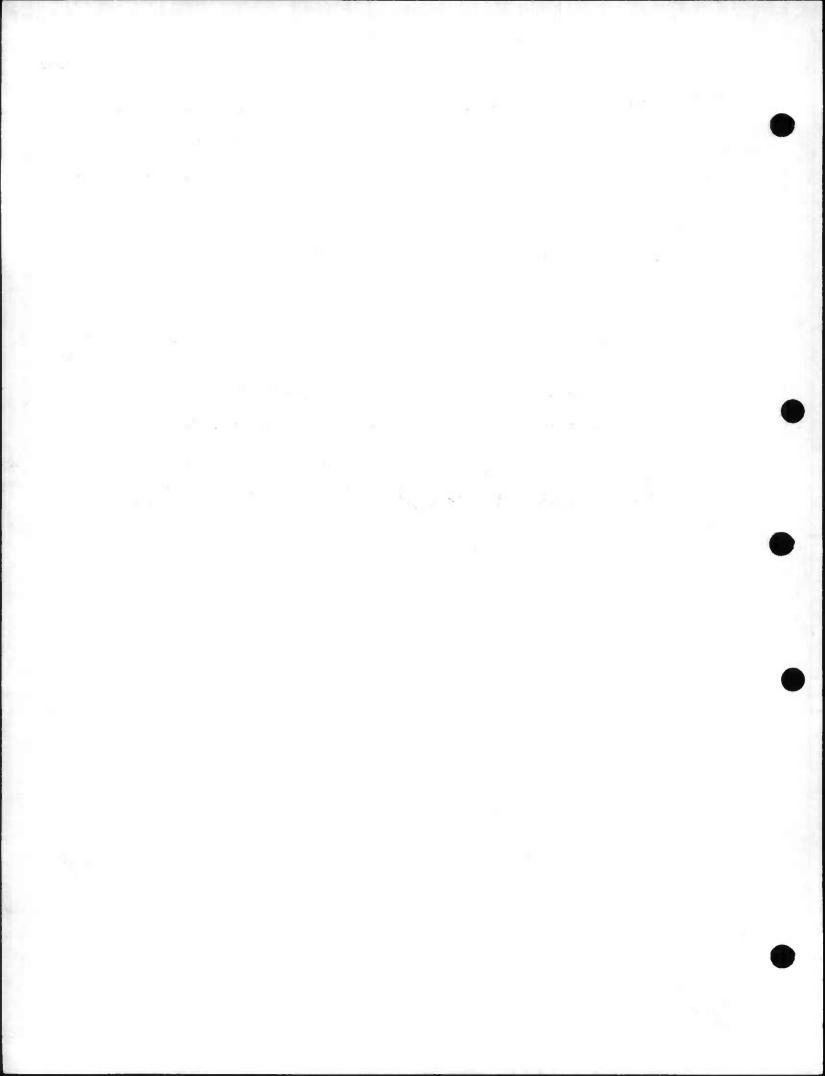
**DHMH 16 Rev 6/95** 

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State of Maryland / Department of Health and Mental Hygiene 96 0709

							Ce	rtificate o	f Death		Reg. No.	0 /	1093
	Dhusisi	am.	1. Decedent's Name (First, Middle, La							2. Date of Do		Yaar	3. Tima of Death
-	Physici /Medio				EME					MIARC	H 9 19	196	9 20 AM
	Examir	er	4a. Facility Name (If not institution, given NORTHWEST HOS)	a stre	et and number	NTE	R		4b. City, Town, or I RANDALL			of Death	RE
	Funeral Director		214-38-2724	Sex 1 □ M	0 TVE	ge (In yrs. I	ast birthday) Yrs.	ff Under 1 Yas Months Day		8. Data of Bi (Month, D June	30,191	9. Birthplac Country 5 F J	ca (Stata or Foreign
	and		Usuai Residence of Decedant  10a. State 10b. County			10c. City	, Town or Lo	cation					d. inside City Limits
	th with the Marylar 23a or 28a-f show	tor		/ A			timor					1,00	1 □ Yas 2 □ No
	1 the	rect	10e. Street and Number	/ 11		Dai	CIMOI	101. Zip Code	i		10g. Citizen of V	What Countr	y?
	h with	al D	3621 Forest Ga	rde	n Ave	nue		2120	7		U.S.	Α.	
Maryland 21215-0020	2 should be filed within 72 hours after deeth with the Manyland end Mental Hygiene. Is marked other than "natural", or fiems 23a or 28a-f show reumatic event, the Medical Examiner must be notified at	by Funeral Directo	11. Marital Status  1 □ Nevar Married 2 □ Married  3 ☒ Widowed 4 □ Divorced		Was Deceden Armed Forcas 1 ☐ Yes 2 X if Yes, Give Year or Dates:	No		Wes Decedent of Yas, specify Co	f Hispanic Origin? (S uban, Mexican, Puert lo <i>Specify:</i>	pecify Yas or No Rican, etc.)		ce - American ck, White, etc y: Blac	c.
5-0	72 ho	Completed	15. Decedent's E (Specify only highest gra	ducation	on moleted)		16a. Dece	dent's Usuai Occ	cupation te during most of wor ired)	kina	16b. Kind of B	usiness/Indu	stry
21	d within giene. r than	mple	Elementary/Secondary (0-12)		Coilege (1-4or	5+)				King	Baltim	ore (	County
2	her th	Co	17. Father's Name (First, Middle, Last		5+		Keadı	ng Spe	cialist	n n /Finnt Adiabati	Public Maiden Suman		ols
ano	d be file antal Hyg and other	Be c	Frank Swindell	,					Albert			ia)	
Ž	d 2 should th end Mer 7 is marks trsumatic	To	19a. Informant's Name/Relationship (	Type.	Print)		19b. Mailii	na Address (Stre	et and Number or Ru			State. Zio C	Code)
N	and 2 eith ei 27 is		Myrna Jackson-					-	Garden				
ore,	of He Rem		20a. Method of Disposition			20b. Pi		sition (Name of natory or other p		Date	20c. Location -		
Ē	Page ment ant: If ury or		1) ☐ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specification)		ovai from State				al Park	3/13	Arbutu	s, MI	)
Baltimore,	permit. Pages 1 and 2: Department of Heelth er Important: If Item 27 is any injury or other tratonce.		21. Signature of Funeral Servica Licen		. (		Ma	Name and Add	ress of Facility W. Jone	es, Jr	. Funer	al Ho	ome, PA
			23a. Part 1. Enter the diseasa, or com shock, or heart failure. List only	plicati	ons that cause	the deeth	. Do not ent	O1 Edm er the mode of d	ying, such as cardiac	or respiratory	altimor arrest,	e, MI	)_21229 \pproximata
	Physician		shock, or neart latture. List only	one c	ause on each	/9.						C	Onset and Death
7	/Medical Examiner		immediate Cause (Finei disease or condition			SEF	212					3	ODAYS
	LAMINITE		resulting in deeth)	O		Due to (or	as a consec	juence of):					
	nsit ted	nlne		b. —									
,	icate be executed physician end s the burial-transit	Medical Examiner	Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disease or injury			Due to (or	as a consec	uance of):				i	
68760,	ysicia	cal	triat irritiated averits	c		Due to (or	as a conseq	nance of).					
	\$ 0 a	/Med	rasuiting in death) Last	d						· · · · · · · · · · · · · · · · · · ·			
Box	eath ce ettendii for use	by Physician/	Dad II Other alm III and an alli						10000 a 100			1	
P.0.	to the de	hys	Part II. Other significant conditions of	ontrio	iting to death	out not resu	iting in the u	nderlying cause	given in Part I.		Yee 2 No		he cause of death?
	es that igned t be det	Dy P	CORONARY A	RT	ERY	DIZE	EASE				1100 2010	3 I FIODA	by 4 onknown
bro	v require been sig should t		112/252-511		D (		2 =			24a. Was	s an autopsy ormed?	avail	e autopsy findings lable prior to
ecc	2 S S S	Completed	HYPERTENS	0)	1/4		DER	1 1= NT	LA			of de	pletion of cause
E E	The ata h	S	MULTIPLE	S	TRO	KES				10	Yes 2 10	10	Yes 2□ No
Vita	ysician: The is certificate director, pag	Be	25. Was case raferred to medical examiner?	Hosp	ital:			17	26. Place of Dea	ath (Check only	one)		
Division of Vital Records,	0 00	. To	1 ☐ Yes 2 ☑ No  27. Manner of Death		1 🖾 Inpat		ER/Outpatier 28b. Time of	T 3LI DOA			Idenca 6 □Oth	1-1-177	
on	Ing When	Certification:	1 ⊠Naturai 5 ☐ Pending 2 ☐ Accident invastigation		8a. Date of Inj (Month, D	ay Year)	Injury	V	/ork? ☐ Yes 2 ☐ No	200. Dascribe	now injury occur	180	
18	i or Attending after death. Director: Afte d in by the fune	flca	3 ☐ Suicide 6 ☐ Could not b	e _	8a. Placa of in	jury - At ho	me, farm, str	eet, factory, offic		28f. Location	(Street and Numb	per or Rural I	Route Number,
á	X = = =	Sert	4 Homicide		building, e	tc. (Specify	)			City or To	iwn, State)		
	To the Hospital or At Within Ed hours after of To the Funeral Direct completely filled in by	edicai (	29a. Certifier (Check only one) 1 ☐ Certifying Ph	niner:	n: To the best On the basis o and mannar s	of examinati	vledge, death ion and/or inv	occurred at the restigetion, in my	time, date and place y opinion, deeth occu	, and dua to the rred et the time	cause(s) end ma , dete end plece,	inner as stat end due to ti	ed. he cause(s)
Vaccing	Nomp the state of	Me	29b. Signature and title of certifier						nse number		29d. Data signe	d (Month, De	ey, Year)
-			DIC/2 10	ζ, ς	· RAC	D. W1	O	D	43462		MARCH	9 1	996
	4		30. Name and address of person who	compl	eted cause of	deeth (item い E S T	23a) (Type,	Print) TAL	CENTE	RR	ANDAL	LST	0000
	Sta	te	31. Date filed (Month, Day, Year) MAR 1 3 1996	(1:	432. Regist	rar oSignat	ure Vie		. , !				
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DHMH 16 Rev 6/95

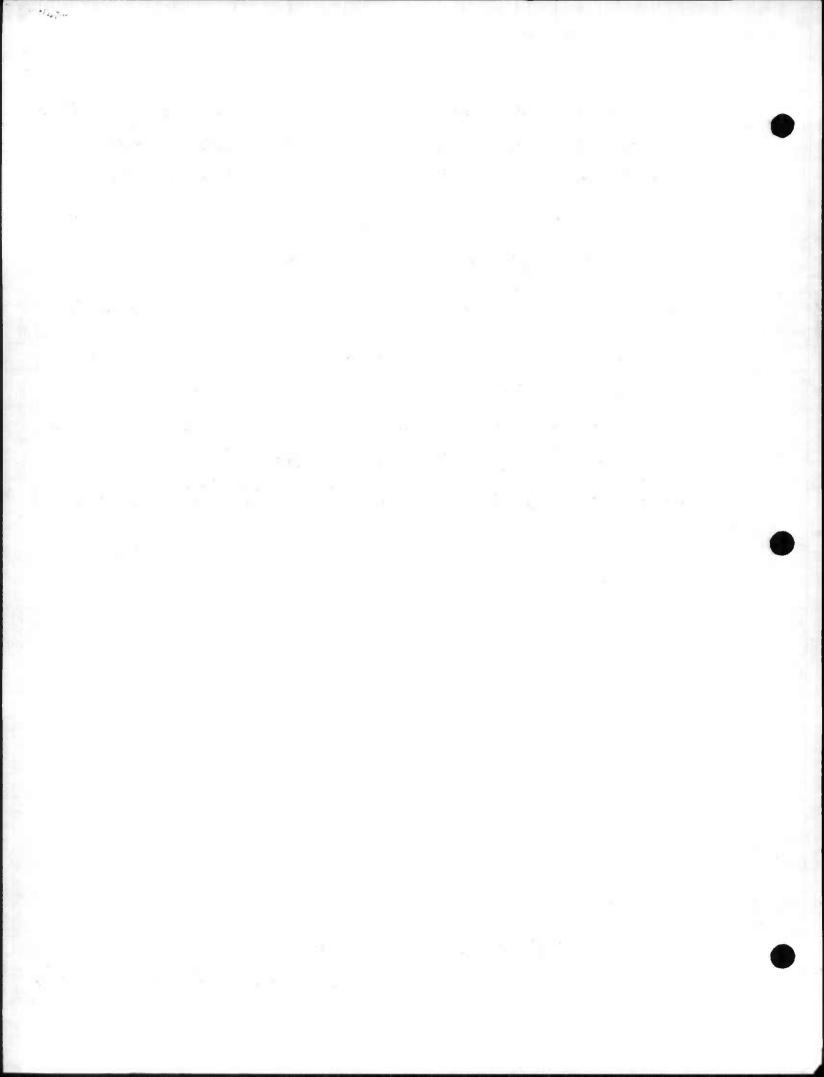


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State of Maryland / Department of Health and Mental Hygiene

96 07096

							Cert	tificate of	Death		Reg. No.		0,000
			1. Decedent's Name (First, Middle,							2. Date of I			3. Time ot Death
F	Physic		FRAM	V	1. C1	ATALI	50			Month	Day	96	1840 Pm
	/Medi Examir		4e. Facility Neme (If not institution,			, , , ,			4b. City, Town, o		-11	y of Death	
	Examili	ier										/	
				Sex	Hospi	e (In vrs. last b	Santha adam a S	if Under 1 Yeer	If Under 24 Hr	To. CITY		NA	
	uneral				2□ F 7. Ag	e (III yrs. last b	Yrs.	Months Days			Day, Year)	9. Birth	olace (Steta or Foreign ntry)
Di	rector		218-01-8496	7			113.			1/19	18	C	D.
pue	<b>3</b>		Usual Residence of Decedent  10a. State 10b. County			10c. City, To	wn or Loc	ation					IOd. Inside City Limits
aryla	28a-f show	5	in the same of the				201	775410					1 Yes 2 No
æ	P84	cto	MD N/	A		K	na	o City					X40 105 2∐ 110
4	0 2	Director	10e. Street and Number					10f. Zip Code			10g. Citizen of	What Cour	ntry?
*	238		4900 WR	iCH	IT A	Je.			21209	5	US	A	
dea	ES.	Funeral	11. Meritel Status	12.	Was Decedent Armed Forces?	Ever in U.S.	13. W	as Decedent of I	Hispenic Origin? ( pan, Mexican, Pue	Specify Yes or I	No- 14. Re	ce - Americ	
Oather	존		1 Never Merried 2 Marrie	d	1 TYes 2 1					nto mican, etc.)		ck, White,	
215-0020 thin 72 hours after death with tha Maryland a.	r than "natural", or Items 23a or 28a-f shov the Medical Examinar inual be notified at	by	3☐Widowed 4☐Divorced		If Yes, Give Yeer or Dates:	wat	11	☐ Yes 2☐NO	Specify:		Speci	14: (1) A	LITE
2 2 2	a str	Completed	15. Decedent's	Education	on		a. Decede	ent's Usuel Occu	pation	133100	16b. Kind of E	Business/In	dustry
2	e page	pie	(Specify only highast Elementery/Secondary (0-12)				(Giva ki	ind of work dona O NOT use retire	during most of w	orking	ELECT	RICA	1 Repairs
d 2121 filed within Hygiena.	E 2	E	1 2		College (1-4or 5	)+)	FLE	CTRICI	9 N		CITY :		
2 5	d other		17. Father's Name (First, Middla, Lu	st)				, , , , , , , , , , , , , , , , , , , ,	T -	ame (First, Midd	la, Maidan Suma		
ylan ylan yla be Mental		o Be	Salvatore	1	ATALFO				1000	20. 2	Pour	- 17	
aryla should nd Men	Tage	10	SACUATORE  19a. Informant's Neme/Relationshi			10	h Maliina	Address /Stene	t and Number or F		BENEU		
N 4	7 is marke traumatic		1							4.07	_		
5 5	other		LEONA McCI	eLLA	4ND	-	001	VIRG.	INIA A		Bacto	2/22	
Pagas Pent of H	o H		20a. Method of Disposition 1 ☐ Burlal 2 ☐ Cremetion 3	□Rem	oval from State	cemet	ery, crema	atory or other pla	ace)	Date	20c. Location		own, State
Pag Pag	ury		4 ☐ Donetion 5 Ø Other (Spe	city) M	Jusoheum	GAR			FAITH.	3/12/96	Bou		
Baltimore, permit. Pagas 1 a Department of Had	Important: any injury once.		21. Signature of Funeral Service Li		-		22.	Name and Addre	ess of Facility	E.		Lane	
<b>m</b> 88	E		11	-11	0 1/2.	-4/	-	ELLA NO	100 A 2	5N3 FU	700		
90000			11. Enter the disease, or o	moliceti	ons that caused	the death Do		ZZ S	, HiGH	ST - D	arrast	202	Approximate
3			1. Enter the disease, or co shock, or heart failure. List or	ly one c	ause on each lir	ne.	not dillo	the mode of dy	ing, saur as cardi	ac or reapiletory	onost,	1	Intervel Between Onset and Death
	sician edical	10	Immediete Cause (Finat									1	A
	miner		disease or condition resulting in deeth)	a.	5	eps	15						2 days
1500		_	rooting in doorly			Due to (or as a	consequ						
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acut.	tran	сап	Sequentially list conditions,			Due to (or as a	consequ	ence of):					
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/iSio	Director:	fice	3 ☐ Suicide 8 ☐ Could no		8e. Place of Inju	ury - At home, I	arm, stree	et, factory, office			(Street and Num	ber or Rura	al Route Number,
= b=	in in	ert	4 ☐ Homicide	, ,	building, etc	c. (Specify)				City or T	own, Stata)		
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24 b	Feath	edical		amtner:	On the basis of	examinetion a	nd/or inve	estigation, in my	opinion, death occ	curred at the time	e, date and place	, and due to	the cause(s)
CAZE.	and m	Me	29b. Signature and title of certifier	-	and manner ste	neu.		29c. Licen	an arrestan		20d Data alan	ad (transh	One Veed
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H			30. Name and address of person with	o compi	eted cause of de	eath (ttem 23a)	(Type, P	rint)			1		Brondway
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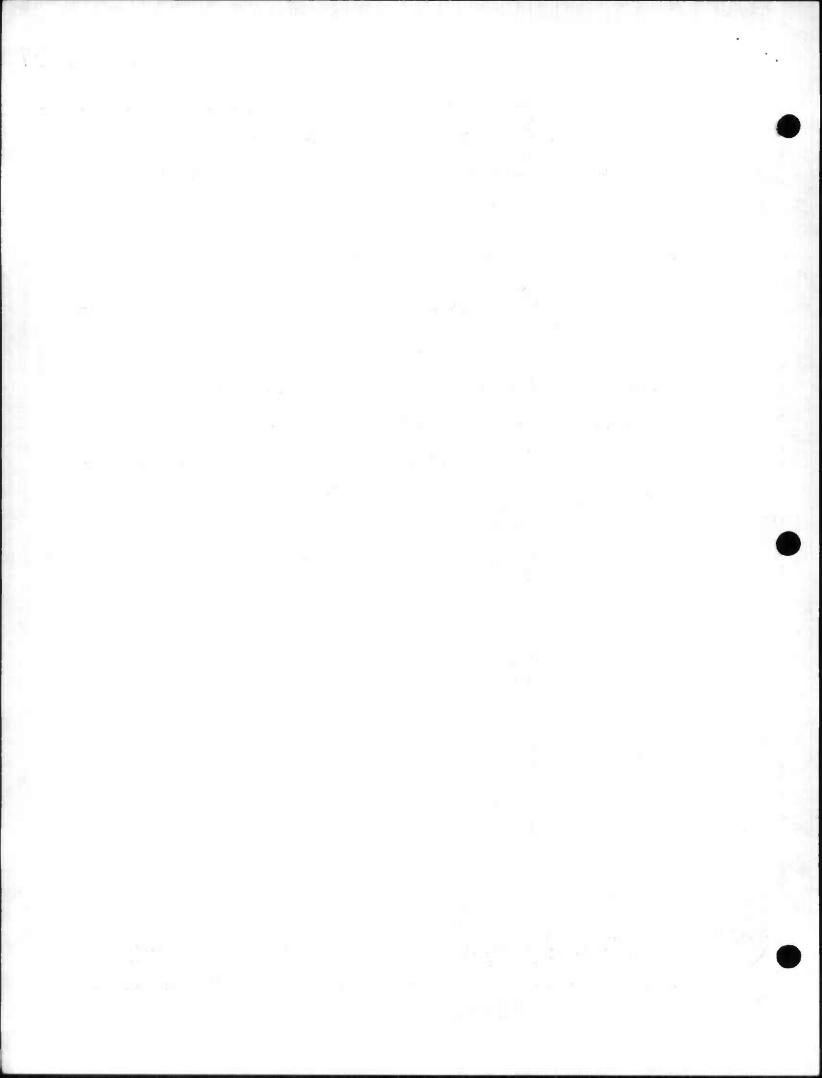
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State of Maryland / Department of Health and Mental Hygiene 07097 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Theath CARLINI Month **Physician** JAMES JOSEPH MARCH 12:40 AM 11, 1996 /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner SIDREW STREET BALTIMORE If Under 1 Yeer | If Under 24 Hrs. 5. Sociel Security Number 7. Age (In yrs. lest birthdey) 8. Dete of Birth (Month, Dev. Year) Birthplace (State or Foreign Country) **Funeral** Months Hours 216-18-9862 1XM 2□ F Devs 70 Director 04 04 25 MARYLAND Usuei Residence of Decedent Pages 1 and 2 should be filed within 72 hours after death with the Menyland neat of Health and Mental Hyglene.
ant: If item 27 is marked other than "natural", or items 23s or 28s-f show ury or other tranmal be nother a show ury or other tranmal to svent, I'm Mengal Exerting manual be nothered. 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2□No Director BALTIMORE MD. 10e. Street end Number 10f Zip Code 10g. Citizen of What Country? S. DREW STREET 21224 320 UISIA. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 Nyss 2 □ No If Yes, Give Year or Detes: W, W □ 13. Was Decedent of Hispenic Origin? (Specify Yes or No-It Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, etc. 1 ☐ Never Married 2 ☐ Married altimore, Maryland 21215-0020 1□Yes 2No Specify: WHITE Specify: py 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) Coilege (1-4or 5+) LEVER BROS, MAINTANENCE 10 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be CARLINI JAMES MARY SCANDORA 2 19e. informent's Name/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) S. DREW ST. BALTO. MD MILDRED CARLINI 20b. Piece of Disposition (Neme of 20a. Method of Disposition Dete 20c. Location - City or Town, Stete cemetery, cremetory or other plece) important: If its any injury or o once. Department of 1 Buriel 2 □ Cremetion 3 □ Removel from Stete OAK LAWN CEMETERY 3-14-96 EASTWOOD, MD. 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licensee 22. Neme end Address of Fecility CHAPLES S. ZEILEN +SON INC. 6224 EASTERN AVE. BALTO Mb 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Intervei Between Onset end Deeth Physician hetapolic Bladda Canu immediete Ceuse (Fine) disease or condition resulting in deeth) /Medical 7 monsky Examiner Due to (or es e consequence ot) The law requires that the death certificate be executed burial-transit Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): Division of Vital Records, P.O. Box 68760, attending physician for use as the buria Physician/Medical Due to (or es e consequence ot): USB BSU ed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert t. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown signed to þ 24b. Were autopsy tindings eveileble prior to completion of ceuse of deeth? Completed 24e. Wes en autopsy performed? page 2 s certificate 1 Yes 2 No 1 Yes 2 No Hospital or Attending Physician: 4 hours after death. Funeral Director: After this certificallely filled in by the funeral director, Be 25. Wes cese referred to medicel 26. Place of Deeth (Check only one) si or Attending Physics safter death. Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28c. Injury et Work? Certification: 28b. Time of 28d. Describe how injury occurred 5 Pending investigation 1 Neture! 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, term, street, fectory, office building, etc. (Specify) 4 D Homicide 1 Certifying Physicten: To the best of my knowledge, death occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete and piece, and due to the ceuse(s) end manner stated. 29a. Certifier Medicai (Check only one) 29b. Signeture and title of certifier 29c. License number 29d. Dete signed (Month, Dev. Year) 30. Name end eddress of person who completed cause of deeth (item 23e) (Type, Print) EATTER AVE BALTIMONE MI 2/224 4440 VaTell J4GUML MILHARL

State Registrar 31. Dete tiled (Month, Day, Year)
MAR 1 3 1996

32. Registrer's Signeture



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene item#31 film g733 3/13/96 ag perFH Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Data of Death 3 Time of Death **Physician** Month MADRIH /Medical 4a. Fecility Nema (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 100000N DATIMALE Gregge Baltimore no Correr Hours Min. 8. Deta of Birth (Month, Day, Year) 08/14/1925 If Undar 1 Yaar Months Deys 5. Social Security Number 8. Sax 7. Aga (In yrs. last birthdey) Birthplece (State or Foreign Country) Sax 10 M 20 F **Funeral** 218-14-7946 Yrs. Director 70 Maryland Usual Rasidence of Decedant with the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f ahow traumetic event, the Medical Examiner must be notified at MD. Baltimore Baltimore 1 Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21212 202 C. Ridgers Forge Rd. U.S.A. permit. Pages 1 and 2 should be filed within 72 hours after death 1 Department of Haaith and Mental Hygiene. Important: if item 27 is marked other than "natural", or Items 23s any Injury or other traumatic event, the Medical Exercises. 12. Was Decedant Ever In U,S. Armed Forces? 1 ☐ Yas 2 ☐ No if Yas, Giva Yaar or Dates: Wes Decedant of Hispanic Origin? (Specify Yes or No-if Yas, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - American Indien, Black. Whita, atc. 1 Never Married 2 Married Saltimore, Maryland 21215-0020 1 Yas 2 No Specify: White 2 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usuel Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedant's Education (Specify only highest grada complated) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Coilege (1-4or 5+) Freight Clerk Railroad 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Malden Surnama) Roy A. Cates, Evelyn M. Kromm 19a. Informant's Name/Ralationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Doris Baugher Cates/Wife 202 C Rodgers Forge Rd. Balto. MD. 21212 20b. Place of Disposition (Nama of cematary, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from Stete Chesapeake Crematory3/12/96 Beltsville, MD. 4 ☐ Donetion 5 ☐ Othar (Specify) 21. Signature of Funarai Sarvice Licenses 22. Name end Addrass of Facility
Bradley-Ashton Funeral Home, lacks 21222 2134 Willow Spring Rd. Balto. MD. 23a. Part1. Entar the disease, or complications that ceused the death. Do not antar the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. **Physician** /Medical Electropechanical dissolution Immediete Causa (Final diseesa or condition rasulting in daath) Examiner Examiner ician and burial-transit Sequentially list conditions, if any, laading to immadiata ceuse. Enter Undarfying Causa (Diseasa or injury that initieted avants rasulting in death) Last physician s the burial acctic anew Box 68760. Physician/Medicai Dua to (or es e consequance of attending USB signed by the a d be detached f Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? CAC 1 Yes 2 No 3 Probably 4 Unknown à 24b. Ware autopsy findings available prior to completion of cause of deeth? Completed 24a. Was an autopsy no decel Cromero 1 Yes DELNO 1 Yas 2 No 25. Was cesa refarrad to medicel Be 26. Place of Deeth (Check only ona) axaminar? Hospitai: Other: 4 Nursing Home 5 Rasidence 8 Othar (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA After this 28a. Data of Injury (Month, Day Year) 27. Manner of Death Certification: 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred To the Hospital or Attending F within 24 hours aftar death.
To the Funeral Director: After 1 Metural 5 Panding invastigation 1 Yas 2 No 2 Accidant in by the 6 Could not be detarmined 3 ☐ Suicide 28f. Location (Streef and Number or Rural Routa Number, City or Town, Stata) 28e. Place of injury - At homa, farm, street, factory, office building, atc. (Specify) 4 Homicide 1 Cartifying Physician: To the best of my knowledga, daath occurred et tha tima, data end place, and due to tha causa(s) end manner es stated.
2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, daath occurred et the time, dete end place, and dua to the cause(s) and mennar stated. 29e. Certifiar Medicai 29d. Dete signed (Month, Day, Year) 29b. Signature end titla of certifiar MASSCH 10, 1996 Milmun mo

SUITE 605 TOWSON MP

Registrar

30. Name and address of person who completed ceusa of death (Itam 23a) (Type, Print)

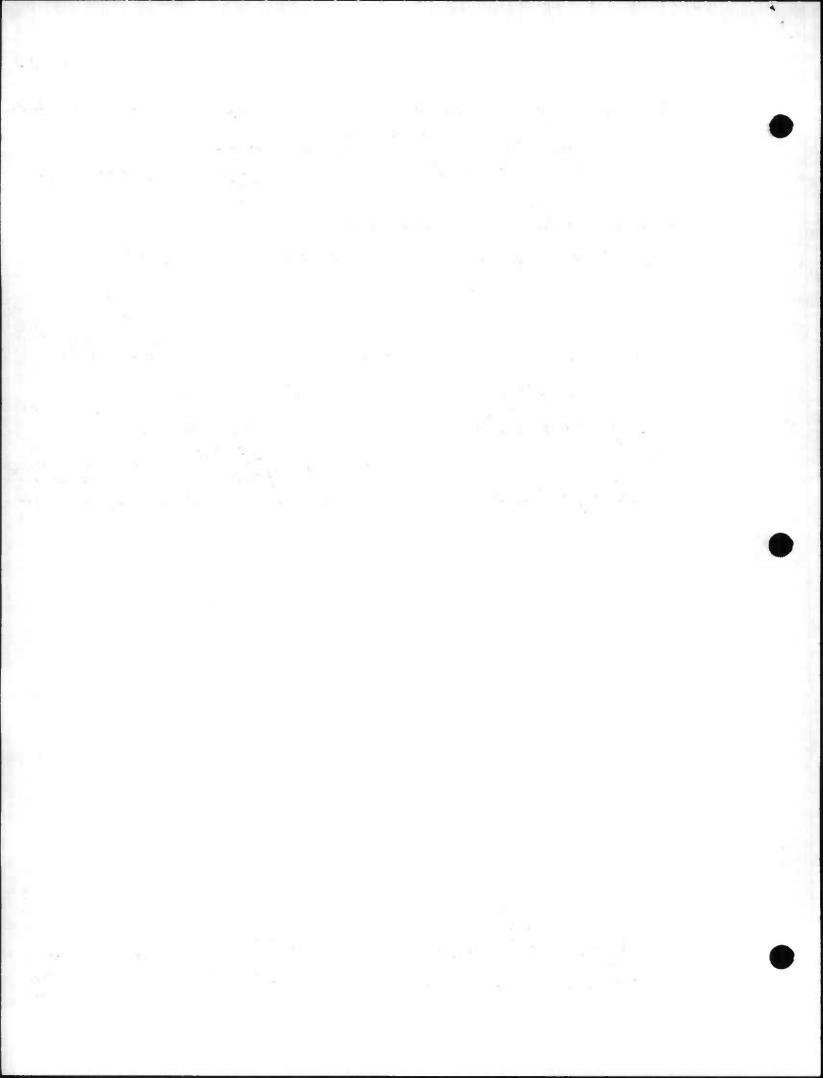
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State of Maryland / Department of Health and Mental Hygiene

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					Certifica	te of Death		Reg. No.		01055
	Di		1. Decedant's Nama (First, Middla, La	ast)			2. Data of D	eath	Vace	3. Time of Death
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	Examir		4a. Facility Nama (If not institution, gir	va straet and number)	#621	4b. City, Tow	n, or Location of Dea	th 4c. County	of Deathy	
			1701 EUTA	N Place "	6001	BALY	STONE		NA	
	Funeral		5. Social Security Number 6.	Sax 7. Aga (In yrs.)	(ast birthday) If Und	ar 1 Yaar If Undar 2	4 Hrs. 8. Data of B	irth	9. Birthple	aca (Stata or Foraign
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	with the Maryland ta or 28a-f show	Director	10e. Street and Number	g y	BALAIR	D/E ip Coda		10a Chinas of	Marine Court	HOYas 2□No
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	ob re	Funerai	11. Marital Status	12. Was Decedant Evar in U, Armed Forces?	S. 13. Was Dec	edant of Hispanic Orlgi ecify Cuben, Maxican,	n? (Specify Yas or N Puarto Rican, atc.)	o- 14. Rad	ce - Amarica	
5-0020	hours efter ursi', or its	by	1 Nevar Married 2 Married  3 Widowed 4 Divorced	1 ☐ Yas 225No If Yas, Giva Yaar or Datas:	1 □ Yas			Specif	- 1	ack
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Baltimore	00-7		1 Burlai 2 □ Cramation 3 □ 4 □ Donation 5 □ Othar (Special	JHamovai from Stata	emetary, cramatory or	othar placa)	3/9/90	1,1000		n.
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Ba	Departr Departr Importu any Info		Delegy of	7	L/	O T acinty	ANTHING	7-1100	41 10	THE HIME
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	Physician		23a. Part1. Enter the diseasa, or com shock, or heart failure. List only	iplications that caused the death one cause on each line.	n. Do not antar tha mo	da of dying, such as c	ardiac or raspiratory	arrast,	1	Approximata intarval Batween Onsat and Death
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	Registr	ar	MAK TO 1330	LERA DRUGGER VANDA	Ц					



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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decadant's Nama (First, Middla, Last) 2. Data of Death **Physician** Month Dey Clella March 8, 1996 Mary Doutrich 10:30 AM /Medical 4e. Facility Nama (If not Institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** Greater Balto. Medical Center TOWSON BALTIMORE If Under 1 Year If Under 24 Hrs. 8. Dete of Birth
Months Days Hours Min. (Month, Day, Year) 5. Sociel Security Number 7. Aga (In yrs. lest birthdey) Birthplaca (State or Foreign Country) **Funeral** Days 1□ M 2QF Director 215-16-7854 73 March 8, MARYLAND Usuel Residence of Decedant permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hyglene.

Important: If item 27 is marked other than "natural" or items 23s or 28s-f show any Injury or other traumatic avant, the Martical Exercises. 10s State 10b. County 10c. City, Town or Location 10d. Inside City Limits MARYLAND BALTIMORE TIMONIUM 1 Yas 2 No Director 10e. Street and Number 10f. Zip Coda 10g, Citizen of What Country? 198 Cinder Rd. 21093 USA Funeral 12. Wes Decedant Evar In U,S. Armed Forcas? 1 ☐ Yas 2 ☒ No If Yas, Giva Year or Datas: Was Decedant of Hispenic Origin? (Specify Yas or No-lf Yas, specify Cuben, Maxican, Puerto Rican, etc.) 14. Race - American Indian, Bieck, Whita, atc. 1 Never Married 2 Married 1 ☐ Yes 2 ☐ Xo Specify: Specify: WHITE þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT use ratired) 15. Decedant's Education (Specify only highast grade completed) 16b. Kind of Businass/Industry Elemantary/Secondary (0-12) College (1-4or 5+) 8 Homemaker Own Home 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be Harry Vincent Irene Olver 2 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Ernest C. Doutrich 198 Cinder Rd., Timonium, MD 21093 20e. Mathod of Disposition 20b. Place of Disposition (Nama of cematary, cramatory or other plece) 20c. Location - City or Town, State 1 □ Burial 2 □ Cramation 3 □ Ramoval from State Dulaney Valley Mem. Gardens MARCH 4 Donation 5 Other (Specify) Timonium MD 21. Signature of Funeral Service Licens 22. Neme end Addrass of Facility Lemmon Funeral Home of Dulaney Valley, Inc. Lowell Lemmon 23a. Part T. Entar tha disaesa, or complications that caused the death. Do not enter the mode of dying, such as cardiac of respiratory arrest, MD 21093 shock, or heart feilure. List only one cause on each line. Approximete Onset end Deeth **Physician** /Medical Immediata Causa (Final 5 475 diseesa or condition rasulting in daath) Examiner Dua to (b) as a consequence of) Examiner Hospital or Attending Physician: The law requires that the death certificate be executed Sequantially list conditions, if any, laading to Immadiate causa. Entar Undarlying Cause (Diseasa or Injury that initiated avants resulting in death) Last Dua to (or as a consequence of) physician a Box 68760, Physician/Medical Due to (or es e consequance of): signed by the ette P.O. Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yea 2 No 3 Probably 4 Unknown Division of Vital Records, þ 24b. Wara autopsy findings evallable prior to completion of cause of deeth? Completed 24a. Was an autopsy performed? this certificata 2 1NO 1 Yes 2 LNO 25. Was case rafarred to medical Be 26. Placa of Death (Check only ona) Othar: 4 Nursing Homa 5 Rasidenca 6 Other (Specify) 2 1 ☐ mpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yas 2 No 28a. Data of Injury (Month, Day Year) Certification: 27. Mannar of Death 28b. Time of 28d. Dascribe how Injury occurred aftar death. I Director: Aftar t 28c. Injury at Work? 1 PNaturel 5 Panding 1 ☐ Yas 2 ☐ No invastigation 2 Accident 6 Could not be datarmined 3 Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 3 28a. Place of Injury - At home, ferm, street, factory, offica building, atc. (Specify) 4 Homicida within 24 bours a To the Funeral C 29a. Certifier 1 Certifying Physician: To tha best of my knowledga, daath occurred et tha tima, data and placa, and dua to tha cause(s) and mannar as stated Medicai 2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 5 29b. Signatura and titla of certifier 29c. Licanse number 29d. Data signed (Month, Day, Year) 96 30. Nama and addrass of person who complated causa of death (Itam 23a) (Type, Print) Myo Thant, M.D. 32. Registrar's Signatura 9101 Franklin Square Drive, Balto., MD 21237 31. Data filed (Month, Day, Year) State Registrar

DHMH 16 Rev 6/95

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ITEMS: 23 PART I, 27, 28a-f, State of Maryland / Department of Health and Mental Hygiene

	PER MEO	FI	LM G-733 3/22/96 t.t	state of Maryla		ertificate of		,	Reg. No.	96	07101
		-3	Decedent's Neme (First, Middle, Last)					2. Dete of De	eth		3. Time of Death
	Physici /Medi		MARVIN DAR	RELL		DA	ILEY	MARCH	10 1	996	10:45P.M
	Examir		4e. Fecility Neme (If not institution, give stre	eet end number)			4b. City, Town, or I	Location of Deet	4c. County	of Deeth	
			1219 N.PATTERSON	PARK AVE			BALTIM	ORE	N/A		
	Funeral		5. Sociel Security Number 6. Sex	7. Age (In yrs	. lest birthda Yrs.	Months Dave		8. Dete of Bir (Month, De	th by, Year)	9. Birthpl Count	ece (State or Foreign
ш	Director		218-66-1765 Usuel Residence of Decedent	42	113.			DEC 2	8, 1953		MD.
	land Mand		10e. Stete 10b. County	10c. C	ity, Town or	Location				10	Od. inside City Limits
	Man	to	MD N/A		$\mathbf{B}^{p}$	ALTO					1 Yes 2 □ No
	th the	Funeral Director	10e. Street end Number			10f. Zip Code			10g. Citizen of W	het Count	try?
	th wi	ai C	1219 N. PATTERSO	N PK		2121	3		USA		
	sep	Jue		Wes Decedent Ever in I Armed Forces?	J,S. 13	B. Was Decedent of if Yes, specify Cub	Hispenic Origin? (S an, Mexican, Puert	pecify Yes or No	- 14. Rece	- America	
Maryland 21215-0020	d within 72 hours after death with the Maryland liene. Than "natural", or flems 23s or 28s-f show the Medical Examiner must be not the death.	by	Never Merried 2 Married 3 Widowed 4 Divorced	1 ☐ Yes <b>À D</b> No If Yes, Give Yeer or Detes:		1☐ Yes 2☐No		,		BLA	
5-0	72 ho	Completed	15. Decedent's Educat (Specify only highest grade of	ion ampleted	16e. Dec	cedent's Usuel Occu ve kind of work done DO NOT use retire	pation	tina	16b. Kind of Bus	siness/Ind	ustry
21	within one than the	nple	Elementery/Secondary (0-12)	College (1-4or 5+)	life	DO NOT use retire	d)	King			
2	filed w Hygier ther th	Cor	12th	2nd	CAB	DRIVER			TRANSP		TION
and	S E S	Be	17. Fether's Neme (First, Middle, Last)						, Meiden Sumeme		
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Ma	75 - 5			r/mt/		iling Address (Stree				stere, Zip	Lode)
ē,	THE S		MARCELLA FISHER  20a. Method of Disposition	20b.	Piece of Dis	CEDONI  position (Name of			21206 20c, Location - 0	City or To	wn, Stete
OF.			1 ☑ Burial 2 ☐ Cremetion 3 ☐ Rem 4 ☐ Donetion 5 ☐ Other (Specify)	iovel from Stete	27.5	N CD3D		AAR	DAT MO	MD	1300
Baltimore,	교 등 등 등		21. Signature of Funeral Service Licensee	- W		N STAR (	ass of Facility		BALTO,		
Ö	Depa Impo		1950	KVII		1129 N.			JNERAL :		
	-		23a. Pert1. Enter the disease, or complicate shock, or heart feilure. List only one of	ions thet caused the dee	th. Do not e					D 21	Approximate
	Physician		shock, or near relidie. List only one (	euse on eech line.						l I	Interval Between Onset end Deeth
4	/Medical Examiner	Н	Immediate Cause (Finel disease or condition	NARCOTIC, CO	CATNE A	ND ALCOHOL	INTOXICATIO	N		1	
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	bet tist	nine	<b>b</b> . —				_				
<b>-</b>	tificate be axecuted ig physician and as the burial-transit	Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury c	Due to (	or es a cons	equenca of):					
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Box	death cert e attending ed for use	an/Ne	d							i	
	deat ded fo	Physician/N	Pert II. Other significant conditions contrib	uting to death but not rea	sulting in the	underlying cause gi	ven in Pert i.	23b. Did	tobecco use con	tribute to	the cause of death?
P.0	that the de led by the a detached f	Phy						10	Yes 2 No	3 Prob	ebly 4 Unknown
	signe bed	by									
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重	or all	BeC	25. Wes case referred to medical			75	28. Place of Dee				22.10
2	1 7	To	examiner? 1) Yes 2 No	pitel: 1 ☐ Inpatient 2 ☐	] ER/Outpeti	ent 3 DOA Ot	her: 4 Nursing H	ome 5 🔀 Resi	dence 6 □Othe	r (Specify	)
6	ding h. Aftar tr		27. Menner of Deeth  1 Netural 5 Pending	28e. Dete of Injury (Month, Dey Year)	28b. Time Injury		ry at	28d. Describe	how injury occurre	d	
sio	Attending ar death. ector: Afta by the fune	catio	2 Accident investigation	3-10-96	UNKNO	OWN M 1	Yes 2 X No	UNKNO			
Division		Certification:	3 Suicide SUN Could not be determined	28e. Plece of injury - At h building, etc. (Speci FOUND)	iome, ferm, s fy) AT HOME				Street and Number wn, Stete) 1219 BALTIMORE,		ATTERSON PARK
	To the Hospital or within 24 hours after To the Funeral Dir completely filled in		29e. Certifier 1 Certifying Physicial (Check only 20 Medical Examiner	an: To the best of my kno	owiedge, de	oth occurred at the ti	me, dete end pleca	, end due to the	ceuse(s) end mer	ner es ste	eted.
	the H iin 24 the Ft	ledical	one)	On the besis of examine and menner stated.	etion end/or			rred et the time,	gete and piece, a	nd due to	tne cause(s)
	To the within 2 To the comple	Σ	29b. Signature end title of certifier	10.	A . ()	29c. Licen			29d. Dete signed		
			, Woran	orker	V	0.	C.M.E.	الصا	MARCH 1	.1,19	996
	1		30. Name and address of person who comp	leted cause of densy (Ite	m 23e) (Type	Penn St	reet, B	altimo	re, Mar	yla	nd 21201
	Sta Registr		MAR 1 3 1996	32. Registrar's Sign	ature Let						
	3		THE PERSON NAMED IN COLUMN	A THE PERSON NAMED IN	Control of the Contro						

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#### Amended item #4, g-735, 5/10/96emh per fh Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth BENJAMINE F. ENGLAND MAR **Physician** 05:10 PM /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner MARBOR MOSPITAL CENTER 3001 S. MANOVER STREET BALTIMORE BAZTIMORE (17) If Under 1 Yeer | If Under 24 Hrs. 5. Social Security Numbers 234 22 3859 6. Sex 7. Age (In yrs. lest birthdey) Birthplace (Stete or Foreign Country) **Funeral** 12XM 2□ F Director Oct. 2, 1920 West Virginia Usuel Residence of Decedent 10a Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits show than "natural", or items 23a or 28a-f shortha Medical Examiner must be notified at 1 ☐ Yes 2 X No Director Maryland Anne Arundel Pasadena 10e. Street end Number 10f. Zip Code 10g, Citizen of What Country? 1598 Long Point Road 21122 Funeral 12. Wes Decedent Ever in U,S Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 1 Never Married 2 X Merried 1 Yes 2 No If Yes, Give Yeer or Detes: Baltimore, Maryland 21215-0020 1 Yes 2 XNo Specify: Specify: p White 3 □ Widowed 4 □ Divorced Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Hygiene. ther than Elementary/Secondary (0-12) College (1-4or 5+) Stationery Eng. Manufacturer 12th Department of Health and Mental Hy, Important: If Item 27 is marked other any followy or other transmission of the portrol of the process. 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Lena Lester W. Wayne England 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 1598 Long Point Road Pasadena, Maryland 21122 Grace England 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 DBurial 2 Cremation 3 Removal from State Meadowridge Memorial Pk. 3/13/96 Baltimore, Maryland 4 Donation 5 Other (Specify) 21. Signature of Funeral Service Licen 22. Name end Address of Fecility Gonce Funeral Home P.A. lon 4001 Ritchie Highway Baltimore, Md. 21225 23e. Pert1. Enter the disease are implications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset end Deeth **Physician** Immediete Ceuse (Finel diseese or condition resulting in deeth) **IMedical** METASTATIC ADENOCARCINGMA GASTROBSPHAGAL 2 MONTHS Examiner Due to (or es e consequence of): TUNCTION Examiner METASTATIC ASICITES

Due to (or es e consequenca of): 2 MON7hs the death certificate be executed Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury burial RENAC INSUFFICIENCY Box 68760 2 WEEKS Physician/Medical thet initieted events resulting in deeth) Lest Due to (or es e consequence of) the ettending p Pert II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I. P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown signed t Records, þ 24b. Were autopsy findings avelleble prior to completion of cause of deeth? 24e. Wes en eutopsy performed? Completed 1 Ves 2 DA 1 ☐ Yes 2 Tho Division of Vital alor Attending Physician: T setter death. Il Director: After this certificat ed in by the funeral director, p. 25. Wes case referred to medical exeminer? Be 26. Place of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residenca 6 Other (Specify) 2 1 ☐ Yes 2 ☑ No 1 Dinpatient 2 ER/Outpetient 3 DOA 27. Menner of Deeth 1 Neturel 28e. Dete of Injury (Month, Dey Year) 28b. Time of Certification: 28c. Injury et Work? 28d. Describe how Injury occurred 5 Pending Investigation 1 Tes 2 No 2 Accident 6 Could not be determined 3 ☐ Sulcide 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) filled in by 4 Homicide To the Hospital of with the Function of Completely filled in 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated. 29e. Certifier Medicai (Check only one) 2 Medical Examinar: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end menner stated. 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) Naute, Singh RESIDENT PHYSICIAN AS 244161436 30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print) HARBOR HOSPITAL CENTER NAVIETS. BUTTAR DEPARTMENT OF NEDICINE, 3001 S. HANOVER STREET BALTIMORE IND 21215 33. Registrer Cignature 31. Dete filed (Month, Dey, Year) 1996 Registrar

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						Ce	rtificate	of Dea	th		Reg.	No.			
	Physic /Medi		Decedant's Nama (First, Middla, Last)     MARIE DOROTHY	FITCE	<b>I</b>					2. Data of D Month MARCH		Dey 1996	Year		of Death
	Exami		4e. Facility Nema (If not institution, give st FREDERICK VILLA NU					-	Town, or L	ocation of Dee	eth	4c. County	y of Deeth	Œ	
	Funeral Director		5. Social Security Number 6. Sax 215-09-0629  Usual Rasidance of Decedant	M 2 <b>∑</b> F	7. Age (in yrs. ii	ast birthday) Yrs.	If Undar 1 \ Months D	aar If Uneys Hou	der 24 Hrs. rs Min.	8. Deta of B (Month, D JAN.	lirth Day, Yo	1904	9. Birthp Court PENN	elace (State etry) ISYLV	a o <i>r Foraig</i> r ANIA
	death with the Maryland ms 23e or 28e-f show r.must be notified at	Director	10a. Stata 10b. County  MARYLAND BALTIMORE			, Town or Lo					10d. Inside 1 ☐ Ya				City Limits
	th with th	al Dire	10e. Street end Number  800 WARWICK ROAD				10f. Zip Co	<sup>de</sup> 229			10g.	Citizan of U.S.		ntry?	
020	hours after death with the Maryla uret, or Items 23e or 25e4 sho al Examiner must be notified at	by Funeral	11. Married Stetus  1 Never Married 2 Married  3 Widowed 4 Divorced	Armed F	2 <b>X</b> ) No iva		Was Decedant If Yes, specify 1 ☐ Yes 2 <b>X</b>			pecify Yas or N Rican, atc.)	ło-		ce - Americ ck, Whita,		
21215-0020	d whin 72 ho gins. If then 'nstur the Medical	Completed	15. Decedant's Educe (Specify only highest grada Elemantary/Secondary (0-12)	complated,	) (1~4or 5+)	(Give lifa.	dant's Usual O kind of work o DO NOT usa r	lona during n atired)		king		WOM	EN'S		Y
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Mary	d 2 should h and Mer f le marke fraumatio	To	19a. Informant's Name/Raiationship (Type	, Print)		19b. Maill	ng Addrass (S	treet and Nu					Stata, Zip	Code)	
e, M	l and lastin m 27 in ther tru		GLORIA M. SWANSON	/ DAI		_	VARWICK		BALT		1			229	
Baltimore,	Pages ent of h nt: If its ry or of		20a. Mathod of Disposition  1 Burlai 2 Cramation 3 Rai	novel from	Stata	matary, cra	matory or othe	r place)		R. 12,		c. Location			
altir	Harte .		4 ☐ Donation 5 ☐ Other (Specify)  21. Signature of Funeral Service Licensee		FOR		COLN CR 2. Name end A			1996	B	RENTW	оор,	MARY	LAND
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	Physician /Medical Examiner	er	Immediata Causa (Final diseese or condition rasulting in death) a.	/	1 Zotem	as a conse	quance of):							Onsat en	d Deeth
68760,	certificate be executed ding physician and ise as the burial-transit	Ilcal Examiner	Sequentielly list conditions, if any, leading to immadiata causa. Entar Underlying Causa (Disaase or injury that initiated evants resulting in daeth) Last			as a consec									
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	ding Physician: Th h. After this certificate funeral director, par	on: To Be	25. Was casa referred to medical examiner?  1 Yas 22 No  27. Manner of Death  1 Natural 5 Panding	28a. Date		ER/Outpatler 28b. Time o Injury		Other		th (Check only ome 5 Res 28d. Describe	sidenc			y)	
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	To the Hospital or J within 24 hours after To the Funeral Dire completely filled in the	edical	29a. Cartifiar (Check only one)  Certifying Physic 2 Medical Examina	r: On tha b	a best of my know easis of axaminati nnar stated.	viadge, daati on and/or in	n occurred at the vastigation, in	na tima, data my opinion,	and place, daath occur	and dua to the red at tha time	a caus a, data	sa(s) and m and place,	anner as si and dua to	tated. tha cause	a(s)
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State of Maryland / Department of Health and Mental Hygiene 96 07104

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	Physic /Medi		Decedent's Neme (First, Middle, Last	st) Anr	na Ag	nes G	resl	ham				2. Dete of De Month March	eeth Dey	Yeer 1996		m # 0 mth :50 M⋅M
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	and		Usuel Residence of Decedent  10e. Stete 10b. County		T	10c. City, Tov	vn or Lo	cation				10d. Inside City Limit				
	Sa-1 ahd	Director	Maryland Anne Ar	unde1		Balt	imor	_							10	Yes 2⊠No
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020	4 within 72 hours after death with the Meryland piene. Than "natural", or Items 23s or 28s-f show the Modesi Examiner must be purified at	by Funeral	11. Meritel Stetus  1 ☐ Never Merried 2 ☐ Merried  3 ☑ Widowed 4 ☐ Divorced	Armed	Decedent Ev d Forces? les 2 X No , Give or Detes:		1	Was Dece f Yes, spe 1 ☐ Yes	cify Cu	ben, Mexicar	n, Puerto	pecify Yes or No Rican, etc.)		ck, White,		
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	s 1 and 2 if Health them 27 I		Lillian McLaughl 20e. Method of Disposition	TII		20b. Pleca o				h Aver	nue	Dete	imore, N			
Baltimore,	00-		1 ☑ Buriel 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specify		rom State	Weste	ry, cren	netory or o	other pl	,		3/13/96	Baltin			
Bal	permit. Peg Department Important: I any Injury o		21. Signeture of Funerel Service Licen	\$00	العراضو ا	Oi.	-			ress of Facili			Funeral timore,			
			23a: Pert1. Enter the disease or comp shock, or heart feilure. List only	olicetions th	net caused th	ne deeth. Do								110.	Approx	
	Physician /Medical Examiner	er	Immediate Ceuse (Finel disease or condition resulting in deeth)	e	ong	eduv ue to (or es e	e	Re		t Sa				1	Onset	and Deeth
x 68760,	eath certificate be executed attending physician and for use es the burial-transit	/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest	b		ue to (or es e										
Bo	attend for us	clan												1		
P.0.	res that the de signed by the a be detached t	Physician	Pert II. Other significant conditions on R 0 44 A						cause g	iven in Pert i	i.		tobacco uae co Yes 2⊠ No			use of death? 4 ☐ Unknown
of Vital Records,	aw requi	Completed by	Ki	dre	y	Sto	ne	<u>ر</u>					an autopsy ormed?	av	eliable p	opsy findings prior to n of cause
E	The ate	ပ္ပ										10	Yes 2DNo	1[	] Yes	2□ No
Vit	Physician: The this certificate ral director, par	Be	25. Wes case referred to medical examiner?	Hospitel:						28. Place	e of Deet	th (Check only	one)			
ō	Q 50	. To	1 ☐ Yes 2 ☑ No  27. Menner of Deeth	1	Inpatient ete of injury		utpetien Time of		JA	4U NL	ursing Ho	de te	how injury occur		y)	
40	After	tlon	1 Neturel 5 Pending 2 Accident investigation	(A	Month, Day		Injury	M	28c. inju We	ork? ∃Yes 2□	No	280. Describe	now injury occur	160		
bivision	To the Hospital or Attending Ph within 24 hours effectostatic To the Funeral Director: After th completely filled in by the funeral	Certification:	3 Suicide 6 Could not be determined	200. P	lece of tnjury uilding, etc.	y - At home, fe (Specify)	erm, stre	eet, fector	y, office	)			Street end Numb wn, Stete)	ber or Rure	/ Route	Number,
	To the Hospital within 24 hours e To the Funeral I completely filled	edical C	29e. Certifier (Check only one)	inar: On th	the best of a e basis of ea nenner stete	xaminetion er	e, deeth nd/or inv	occurred estigetion	et the t	lme, dete en opinion, dee	nd pleca, eth occur	end due to the red et the time,	cause(s) and madete end plece,	anner as s end due to	teted.	use(s)
	within To the	Me	29b. Signeture end title of certifier				29c. License number 29d. Date signed (Month, Day, Year)									
	1		Ram S.K.	auf	nice	n H	D		D.	263	07	1	3/1=	1916		
			30. Name and address of person who of Dr. Rani S. Ka						lic	Road	т	Raltimo:	re, Mary	1and		
	Sta	te	31. Dete filed (Month, Dey, Year)	-		Signeture Mande M		арО	119	Noau	E	AT CTIIOI	Le, Hary	Tana		

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# Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Date of Death Day q **Physician** gregory harles MARCH /Medical 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death Examiner Maryland General Hospital Baltimore If Under 1 Year Months Days If Under 24 Hrs. Hours Min. 8. Date of Birth (Month, Day, Year) AUG . 24, 1955 5. Social Security Number 6. Sex 7. Aga (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1⊠M 2□ F 214-64-2293 Yrs. Director 40 Maryland Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Insida City Limits than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at Maryland 1 X Yas 2 □ No N/A Baltimore Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 530 N. Gilmore Street 21223 United States Funerai 12. Was Decedent Ever in U,S. Armed Forcas? 1 ☐ Yes 2 ☑ No If Yes, Giva Year or Dates: Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. Race - American Indian, Black Whita, atc. 68 1 apd 2 should be filled within 72 hours after of Health and Mental Hygiene. 1 Never Married 2 Married Maryland 21215-0020 1 ☐ Yes 2 No Specify: Black à 3 Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) various places **GED** Carpenter 17. Fathar's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Edith Rice Charles H. Gregory 2 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Streat and Number or Rural Route Number, City or Town, Stata, Zip Code) Edith Gregory mother 530 N. Gilmore Street, Baltimore, MD 21223 more, 20b. Place of Disposition (Nama of cemetery, cramatory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State ₩XBurlai 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Other (Specify) 3 - 14LANSDOWNE, md CEMETERY ZION 21. Signature of Funaral Service Licensee 22. Name and Address of Facility.
March Funeral Home à 23a. Part1. Enter the diseasa, or compilications that caused the death.) Do not enter the mode of dying, such as cardiac or raspiratory arrest, shock, or heart failure. List only one cause on each line. 1101 E. North Avenue, Baltimore, MD 21202 **Physician** /Medical Immediate Cause (Final diseasa or condition resulting in death) **Examiner** Due to (or as a consequance of): Examiner Preumonia EutroDenia ettending physician end for use as the buriel-transit The lew requires that the deeth certificets be executed Sequentiatly list conditions, if any, leading to immadiate cause. Enter Undarlying Cause (Disease or Injury that initiated evants Immunode ticiency Box 68760, Human Physician/Medicai Due to (or as a consequence of) resulting in death) Last Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. Division of Vital Records, P.O. 94 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Syndrome þ 24b. Were autopsy findings available prior to completion of causa of death? 24a. Was an autopsy Completed performed' hes 1 🗆 Yes 2 M No 1 □ Yes 2 □ No certificate or Attending Physician: 25. Was casa referred to medical examiner? Be 28. Placa of Death (Check only one) 1 Yas 2 No Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatiant 2 □ ER/Outpatient 3 □ DOA Certification: To After this 27. Mannar of Death 28c. tnjury at Work? 28d. Describe how Injury occurred 1 Natural 5 Pending investigation within 24 hours efter death.

To the Funeral Director: All
completely filled in by the fu 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be datarminad 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 3 ☐ Sulcide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homleida Hospital Certifying Physician: To the best of my knowledga, daath occurred at the time, date end place, and dua to tha cause(s) and manner as stated.

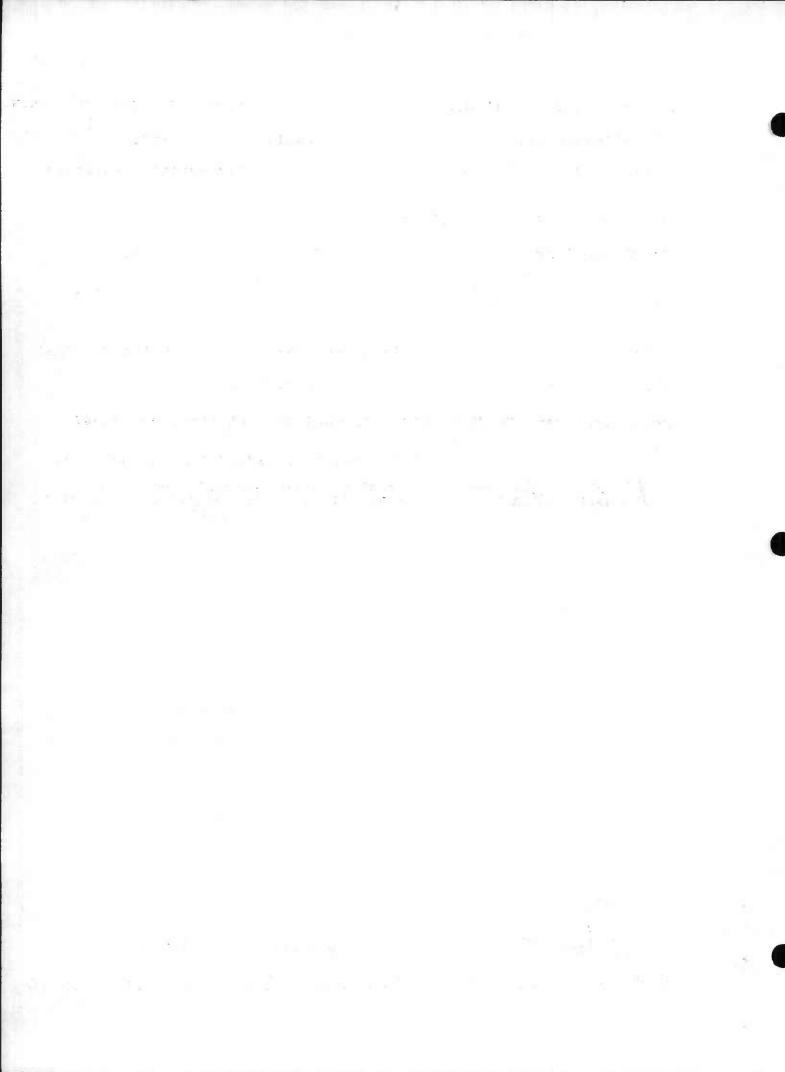
"Comparison of the dash of the d Medical 29a. Certifier (Check only one) To the P within 2 To the P 29b. Signatura and titla of certifier 29c. License number 29d. Data signed (Month, Day, Year) placence glecico 30. Name and addrass of person who complated cause of death (Item 23a) (Type, Print) clo Maryland GENERAL Tatiana Yourays Kaia, M.D. 31. Data filed (Month, Day, Year) 32. Registrar's Signature State MAR 1 3 1996 the other backet Registrar

**DHMH 16 Rev 6/95** 

### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 07 106

						C	ertificate	of	Death		Reg. No.	, (	11100	
П	Physici	an	Decedent's Neme (First, Middle, Last)							2. Dete of De		Year 96	3. Time of Deeth	
	/Medi		Frances Ceceila		er					March			06:00A.M	
	Examir	ner	4e. Fecility Neme (If not institution, give since 1703 Wildwood D:	and the same of th				4	6b. City, Town, or Lo Fallsto		Deeth 4c. County of Deeth Harford			
	Funeral Director		5. Sociel Security Number 6. Sex 2 1 7 − 1 4 − 5 0 4 7	An -	e (In yrs. 82	lest birthd Yrs	Months	Year Deys	if Under 24 Hrs. Hours Min.	8. Dete of Birt (Month, De 12/19/	1913	9. Birthp Coun Ma 1	ieca (Stete or Foreign try) Cyland	
т	P.		Usuei Residenca of Decedent			-								
	anylan show	<u></u>	10a. Stete 10b. County			y, Town or						1	Od. inside City Limits	
	Ne M	actc	MD. Harford		ra.	lst							1 ☐ Yes 2 ☑ No	
	with t	Dir	10a. Street end Number 1703 Wildwood Dr				10f. Zip (	Code 047	7		10g. Citizen of W		try?	
Maryland 21215-0020	permit. Pages 1 and 2 should be filed within 72 hours efter death with the Maryland Depertment of Health end Mentel Hyglene. Important: if Item 27 is marked other than "natural", or itema 23a or 28a-f show says injury or other traumatic event, the Medical Examiner must be multified an once.	by Funeral Director	11. Meritel Stetus  1 Never Merrled 2 Married  32. Widowed 4 Divorced	2. Wes Decedent B Armed Forces? 1 Yes 2440 If Yes, Give Yeer or Dates;		S. 1	3. Wes Decede if Yes, speci		lispanic Origin? (Sp an, Mexican, Puerto Specify:	ecify Yes or No Rican, etc.)	14. Rece Bleck Specify:	White,		
2-0	72 ho	Completed	15. Decedent's Educi			16a. De	cedent's Usuei	Occup	ation during most of work d)	ina	16b. Kind of Bus	siness/inc	lustry	
21	thin 7	nple	(Specify only highest grade Elamentary/Secondery (0-12)	College (1-4or 5	+)					ing				
2	wed w	S				Med.	ical S	ecı			-		ospital	
and	to be the transfer of the tran	Be	17. Fether's Neme (First, Middle, Last) John W. Vaughan						18. Mother's Nemo		Maiden Sumeme	)		
7	1 Mer marke	70												
Ma	d2sl then 7 len traur		19a. Informant's Name/Reletionship <i>(Typ</i> Raymond Grainger		on				end Number or Run od Dr. F		-			
	Heal Heal other		20a. Method of Disposition	, 021,0	20b. P	leca of Di	sposition (Nem	e of		Dete	20c. Location - (			
Baltimore,	ages ant of rt: If If y or o		1 Buriel 2 □ Cremetion 3 □ Re 4 □ Donetion 5 □ Other (Specify)	movei from State			crematory or off thedra			14/96	Baltim			
	ortan ortan injur		21. Signature of Funerel Service Licensee		1,40,4		22. Neme end	Addre	ss of Feclity					
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	Dhuaisian		23a. Pert1. Entar the disease, or complice shock, or haart failure. List only one	ations thet caused causa on eech lin	the daet	n. Do not	enter the mode	of dyln	ig, such es cardiec	or respiretory er	rest,		Approximeta Interval Between Onset end Deeth	
	Physician / /Medical		Immedieta Causa (Final	PEGG	005	Si (**	CIPAC	-C-0	C.C				1 1 10016	
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50,	oe exe	Û	Sequentially list conditions, if any, laeding to immediate cause. Enter Underlying Cause (Diseese or Injury c.	Cimun	11C	LUN	6 D(81	SARE	3			I I		
68760,	tificate be executed ig physician and as the bunat-transit	edical Examiner	that initieted events resulting in deeth) Lest			es e con	sequence of):							
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P.O.	the d	Physician/N	Pert fl. Other significant conditions contr	ibuting to death bu	rt not resi	ilting In th	e underlying ca	use giv	en in Pert f.				the cause of death?	
o,	es that the deeth cei igned by the attendir be detached for use	by Pt	KHEUMMOID /	RATHUTTS						180	Yes 2 No	3 Prol	bably 4 Unknown	
Records	v requir been s should	Completed b								24e. Was perfo	en autopsy rmed?	avi	ere autopsy findings allable prior to mpletion of cause death?	
<u> </u>		P								101	res 20 No	1 🗆	Yas 2□ No	
Ita	ysiclan: The lav s certificate hes director, page 2	Be (	25. Wes case referred to medical examiner?						26. Plece of Deet	h (Check only o	ne)			
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OivIsi	l or Attending after death. Director: After in by the fune	Certification:	3 Suicide 6 Could not be determined	28e. Place of Injubuilding, etc	ry - At ho	me, ferm,	street, factory,	office		28f. Location (S City or Tox	Street end Numbe m, Stete)	r or Aura	l Route Number,	
6.	To the Hospital or within 24 hours after To the Funeral Dir completely filled in	edical C	29a. Certifier (Check only one) Mydical Examine	r: On the basis of	examinat	vledga, de lon and/oi	eth occurred a	t the tin	ne, dete end plece, pinion, daeth occurr	end dua to the ored et the tima,	causa(s) and mar date and piece, a	nar as si	ated. the causa(s)	
Car	o the	Mec	29b. Signature and title of ceptifier	end menner ste	iou.		29c.	Licens	e number	Т	29d. Date signed	(Month.	Dey, Year)	
Applica.	F ≱ F 8		· // Mu-				230.	1	22843					
		-	20 Name and address a name with	pleted serves of di	máls /la=-	004\ /T :	Delection of the control of the cont	100	+1617		MIRCH	10	1 776	
	1		30. Nama and addrass of person who com R PHILLIPI 20	plated causa of de	UUC			NI	Forz	EPT IT	yu, u	In	2/010	
	Sta Registr		31. Dete filed (Month, Dey, Year)	2. Registra	hand				-					



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State of Maryland / Department of Health and Mental Hygiene 96 07107

					Cer	tificate of	Death	Re	ig. No.	0/10/
	Physici	an	1. Decedent's Neme (First, Middle, Last)			(11.1	1	2. Dete of Deeth Month	Dey Ye	3. Time of Deeth
J	/Medi		=MM	A G	RIER	(MN-		MARCH	8 188	6 8 70
7	Examir	er	4e. Fecility Neme (If not Institution, give str	eet end number)	0-1		4b. City, Town, or L		4c. County of D	
ŀ		_	Nonthives for the Contact Probabilists of Battimens  5. Sociel Security Number 6. Sex 7. Age (In yrs. lest birthdey) If Under 1 Yeer If Under 24 Hrs. 8. Dete of Birth 9. Birthplece (Stete or Foreign							
	Funeral Director			1 200 F	Yrs.	Months Deys		8. Dete of Birth (Month, Day, MAY 28)	1929 No	Country) RTH CAROLINA
	show	To Be Completed by Funeral Director	10e. Stete 10b. County	10c.	City, Town or Lo	cation		·		10d. fnside City Limits
	th with the M 23a or 28a-f		MARYLAND N/A		B	ALTIN	HORE C	ITY		¥ Yes 2□No
21215-0020			10e. Street end Number			10f. Zip Code		10	g. Citizen of Whet	Country?
			22 S. ATHOL			21	229		USA	1,
	er dea itema			. Wes Decedent Ever in Armed Forces?	U,S. 13. V	Ves Decedent of Yes, specify Cu	Hispenic Origin? (Sp ben, Mexican, Puerto	ecify Yes or No- Rican, etc.)		merican indlen, /hite, etc.
	72 hours aft naturel, or		1 Never Merried 2 Merried 3 Widowed 4 Divorced	1 Yes 22 No If Yes, Give Yeer or Detes:		□Yes 2/1 No			Specify:	BLACK
15-	n 72		15. Decedent's Educat (Specify only highest grade c	ion om <i>pleted)</i>	16a. Deced	ent's Usuel Occu kind of work done	upetion e <i>during</i> most of work ed)	ing	6b. Kind of Busine	ess/Industry
212	be filed withintal Hygiene. d other than		Elementery/Secondary (0-12)	College (1-4or 5+)	4.1	188KG			HOSPIT	A-1
P	Hyg other		17. Fether's Neme (First, Middle, Last)		1100	1	18. Mother's Nem			,
lar	2 should be filed within and Mental Hygiene. Is marked other than eumatic event, it a M		ROBERT	JA	CKSOI	V	MARIO	N GA	4 N-UNI	KNOWN)
Maryland	d 2 should th and Mer 7 is merke treumatic		19e. Informant's Neme/Reletionship (Type	, Print)			et end Number or Rui	zi Route Number,		
	る者とこ		KICHARD GRI		2025	RIDGE	HILL AVE.	BALTI	HORE M	D. 2/217 or Town, Stele
ore	T tol		20a. Method of Disposition  10 Buriel 2 □ Cremetion 3 □ Rem		cemetery, crem	letary or other pr	ece)			
altimore.	t. Pa tmen tant:		4 ☐ Donetion 5 ☐ Other (Specify)	M	T. 210	N CEME	ETERY 3-	15-96 6	BALTIHO	RE, MD.
Ba	permit. Page Department of Important: If any Injury or once.		21. Signeture Funerai Service Licensee	00		Neme end Add TOSEPH H 1913 W.	ress of Fecility BROWN JI BALTIMORE	R. FUNERA	AL HOME, E	A. MD. 21223
			23a. Part1. Enter the diseese, or complications shock, or heert feilure. List only one	tions that caused the deceuse on each line.	eth. Do not ente	er the mode of dy	/Ing, such es cardiac	or respiretory arre	st,	Approximete fnterval Between
	Physician	Medical Examiner	tmmedlete Cause (Finel disease or condition resulting In deeth)  Onset and  Z W A  Due to (or es a consequence of):							Onset and Deeth
	/Medical Examiner									2 WEEKS
	be executed sician and burial-transit		Sequentially list conditions	Due to	Due to (or es e consequence of):					
Ö	an an		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying	540 (0	Due to (in each contection of).					
68760	icate be physici s the bu		Ceuse (Diseese or Injury that initiated events resulting in death) Last  Due to (or es e consequence of):							
- 1	entifica ding pl									
Box	aath ce attendii for use	Physician/	u.							
0	the de	ysk	Part II. Other significant conditions contrib	outing to death but not re	esulting in the un	derlying cause g	iven in Pert i.	23b. Dfd tol		uts to the cause of death?
4	as thet the da igned by the a be detached i	Y P	1612URE 290	ndon!	Ded 7.	3.14-16	2+6	1 Ya	s 2□ No 3□	Probably 4 down
Records,	quiras n sigr uld be	D D	SEIZURE D'SON CENEBRO VAS CUI CENEBRO VAS CUI CENEBRO VAS CUI CENEBRO VAS CUI CENEBRO VAS CUI CENEBRO VAS CUI CENEBRO VAS CUI CENEBRO VAS CUI CENEBRO VAS CUI	as Aco.	À - : -	. λ.	,	24e. Wes en		b. Were autopsy findings
00	The law requires that the death certificate be executed at a has been signed by the attending physician and page 2 should be detached for use as the burial-transi	Be Completed by	***	The contract of	JEN /	1 007	weath	perform	ied?	avellable prior to completion of cause of death?
R			GASTINO ENTER TO	WH/- 13	(in)	ale		1 □ Ye	s 2DNo	1 ☐ Yes 2 ☐ No
Vital	ician: Th certificata rector, pa		25. Wes case referred to medical exeminer?			4	26. Place of Deat	h (Check only one	9)	
of	Physician: this certific ral director,	2	1 ☐ Yes 2 ☐ No Hos	pitel: 1 Impatient 2		3□ DOA O	ther: 4 Nursing Ho			Specify)
Division o	After I	al Certification:		28e. Dete of Injury (Month, Day Year)	e. Dete of Injury (Month, Day Year)  28b. Time of 28c. Injury at Work?  28d. Describe how injury occurred					
	Attanding or death. ector: After by the fune		2 Accident investigation 3 Sulcide 6 Could not be	28e. Plece of fnjury - At	M 1 Yes 2 No			28f Location (Str	Location (Street end Number or Rural Route Number,	
<u>=</u>	ather Direct		4 ☐ Homicide determined	building, etc. (Spe						Hurai House Humber,
7	Rospital 24 hours a Funeral C		29e. Certifier 1 Certifying Physici	an: To the best of my k	nowledge, deeth	occurred at the t	time, dete and plece,	end due to the ca	use(s) and manne	r as steted.
	South Park	edical	(Check only 2 Medical Examiner one)	<ul> <li>On the basis of examinand menner steted.</li> </ul>	netion end/or inv	estigetion, in my	opinion, deeth occur	red et the time, da	te end plece, end	due to the ceuse(s)
/	To To B	X	29b. Signeture end title of pertiller			29c. Licen	nse number	29	d. Date signed (M	onth, Dey, Year)
	^		( Cha	15 h	UD.	(1)	18502	_ /	uncy	8 1996
	)_		30. Name end eddress of person who comp	,	em 23e) (Type, F	Print)	NONTH	west 1	Youn ta	8, 1996 Conton 2/133
			ONIANDO O. CO	Notalda	ned	RAS	VDH115502	ow '	rid.	2/133
	Sta Registra	te ar	31. Dete filed (Month, Dev. Year) MAR 1 3 1996	22, Registrer's Sig	or hardall					

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HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA	L HYGIENE
CERTIFICATE OF DEATH	REG. NO.

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last)	TENNI TORICE OF DEATH				2. DATE OF DEATH	3. TIME OF DEATH		
	ELMER E.	GREENHOLTZ				MARCH I	1996	7.45 Pu	
	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		HPLACE (State or Foreign	
DIRECTOR	217-20-2734 9a. FACILITY NAME (If not institution, give st		/ I YRS.	ONTHS DAYS	HOURS MIN.	April 4,19	24	Md.	
	The state of the s					EATH	Anne A		
E C	10a. STATE 10b. COUNTY		10c. CITY, 1	OWN OR LOCATI	ON			10d. INSIDE CITY	
ā	Md. Baltimore Baltimore Highlands						LIMITS?		
BY FUNERAL							10g. CITIZEN OF	WHAT COUNTRY?	
	4000 Brian Street 21227					U.S.	Δ		
	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No.— 14.					or No.— 14. RAC	E — American Indian,		
Y	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA	1 🔀 YES 2 ☐ NO If yes, specify Cuban, M WAR OR DATES 1 ☐ YES 2 🕅 NO S					Black, White, atc. Specify:	
			1943-46					White	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	Completed)	16a. DECEDENT'S US (Give kind of work	done during mos	N t of working	16b. KIND OF BUS	INESS/INDUSTRY		
Ä	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use n						
MP	12		FireFi	ahter			Baltimo	re	
	17. FATHER'S NAME (First, Middle, Lest)					ME (First, Middle, Maiden			
BE	Frederick G1	<u>reenholtz</u>	I am and a second	Bertha Hamlen ING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)					
2	The second secon								
	Sylvia Insco	len-				ltimore. M			
	20a. METHOD OF DISPOSITION CONTROL OF DISPOSITION (Name of DISPOSITION CONTROL OF DISPOSITI								
	15 Burlal 2 Cremation 3 Removal from State 4 Donation 8 Other (Specify)  Completery, crematory or other place) Glen Haven Mem. Pk. 3/15/96 Glen Burnie. Md.  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY								
		0	0	McCu	lly Fune	ral Home o	f Brookl	vn	
_ l	McCully Funeral Home of Brooklyn 237 E. Patapsco Ave. Balto., Md. 21225								
	23. PART I. Enter the diseases, or co	omplications that caused	the death. Do not	anter the mod	le of dying, such	as cardiac or respi	ratory arrast,	Approximata	
								Onset and Death	
	disease or condition resulting in death)	MULII	PLE T	) E C	UBLI			12 Year	
	Tellines V. Lesona V.	DUE TO (OR AS A	CONSEQUENCE OF:	DUIT			A NI.		
Z	Sequentially list conditions,	SEVER	- PEK	JAHE	KHL	UASCV LA	KPIST	-Ast Gyean	
E	if any, leading to immediate	O OUE-TO LOR AS A	CONSEQUENCE OF	MINI	AVA	INDONA	_	771	
3	CAUSE (Disease or injury C. C. C. C. C. C. C. C. C. C. C. C. C.							1 years	
E	that initiated events resulting in death) LAST  RECIPEDENCE DESCRIPTION						34001		
CERTIFICATION	" VECOVELY ONOSELSIS- STE							3700	
AL	PART ii. Other algoificent conditions	contributing to deeth be	t not resulting in t	he underlying	cause given in	Part I. 24s. WAS AN	AUTOPSY 24	b. WERE AUTOPSY FINDINGS	
3	BENIG	N TKO	STAT	CH	MPER	TRO HYER 2	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDIC	HIATALHE	IN AINS	THR	FFII	IX	11/100	<b>X</b>	OF DEATH?	
-						_		T LES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLA	CE OF DEATH (Che	ick only one)			
Sic	. 57	HOSPITAL: 1   Inpetiant 2   ER/Outpe	flent 3 DOA 4	THER: Nursing Home	8 - Residence	8 Other (Specify)			
ξ	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJU	RY AT	28d. DESCRIBE HOW IN	JURY OCCURED		
84	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Your)	INJUN	M 1 YE					
	3 Suicide 8 Could not be	28s. PLACE OF INJURY building, etc. (Speci	At home, term, stree	et, factory, offica		281, LOCATION (Street a	nd Number or Rural	Route Number,	
2	4 Homicide detarmined	Danielly, etc. (opec.	,,			City or Town, State)			
COMPLETED	29a. CERTIFIER (Check only)  CERTIFYING PHYSICIAN: To this best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated.								
MO	(Check only one)  2 MEDICAL EXAMINER: On the basis of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated.  MEDICAL EXAMINER: On the basis of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.								
	296. STENATURE AND TITLE OF CERTIFIER		. 121.10		29c. LICENSE NUM				
BE	starti ine	r WZIIE	NDING		NIL	1160	▶ 02	(Month, pay, Year)	
2	20. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (TVD), Pri	CHM	121	1100	201	1116.	
	HARJITSINGH M.D. 5410-A RITCHIE HIGHWAY, BALTIMORE,								
	MAR 1 3 1996	32. REGISTRAR'S SIGNA				1 10		~1~~?	

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#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Time of Deeth 1. Decedent's Name (First, Middle, Last) 2. Date of Death Month MARCH MALL CLYDE 0922 12 1996 4b. City, Town, or Location of Death 4a. Facility Neme (If not Institution, give street end number) 4c. County of Death RANDALLSTOUN NORTHWEST RALTIMORE HOSPITAL CENTER 7. Age (In yrs. lest birthdey) When the less than the les 5. Social Security Number 6. Sex / 1 XM 2 F 9. Birthplace (State or Foreign Counts) 240-42-155 Usual Residence of Decedent 10c. City, Town or Location Balto 10e State 10b. County 10d. Inside City Limits 1 Yes 2 No 10e. Street and Number 10f. Zlp Code 10g. Citizen of What Country? 3602 and beck U.S.A 21207 12. Was Decedent Ever in U.S. Armed Forces? 15 Yes 2 □ No If Yes, Give 3-29-5-/ Yeer or Dates: 3-29-5-3 13. Was Decedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Merital Status 1 Never Married 2 Merried Black 1 ☐ Yes 25(No 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b Kind of Business/Industry College (1-4or 5+) Elementary/Secondary (0-12) Gas + Elec Balto Maintainence Dudelvisor 17. Father's Neme (First, Middle, Last) 19b. Mailing Address (Street and Number of Rural Route Number, City or Town, State, Zip Code) 3602 Landbeck Rd Bulton 21207 19a. Informant's Neme/Relationship (Type, Pri and beck 3602 20a, Method of Disposition 1 ○ Burial 2 □ Cremation 3 □ Removel from State 4 □ Donation 5 □ Other (Specify) 20b. Place of Disposition (Neme of cemetery, cremetory or other place) Date 20c. Location - City or Town, State 3/15/96 Forest Vet Gamson Owing 21. Signature of Funeral Service Licentum 22. Name and Address of Facility est 4300 Wabash 23a. Part1. Enfer the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death · ACUTE MYOCARDIAL INFARCTION Immediate Cause (Final disease or condition resulting in deeth) Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Due to (or es a consequence of): 23b. Did tobacco uss contributs to the cause of death? COPD 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings avellable prior to completion of cause of death? 24a. Was an autopsy performed? 1 Yes 2 3 48 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examiner? 26. Place of Death (Check only one)

**Physician** /Medical Examiner Hospital or Attending Physician: The law requires that the death certificate be executed attending physician end for use as the burial-transit

Division of Vital Records, P.O. Box 68760

**Physician** 

/Medical

Examiner

**Funeral** 

Director

Nems 23s or 26s-f show ther must be notified at

72 hou

Hygie

oud be-on and Mental 5 7 is me Pages 1 and 2 should be

Department of Heelth important: If item 27 is any injury or other iran

Director

Funeral

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Completed

Be

Examine Completed by Physician/Medical Be 1 Yes 2 100 Certification: To

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) Parient 2□ ER/Outpatient 3□ DOA

28a. Date of Injury (Month, Dey Year) 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1/ Naturat 5 Pending 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Suicide

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

28f. Location (Street end Number or Rurel Route Number, City or Town, Stete)

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and plece, end due to the ceuse(s) end manner as steted.

2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end menner stated. (Check only one)

29b. Signeture end title of certifier 29c. License number 037333

30. Neme and address of person who completed cause of deeth (item 23a) (Type, Print) . RAVIMO, NHC, BALTO, MO 21133

State Registrar

funeral

To the Hospital or Attendit within 24 hours after death.

To the Funeral Director: All completely filled in by the fu

31. Date filed (Month, Day, Year) MAR 1 3 1996

4 Homicide

32. Registrar's Signature

**DHMH 16 Ray 6/95** 

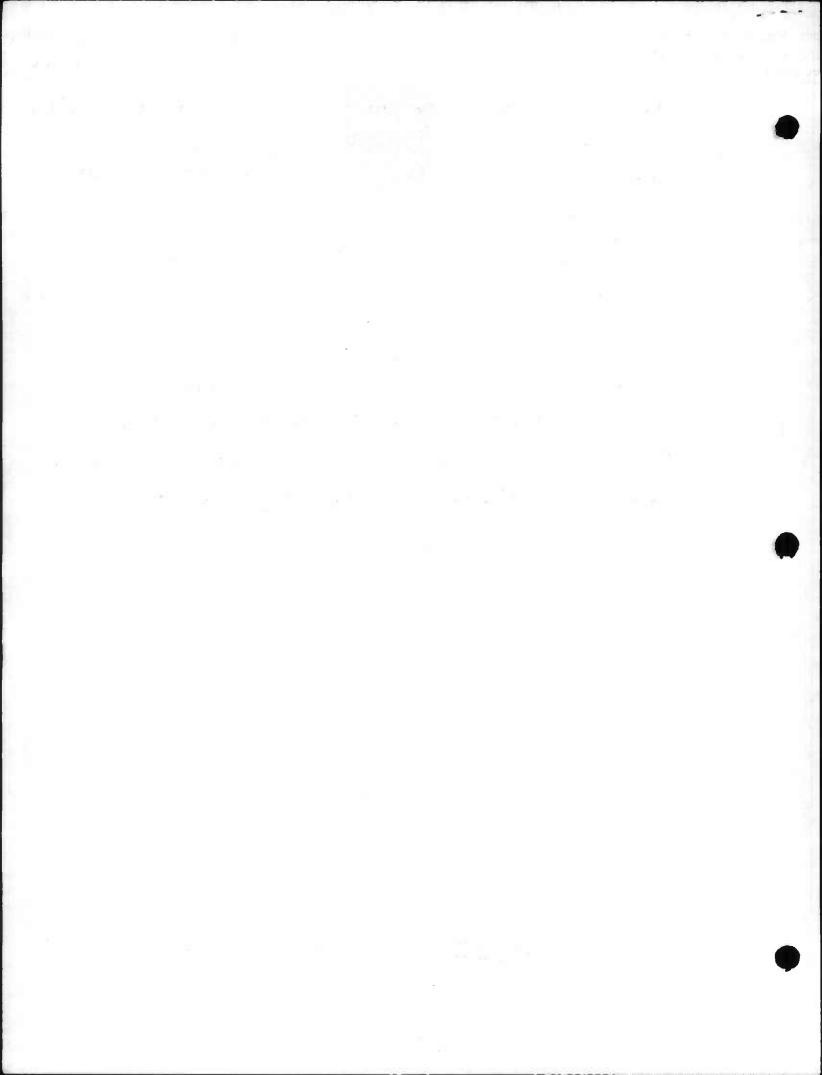
MARCH 12,1996

29d. Dete signed (Month, Dey, Year)

### Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

					Certificate of Death Reg. No.										110		
	Physic	ian	1. Decedent's Neme (First, Midd	le, Last)			2. Deta of Death Month Day Year 3. Tima of Deeth				na of Deeth						
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9	Exami	ner	4a. Facility Nama (If not institution			umber)						ocation of Dea					
			4319 Marble I	d.	T		, WI	ada d Va			re Ci	W		n/a			
	Funeral		5. Social Security Number	6. Sex 1 ☐ M	2⊠ F		yrs. last birthd	Mor	inder 1 Yae		Min.	8. Data of Bi	rth ay, Yea	37)	9. Birth	intry)	ate or Foreign
	Director		244-28-9928 A Usual Rasidance of Decedent		777	Months Days Hours Min. (Month, Day, Year) MAR . 22, 1910								N.	CAR	OLINA	
	Pand and		10a. Steta 10b. County	,		10c	City, Town o	r Location							1	10d. Insid	de City Limits
	Mary 1 sh	ō	MD	ı/a				BALTI	MORE							XΧ	Yas 2□No
	the 28s	Director	10e. Street and Number					10	f. Zip Code				10g. (	Oltizen of	Whet Cou	ntrv?	
	3a or		4319 MARBLE	ΗΔΙΙ	RO	AD ap	t. 165		2	1218				TED			
	me 2	Funeral	11. Marital Status	12.1	Was De	cedent Ever i		13. Was D			ngin? (Sp	ecify Yes or N Rican, atc.)		,	e - Ameri		in,
0	The state of the s	E	1 ☐ Never Merried 2 (Ma	rled	1 ☐ Yes	med Forcas? ☐ Yes 2 🖺 No						Rican, atc.)		Bia	ck, Whita,		
21215-0020	al', o	by	3 ☐ Widowed 4 ☐ Divorce		If Yas, G Yaer or	iiva ' ' '		1 ∐ Y	es Xe⊠N	o Specify	<b>'</b> :			Specif	v: BL/	4CK	
S S	be liled within 72 hours after death with the Manylan Ital Hyglena. Id other than "natural", or flems 23s or 28s-1 show event, the Medical Examiner must be notified at	Completed	15. Deceda (Spacify only highe	nt's Educetio	on moletos	16a. De			Usual Occ	upation e <i>during</i> mo	et of work	ha	16b.	Kind of B	usinass/Ir	ndustry	
2	an an	p	Eiamantary/Secondery (0-12)	-		(1-4or 5+)	Tit	e. DO NO	OT use ratio	red)	St Of WORK	# <i>1</i> 9					
2	liled with Hygiena. Ither than	S	8 th		-			DOMES	STIC					ıtsid		hor	me
DG	E dod	Be	17. Father's Neme (First, Middle			_						a (First, Middle			ne)		
Bryland 21215-U020 should be liled within 72 hours after death with the Maryland infilmmital Hygiena. francial Hygiena. retural, or items 23a or 28=4 show unartic event, the Medical Examiner must be notified at	2			URKE  ALICE FUNDERBURKE  Print)  19b. Malling Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Code)													
8	200		19e. Informent's Neme/Ralation PURVIS L.			ON bu										,	0
e,	Die E		20e. Method of Disposition	TILIYU	PERSON - husb 4319 MARBLEHALL ROAD, BALTIMORE, MD 212												
\$	8 6 8		ty Buriei 2 ☐ Cremetion	3 Remo	vel from State cemetary, crematory or other place)												
	the rank		4 Donetion 5 Other (S				GARRIS					3-15	(	OWING	S MII	LLS,	MD
galti	permit. Par Department Important any Injury once.		21. Signature of Funerei Service Licensee 22. Nama and Addrass of Facility														
			March F.H. East 1101 E. North Ave.  23e. Pertt. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest,  Approximate														
			shock, or heart failure. List only one ceuse on each line.											Interve	dmete I Between and Death		
)	Physician / /Medical		Immediete Ceusa (Final			1	1.					1 1		, .	1		
	Examiner		diseesa or condition resulting in death)	Θ		140	rite	My	oces	all		Infas	WI	res	-	M	nutes
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	peto d																
'n	icate be executed physician and s the burial-transit	Exa	if eny, leading to Immadiate causa. Entar Underlying														
<b>68/6</b> 0,	ysicie	edical	Ceuse (Disaase or injury thet Initiated events											-			
	entificate be executed ling physician and se as the burial-transit	Med	resulting In death) Last											i			
ROX	eath certifica attending ph I for use as t																
	law requires that the death c as been signed by tha attend a 2 should be detached for us	Physician	Pert II. Other significant conditi	ons contribu	uting to	death but not	resulting In th	e undarly	ing cause (	given In Part	l.	23b. Did	tobac	co uea co	ntribute t	o the ca	use of death?
J.	d by t	Phy										1	Yes	20KN0	3 Pro	bably	4 Unknown
Ś	es tha	by			-												
0	v require been sig should t	ted										24e. Wa perl	s an au ormed		9/	valieble p	
Hecords,	has b	npie													of	deeth?	n of cause
=	Page at	Completed										1 🗆	Yes	200	11	☐ Yes	2□ No
VItal	Attending Physician: The in death.  ector: After this certificate by the funeral director, pag	Be	25. Was case referred to medica exeminer?		10.00						a of Daet	h (Chack only	ona)				
0	this of the	2	1 Yes 2/800	Hosp	1 L		2 ☐ ER/Outpa		J DON			me ARIAS				fy)	
	ling F	ion	27. Mannar of Death  1 Naturel 5 ☐ Pendi	ng	(Mo	e of Injury nth, Day Yea	r) 28b. Tim Inju		28c. Inj	uryat ork? ⊒Yas 2 ⊑		28d. Dascribe	how in	jury occur	red		
S	death death stor:	Icat	3 ☐ Suicide 6 ☐ Couid	gation not be	ge Disc	o of Injune.	t home form					28f. Location	(Stroot	and Numi	her or Pur	rel Poute	Number
DIVISION	10年2日	Certification:	4 Homlcide determ	nined 2	build	ding, etc. (Sp	kt homa, farm, ec <i>ify)</i>	, 511881, 14	ictory, omic	9		City or To			or or riar	ar rioute	rvannoer,
_	To the Hospital or A within 24 hours after To the Funeral Direction pletally filled in by		29a. Certifier 1/Certifyl	og Physicia	n: To th	a best of my	knowiedae de	aeth occu	rred at the	time data a	nd place	and due to the	Called	(e) and me	anner ee e	hatata	
	24 h Fun etaly	edicai	(Check only 2 Medical one)	Examiner:	On the I	besis of axen	ninetion and/o	r investige	ation, in my	oplnion, da	ath occurr	ed at tha time	date a	ind place,	and due t	o the ceu	ıse(s)
	of this	Me	29b. Signature end title of certifie	-					29c. Lice	nse number			29d. [	Date signe	d (Month,	Day, Ye	ar)
	->-0		) 27	2	De.	mou	£			0404	80		p	range	4 1.	2 /	1996
	3		30. Neme end eddrass of person					pe. Print\		-6.0	m.	2410	æ	0			
			FERNANDO	J.			MD	po, 1 1111()	5	BAZZ	7 7	MA	21	206	,		
	Sta	te	31. Dete filed (Month, Day, Year, MAR 13 1996		324	Park Cod	ure				-		-			-	
	Registr		WAR T 3 1930	Josia =	, and	P											



ITEM: 4c, PER F.H. FILM 6-733 3/13/96 State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No 1. Decedent's Name (First, Middle, Last) 2. Deta of Death 3. Time of Death **Physician** HANN 25 PM ETTA /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner GOOD SAMARITAN HOSPITAL BALTIMOREE - BALTIMORE If Undar 24 Hrs. 8. Deta of Birth (Month, Day, If Undar 1 Yaar Birthplace (State or Foreign Country) 5. Social Security Number 7. Age (In yrs. lest birthday) **Funeral** Months Davs 1 M 200 Yrs Director 220-22-6896 80 3/22/15 NEW YORK Usuai Residence of Decedent filed within 72 hours eftar death with the Marylend Hyglane. 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Medical Examiner must be notified at 1 Yes 2 No Director MARYLAND N/A BALTIMORE 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? ò or items 23a 4916 WALTHER BLVD. 21214 Funeral USA 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yes or No-if Yas, specify Cuben, Maxican, Puerto Rican, etc.) 14. Race - Amarican Indien, Bleck, White, etc. 1 ☐ Yas 2 🛣 No It Yes, Giva Year or Detes: 1 Never Merried 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No þ 3 Widowed 4 □ Divorcad Specify: "naturai". WHITE Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Businass/Industry other than Eiemantary/Secondery (0-12) College (1-4or 5+) HOMEMAKER OWN HOME 6th GRADE . Pages 1 and 2 should be fill iment of Health end Mental Hilant: If item 27 is marked oth 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumame) Be MOSES WHITEHILL BESSIE UNKNOWN P 19a. intorment's Neme/Ralationship (Type, Print) 19b. Melling Addrass (Street and Number or Rural Routa Number, City or Town, Stete, Zip Code) permit. Pages 1 and 2 s Department of Health er Important: if item 27 is any injury or other trau EDITH L DAMICO/DAUGHTER 1300 ARMACOST ROAD PARKTON, MD 21120 20b. Plece of Disposition (Nema of cametery, cremetory or other piece) 20e. Method of Disposition Date 20c. Location - City or Town, Stete 1X Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) MORELAND MEM. PK. 3/15/96 HILLENDALE, MD 21. Signature of Funarei Service Licenses 22. Neme and Addrass of Facility JOHNSON FUNERAL HOME 8521 LOCH RAVEN BLVD. TOWSON, MD 21286

Do not enter the mode of dying, such as cardiac or respiratory errest, content feilure. List only one ceuse on each line. Approximata Intarvel Between Onset and Death Physician /Medical immediete Causa (Finel ASPIRATION PNEUMONIA WEEK disease or condition resulting in deeth) Examiner Due to (or as a consequence of) Examine i or Attending Physician: The law requires thet the death certificate be assouted after death.

Director: After this certificate has been signed by the attending physician end of in by the furnated director, page 2 should be detached for use as the burial-transit of in by the furnated director, page 2 should be detached for use as the burial-transit Sequentially ilst conditions, if eny, leeding to immediata cause. Enter Underlying Cause (Diseasa or injury that initiated events rasulting in deeth) Last Due to (or es e consequence of) Division of Vital Records, P.O. Box 68760. Physician/Medical Dua to (or es e consequance of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 2 No 1 Yes 3 Probably 4 Unknown DEMENTIA þ 24b. Wera autopsy tindings available prior to completion of cause of death? Completed 24e. Was an autopsy performed? HUPERTENSION Be 25. Wes case referred to medical axaminer? 26. Piaca ot Death (Check only one) 1 Yes 2 No Other: 4□ Nursing Homa 5□ Rasidance 6 □Other (Specify) Certification: To 1 inpatient 2 ☐ ER/Outpatient 3□ DOA 28a. Date of injury (Month, Dey Year) 27. Menner of Deeth 28b. Tima ot 28d. Describe how injury occurred 28c. Injury et Work? 5 Pending investigetion 1 Netural 1 Tes 2 No 2 Accident 6 Could not be detarmined 3 Suicida 28e. Pleca of Injury - At home, ferm, straat, tactory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide within 24 hours aft To the Funeral Di completely filled In the Hospita 12 Certifying Physician: To the best of my knowledge, deeth occurred et tha tima, data and piace, end due to the ceuse(s) end mannar as stated.
2 Medical Examiner: On the basis of axamination end/or invastigation, in my opinion, deeth occurred et tha time, data and piace, and dua to tha cause(s) end mennar steted. Medical 29a. Certifier 29b. Signaty and title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year)

30. Name and address of parson who completed cause of deeth (Itam 23a) (Type, Print)

GABRIEL NAZAKEND SEOI WAH RAVEN BLVD , BALTIMORE

32. Registrer's Signetura

State Registrar 31. Dete tiled (Month, Day, Year)

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STATE OF	MARYLAND / DEPARTMENT		MENTAL HYGIENE
	CERTIFICATE	OF DEATH	REG. NO.

	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH CERTIFICATE OF DEAT		E
	1. DECEDENT'S NAME (First, Middle, Last)  EILEN HIRT	2. DATE OF DEATH MONTH DA	3. TIME OF DEATH P
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 2   7   YRS. MONTHS DAYS HOURS	MIN. JAN . 16,	1925 8. BIRTHPLACE (State or Foreign Country)
CTOR	MCLIDIAN HAMILATON N.H.  BACTINO  RESIDENCE OF DECEDENT		9c. COUNTY OF DEATH
L DIRECTOR	10e. STATE  10e. CITY, TOWN OR LOCATION  BATTIMORE  10e. STREET AND NUMBER  10e. STREET AND NUMBER		10d. INSIDE CITY LIMITS? 1 AT YES 2 ND
FUNERAL	4505 PARKWOOD AVE. 212		109. CITIZEN OF WHAT COUNTRY?
B	1 Never Married 2 Merried FORCES? 1 YES 2 ND If yes, specify Cuban	, Mexicen, Puerto Rican, etc.)	14. RACE — American Indian, Black, White, etc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  College (1-4 or 5+)  College (1-4 or 5+)	9	SINESS/INDUSTRY
E COMF	TOME PIPEL	ER'S NAME (First, Middle, Meiden	
TO BE	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number	or Rural Route Number, City or Town	
	20s. METHOD OF DISPOSITION  1	MAY. 9, 1996 B	CATION — City or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Akarda 1. SKARDA	S OF FACILITY 2829	HUDSON ST , MD 21224
CERTIFICATION	23. PART I. Enter the diseases or complications that ceused the death. Do not enter the mode of dying shock, or heart fellure. List only one ceuse on each line.  IMMEDIATE CAUSE (Fined disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	woreslaw I	Approximate interval Betwee Onset and Des
MEDICAL	PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse gi	Iven In Part I. 24a. WAS AN PERFOR	IMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   DAY   1   Inpatient 2   ER/Outpatient 3   DOA   OTHER:	EATH (Check only one)	
ву РНУ	27. MANNER OF DEATH  1	NO 26d. DESIGNATE HOW	4
LETED	4 Homicide determined building, stc. (Specky)	City cofficer, firetay	H
COMPLE	(Check only one)    CERTIFIED PRINCIPLES on the set of my knowledge, death occurred at the time, data and place, one)    MEDICAL EXAMINED On the best of my knowledge, death occurred at the time, data and place, one)	end due to the cause(e) and men	ner ee stated, d due to the cause(e) and menner ee stated,
TO BE	296. LICED 30, MARKE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEXITY (TYPE 27) CAUSE, POINTS	1495Z	29d. DATE SIGNED (Morth. City, Visu)
	31. DATE FILED (Month, Day, Sur)	Marchan	21206

### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

96 07113

			Certificate of Death Reg. No.												
Physic /Medi		1. Decedent's Name (First, Middle, ANNA	Last)	III DD TNOWS							2. Date of De Month MARCH				
Exami		4e. Fecility Neme (If not institution, 33 Brucester I								4b. City, Town, or Location of Death Catonsville Baltime					
Funeral Director		5. Social Security Number 6. Sex 1 M			7. Age (In yrs 9 5		hday) 'rs.	If Under 1 Months	Yeer	If Under Hours	24 Hrs. Min.	8. Dete of Bir (Month, Det 0 7 / 0 7	th ay, Year) /1900	9. Birth Cou M a 1	piece (State or Fore ntry) cyland
arylend show	7	Usual Residence of Decedent  10e. State 10b. County				ity, Town									10d. Inside City Lim
a or 28e-f	Director	MD. Baltin				Catonsville  10f. Zip Code 21228			10g. Citizen of Whet Country?						
should be slied within 72 hours effer deeth with the Marylend that Marylend had Marylend and Marylend slies of the the "reture", or items 23s or 28e-f show unratic avant, the Medical Examiner mark to notified a	by Funeral	33 Brucester 1  11. Meritel Status  1 Never Married 2 Merrie 3 Widowed 4 Divorced	12. V	. Wes Decedent Ever in U,S. Armed Forces?  1  Yes 2 No If Yes, Give Yeer or Dates:  tion completed)  College (1-4or 5+)				nt of H	lispanic Ori	gin? (Sp , Puerto	ecity Yes or No Rican, etc.)	14. Re	U.S.A.  14. Reca - American ind Black, White, etc.  Specify: White		
	Completed	15. Decedent's (Specify only highest Elementary/Secondary (0-12)	grade cor			- '	(Give k life. D	kind of work O NOT use	ont's Usual Occupation Ind of work done during most of worki O NOT use retired)  Package			ing	16b. Kind of B		ndustry
	To Be Co	17. Father's Name (First, Middle, Last)		Bread Packager  18. Mother's Name (First, Middle, Mary Pahl											
27 le m r traum		19a. informant's Name/Relationship Ethel Hardingl				r 33	В	ruces	ste					vil	Le,MD.2
2 2 2		20a. Method of Disposition  1 ☐ Buriai 2 ☐ Cremation 3  4 ☐ Donation 5 ☐ Other (Spe	val from	State	cametery	, crem	ition (Name etory or oth Mem.	er pla	,	ОВ	Date /11/96	20c. Location Sykesv			
Department Important: If any Injury or page.		21. Signature of Funeral Service Lie	Hai								INC. 21228				
hysician /Medicai ixaminer	iner	immediate Cause (Final disease or condition resulting in deeth)	a	a.  Due to (or as a consequence of):									Intervel Between Onset and Death		
iding physician and use as the buriel-transit	VMedical Examiner	Sequentially list conditions, it any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest	c	Due to (or as a consequence of):  Due to (or as e consequenca of):											
een signed by the attend hould be detached for u	Physician			ributing to death but not resulting in the underlying cause given in Part I.  23b. Did tobacco use contribute to the cause given in Part I.  1 Yes 2 No 3 Probably											
been signi should be	Completed by			,0-0 10								24a. Was	en autopsy ormed?	8/	fere autopsy findin vellable prior to empietion of cause death?
certificate has brector, page 2 s	Be Com	25. Was case referred to medical								28. Piace	of Deat	1 🗆		1	□Yes 2畳No
er deeth. ector: After this by the funeral di	Hospitai: 1 Inpatient 2 ER/Outpatient 3 DOA								c. Injur Wor 1		4 Nursing Home 5 Aesidence 8 Other (Specify)  28d. Describe how injury occurred				
Zerhours Funeral stely filled	edicai Ce	29a. Cartifler (Check only one)	aminer: (	On the be	best of my kno esis of examina ner steted.	owledge, ation and	death or inve	occurred at estigation, in	the tir	ne, date an pinion, dea	d placa, th occurr	and due to the ed at the time,	cause(s) and m date and place,	anner as a and due t	stated. to the cause(s)
To the comple	2	29b. Signature and title of cartiflex	٤/	Bir	chas	nu	>	29c. l	Licens	e number	4		29d. Date signed	ed (Month,	Day, Year) 1996
Sta Registr	te ar	30. Name and address of person whe FREERITK VIII 31. Date filed (Month Park Year) of MAR 1 3 1996	GA Fulla	PRAF Daza da	e of death (ite	m 23a) (T	ype, P	Print) D	59	MEA.	N 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	E B. CREDE	DRINE, M	SS Shy	SUDTEB

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#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

ITEMS: 23 PART I, 27, PER MEO FILM 6-733 3/13/96 t.t

State of Maryland / Department of Health and Mental Hygiene Certificate of Death

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9. Birthpiace (State or Foreign Country)

10d. Inside City Limits 1 Yes 2 □ No

Physician
/Medical
Examiner

1. Decedent's Neme (First, Middle, Last) WILLIAM

HOUCK

2. Date of Death FEB. 26,

BALTIMORE

If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year)

Day 1996

10g. Citizen of What Country? U.S.A

16b. Kind of Business/Industry

BALTO, MD. 21224

14. Rece - American indian,

Specify: WHITE

3. Time of Death 4:05 PM

JOHNS HOPKINS BAYVIEW

4b. City, Town, or Location of Deeth

If Under 1 Yeer Months Deys

4c. County of Death

28.28 1948

**Funeral** Director

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with the Maryland ?7 is marked other than "natural", or items 23a or 28a-f show treumatic event, the Medical Examiner must be notified at 2 should be filled within 72 hours after death on and Mental Hygiena.
Is marked other than "natural", or items 23s

permit. Pagas 1 and 2 st Department of Haalth and Important: If item 27 is in any injury or other traun

Baltimore, Maryland 21215-0020

Box 68760. certificata be

P.O.

Division of Vital Records.

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or Attending

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To the 2

**Physician** /Medical Examiner

Examiner physician and s tha burial-transit Physician/Medical BS 980 ed by by Completed Be 10 funaral Certification: 24 hours after death. Funeral Director: After

4e. Fecility Neme (If not institution, give street and number) 218-48-2538 Usuai Residence of Decedent 10a. State Director 10e. Street and Number Funeral 11. Maritei Stetus 1 Never Married 2 Married by 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondary (0-12) 10 17. Father's Name (First, Middle, Last) LOIS 20e. Method of Disposition 21. Signeture of Funeral Service Licensee 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory arrest shock, or heart feiture. List to you one cause on each line. immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last

7. Age (In yrs. last birthday) 10b. County

DOOL

1 ☐ Yes 2 No If Yes, Give

College (1-4or 5+)

Year or Dates:

AVE 12. Wes Decedent Ever in U,S. Armed Forces?

10c. City, Town or Location

94TIMORE

21224 Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 ☐ Yes 2 No Specify:

16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired)

UNEMPLOVED

18. Mother's Name (First, Middle, Maiden Sumame)

ALICE

Date

19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)

19a. informant's Name/Relationship (Type, Print) Houc

1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)

20b. Piece of Disposition (Name of cemetery, crematory or other place)

BALTO.

INTRACEREBELLAR HEMORRHAGE

Due to (or as a consequence of)

HYPERTENSIVE ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE Due to (or as a consequence of):

Due to (or as a consequence of)

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

24a. Was en autopsy

24b. Were autopsy findings evailable prior to completion of cause of deeth?

25. Was case referred to medical exeminer?
1 XYes 2 No

27. Manner of Death

2 Accident

3 Suicide

29a. Certifier

Medical

4 Homicide

5 Pending investigation

6 Could not be

Hospital: 28a. Date of injury (Month, Day Year)

1 ☐ inpatient 3☐ ER/Outpatient 3☐ DOA

28e. Piece of injury - At home, farm, street, factory, office building, etc. (Specify)

1 Yes 2 No

26. Place of Death (Check only one)

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred

1 Certifying Physician: To the best of my knowledge, death occurred et the time, date end place, end due to the ceuse(s) and manner as steted.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) 29b. Sonature and title of certifier

O.C.M.E.

son who completed ceuse of death (item 23a) (Type, Print)

11 and populative

Registrar

State

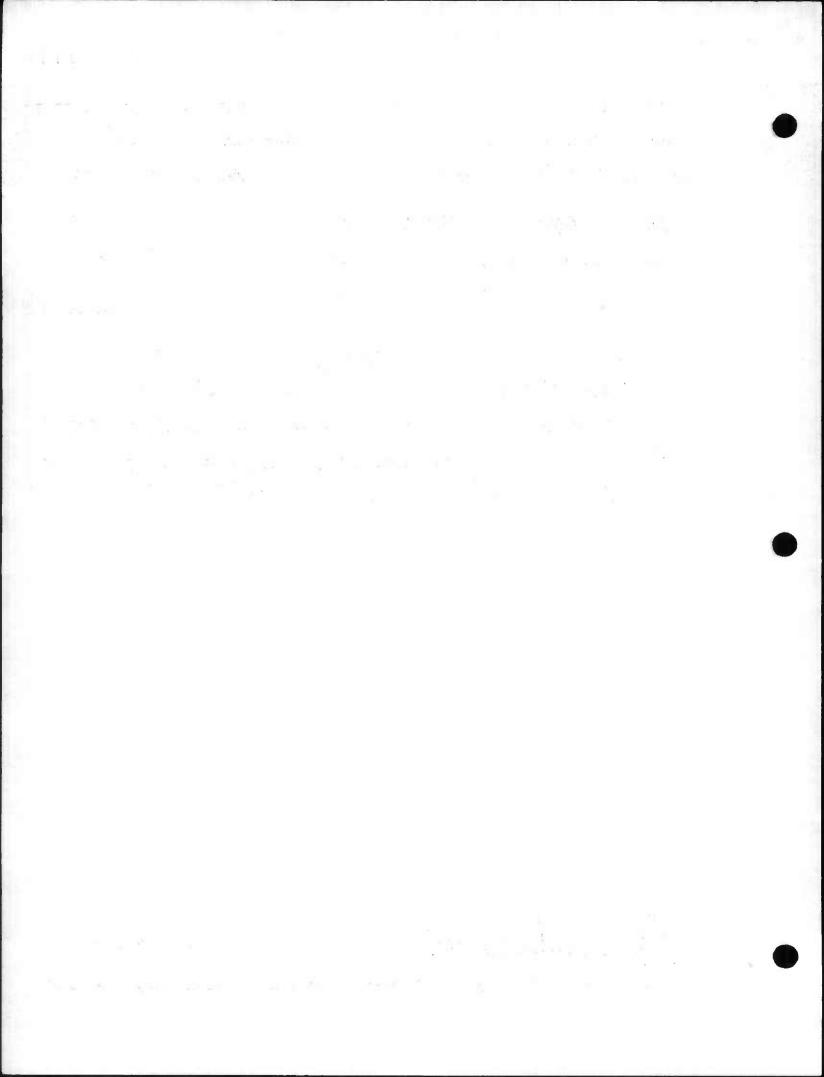
2 No

28f. Location (Street and Number or Rural Route Number, City or Town, Stele)

29d. Dete signed (Month, Day, Year)

FEB. 27, 1996

111 Penn Street, Baltimore, Maryland 21201



	'n.	E FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detected for use as the burn, transit payment of page 10 should be detected for use as the burn, transit payment of page 10 should be detected for the burn and Mental Handres and in burn, committee or seminal.	
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DIVISION OF VITAL RECORDS, P.O. BOX 68760	ATTEN	CTOR	28
$\geq$	OR A	DIRE	Hem
	TIME	RAL	1
	E HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Paye is may be interined by the historia continued and the continued by the historia continued and the continued by the historia continued and the continued and t	E FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the fill with the State Deut of Health and Mental Havilean arior to build cremation or seminal	RTANT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ence.
	14.1	141 90	· DEC

9

aylow MI

1080

KAZLUL

31. DATE FILED (Month, Day, Year)

MAR 1 3 1996

30. NAME AND APDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

Devideor Ranky

Pages 1, 2, 3 should

96 07115 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH MONTH YEAR 996 Ir64 xander 2 725 A M 224-12-491 7. DATE OF BIRTH IF UNDER 1 YEAR a. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. YRS. June 9p. FACILITY NAME (If not institution, gir 9c. COUNTY OF DEATH 9b. CITY, 79WN OR LOCATION OF DEATH Nursin DIRECTOR orien RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT 10c. CITY, TOWN OF LOCATION 70 10d. INSIDE CITY YES 2 NO 20 FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 101. ZIP CODE 08 Road 0 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 O Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 14. RACE — American Indien, Black, White etc. Specify: Black 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work do life. Do NOT use retire ndary (0-12) College (1-4 or 5+) Norker Bethelhem 1A once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, nou notified at BE DI INFORMANT'S NAME (Typ 2 ema 21229 200 METHOD OF DISPOSITION å 20c. LOCATION - City or To must DATE Buriel 2 Cremetton 3 | Re 3/16 utmoville on: 6 🗆 Other (Specify) 22, NAME AND ADDRESS OF FACILITY examiner AL SERVICE LICENSEE Janh 300 Da medical 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or haart failure. List only one cause on each line. Interval Batween IMMEDIATE CAUSE (Final Onset and Death the disease or condition\_ ngocardial Infartion event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF) oronary Artery Disease CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events reaulting in death) LAST any injury, PART II. Other aignificant conditions contributing to death but not reautiting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \( \Boxed{1}\) NO \( \Delta \) UNCERTAIN \( \Boxed{1}\) PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 TES 2 NO 4 Nursing Home 5 - Residence 8 - Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT NA 28d. DESCRIBE HOW INJURY OCCURED marked, 1. Netural M 1 YES 2 NO WI NA BY Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide NA 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. TO THE FUNERAL OF THE FUNERAL DE FILED WITHIN 72 hr 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 296 SIGNATURE AND TITLE OF CERTIFIES 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE

Hickory Ridge Rd Columbia Mn 21044

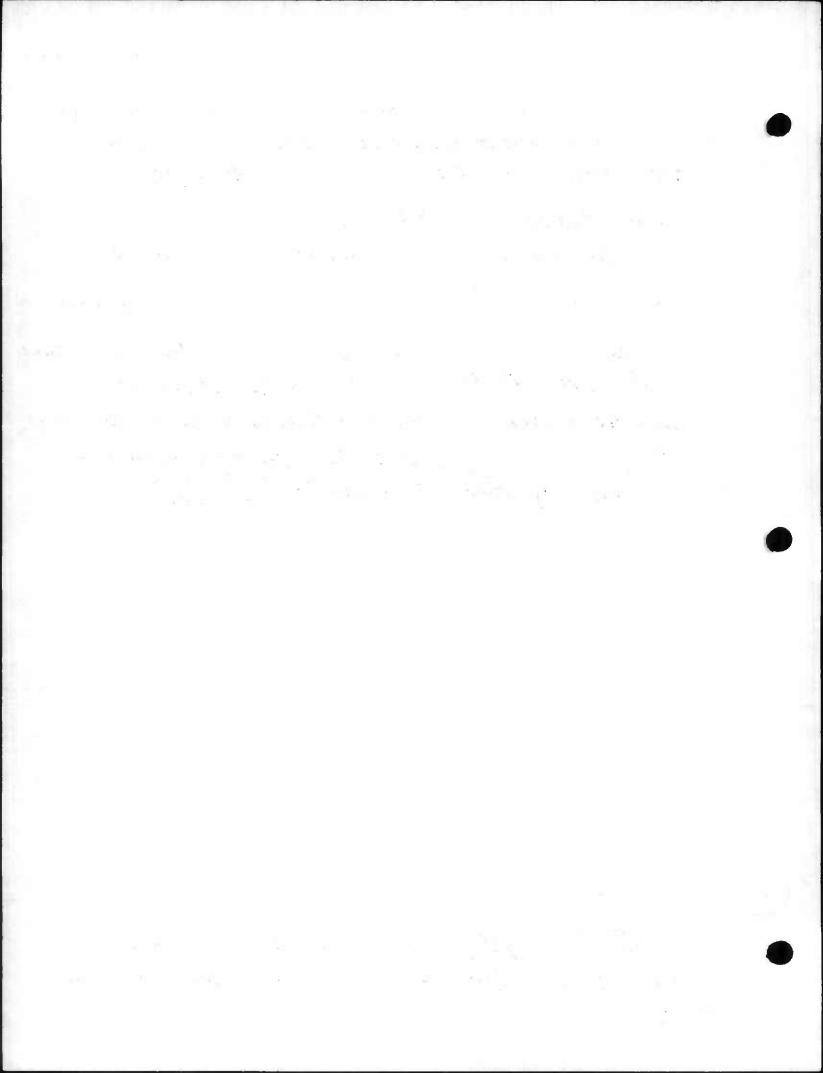
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State of Maryland / Department of Health and Mental Hygiene

						Certificate of	Death	R	eg. No.		
	- Later		Decedent's Name (First, Middle, Last)					2. Date of Deat	h		3. Time of Death
	Physici /Modi		GLADY	75		JONES	Month	Day	Year	2.00 DW	
٥.	/Medi Examir		4a. Facility Name (If not institution, give street		)	DOMES	4b. City, Town, or L	MARCH ( ocation of Death	199 4c. County		3:00 PM
ч			GREATER BAI	יים <i>בוריי</i> איים ביים.	MEDICAL	CENTED	MOMEON.		DAT	MTMODI	
	Funeral		5. Social Security Number 6. Sex		ge (In yrs. last birth		TOWSON If Under 24 Hrs.	8. Date of Birth		TIMORE 9. Birtholad	
	Director		#87-10-#992 1□ M Usual Residence of Decedent	2 F	84 v	rs. Months Days	Hours Min.	AUG-24	1911	MOBER	ce (State or Foreign
	Mow III		10a. State 10b. County		10c. City, Town	or Location				100	d. Inside City Limits
	the Merylen 28s-f show	Director	MO. SLAINE  10e. Street and Number		MI	PRSHALL 10f. Zip Code			0- 09:(1)	475-1-0	1XYas 2□No
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	hems hems	Funerai	11. Meritel Stetus	Was Decedent	Ever in U,S.	13. Was Decedent of If Yes, specify Cub	Hispenic Origin? (Spoan, Mexican, Puerto	ecify Yes or No- Rican, etc.)		e - American	
21215-0020	8 9 E	by	- Mohres	Yes 2 f Yes, Give Yeer or Dates:	No	1□Yes 2⊅No			Specify		ITE
5-0	72 hours "naturel",	Completed	15. Decedent's Educatio (Specify only highest grade cor	n moleted)	16a. I	Decedent's Usuel Occu	pation	ina	16b. Kind of B	usiness/indu	stry
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	e filed within is Hygiene. other than	Con	12		0.	ALES CL	ERK		RETAIL	DEF	7. STORE
nd	of file	Be (	17. Father's Name (First, Middle, Last)	MORR	in		18. Mother's Nam	e (First, Middle, M	Aalden Surnan	10)	
Va Va	should by and Mente marked imatic e	2	HERBERT	TIVERK	13		MARI	E HA	Dwice	K	
Maryland	2 should be 1 end Mentei I fe marked of aumatic eve	ľ	19a. Informant's Name/Reletionship (Type, I	Print)	19b.	Mailing Address (Stree	t end Number or Rui	al Route Number	City or Town,	State, Zip C	ode)
	f Health from 27 is		BEVERLY EBAUG	SH	40	26 FIVE	FARMS LA	. TiMO	WIUM	HD.	21093
altimore,	00- 5		20a. Method of Disposition  1 Burial 2 Cremetion 3 Remo	vel from State	ann ata -	Disposition (Name of crematory or other pis	ace)	Date :	20c. Location		
Baltir	permit. Pag Department Important: I any Injury o		4 Donation 5 Other (Specify)  21. Signature of Financial Service Licensee	16	DANCE	22. Name end Addr	ess of Fecility 28	29 40	DSON	ALY,	<i>MO</i> ·
ш	X0 = 3 8		I Tromas J.	Afr	redo y	SKARDA	HH. 3	ATON	MD. 2	17ZV	_
	Physician /Medical Examiner	ılner	Immediate Cause (Final disease or condition resulting in death)	Ada	Due to (or es a co	onsequence of):	a of v	nkno	wn 12	4	onset and Death  y  Zwo
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lox 68760	certif ding	an/Medicai	Cause (Disease or Injury that inhilated events resulting In death) Last		Due to (or as a co	nsequenca of):					
B.	the deeth y the etter sched for t	slok	Part II. Other significant conditions contribu	ting to death b	out not resulting in	the underlying cause of	ven in Part I.	23b. Dld to	bacco uss co	ntribute to ti	he cause of death?
P.0	that the de led by the deteched	/ Physician	. 1 . 4					1 □ Y <sub>1</sub>		3 Probel	
ds,	8 56	d by	, 0		0			24e. Wes a	n autopey	24b Were	autopsy findings
Vital Record	aw 2 s L	Completed	CArdiomyopath	y-13	sche mi	Ċ		perform		availe	able prior to pletion of cause
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ita	ician: The certificate rector, pag	Bec	25. Was case referred to medical				28. Place of Deet	h (Check only on		1	
>	Physician: this certific ral director,	0	exeminer? 1 Yes 2 No Hospi	tal:	ent 2 ER/Outp	eatlent 3 DOA Ot	her:	me 5 Reside		er (Specify)	
on of	ing Ph. After thi	tlon: T	27. Menner of Death  1 Accident investigation	Be. Dete of Inju (Month, De	iry 28b. Tir	ne of 28c. Inju		28d. Describe ho			
Division	or Attending affer death. Director: After d in by the funa	ertification:	3 Sulcide 6 Could not be	Be. Place of Inj building, et	ury - At home, fam c. (Specify)	n, street, factory, office		28f. Location (St. City or Town		er or Rural F	Route Number,
4	ours affa	O	One Contilled								
,	五本(写真	edical	29a. Certifier (Check only one) 108 Cartifying Physician (Check only one) 2 Medical Examiner: (8	n: To the best On the besis o and manner st	f exemination and/	deeth occurred at the ti or investigation, in my	me, date and place, opinion, deeth occuri	end due to the ca ed at the time, da	use(s) end ma ate and place,	nner as state end due to th	ed. ne cause(s)
	To the within 7 To the comple	Σ	29b. Signature and tyle of cegifier	11		29c. Licen	se number	2	9d. Date signe	d (Month, Da	ly, Year)
	0		1. Broken	2 W.V.	, und	Da	5205		3/7/9	76	
	5		30. Name and address of person who comple	ited cause of	leath (Item 23a) (T	ype, Print) O / K. C	hader G	0.0	1 1	11	1)266
	- 04-	•	31. Date filed (Months Day Keel)	fige Riboletr		0 / / / .	invies 4	Dal	70. //	ic 1	120%
	Sta Registr		MAR 1 3 7996	e Jauria	ar Signature						



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. ITEM: 23 PART I. , PER DR. State of Maryland / Department of Health and Mental Hygiene FILM q-733 3/18/96 t.t Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Month SIDNEY KOHN 27, 1996 BERNARD /Medical JANUARY 11:15am 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner BRIGHTWOOD MERIDIAN NURSING HOME BROOKLANDVILLE BALTIMORE if Under 1 Year If Under 24 Hrs. | Months Deys Hours Min. 5. Sociel Security Number 6. Sex 7. Age (In yrs. lest birthday) 8. Dete of Birth (Month, Day, Year) **Funeral**  Birthpleca (State or Foreign Country) 1√2 M 2□ F Months 215-10-6320 Director Yrs. MAR. 25,1908 PENNSYLVANIA Usuel Residence of Decedent 10a Stete 10b. County 10c. City, Town or Location ns 23a or 28a-f show must be notified at 10d. Inside City Limits Director MARYLAND BALTIMORE TOWSON XYes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? thems 23a 728 CAMBERLEY CIRCLE, APT. B-1 21204 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? XXYes 2 □ No If Yes, Give Yeer or Detes: WWII Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. 1 ☐ Never Married 2 Merried ö 1 ☐ Yes 2 ☑ No ò Specify: WHITE 72 hours 3 ☐ Widowed 4 ☐ Divorced "natural" Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementary/Secondery (0-12) Coilege (1-4or 5+) HUTZLER'S DEPT. STORES BUYER 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Surneme) permit. Pages 1 and 2 should be 1 Department of Health and Mental 1 Important: If them 27 is marked of **KOHN** LEVY MAX RAY 19a. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) KOHN (WIFE) 728 CAMBERLEY CIRCLE, APT. B-1 TOWSON, MD 21204 MRS. MARJORIE 20b. Plece of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, State Date Pages 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) 1-30-1996 OWINGS MILLS, MD HAR SINAI ture of Funeral-Service Lightens 22. Neme end Address of Fecility SOL LEVINSON & BROS., INC. 23a. Part1. Enjer the disease, or complications that caused by death to not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. mate Intervei Beh Onset end Deeth **Physician** /Medical immediete Cause (Finel dw? disease or condition resulting in deeth) **Examiner** Due to (or es a consequence of) ATHEROSCLEROTIC RENAL VASCULAR DISEASE 2YRS physician and the burial-transit The law requires that the death certificate be executed Exami Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Couse (Diseese or injury that initiated events resulting in deeth) Last Due to (or as e consequence of) Physician/Medical Due to (or es e consequenca of): signed by the a Pert li. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Corona à should I Completed 24a. Wes en autopsy performed? 24b. Were eutopsy findings aveileble prior to completion of cause of death? has 10 2 page certificate 1 Yes or Attending Physician: Be 25. Was case referred to medical examiner? 26. Place of Deeth (Check only one) Other: 4KK Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 27. Menner of Death 28e. Dete of Injury (Month, Day Year) 28b. Time of 28c. injury at Work? 28d. Describe how injury occurred After 1 Netural 5 Pending death. 1 ☐ Yes 2 ☐ No Investigetion 2 Accident after death Director: 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) in 24 hou... the Funeral Dis... 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide Hospital 24 hours a 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, and due to the cause(s) and manner as steted.

2 Medical Examiner: On the basis of examinetion and/or investigetion, in my opinion, deeth occurred et the time, dete and piece, and due to the cause(s) end megner steted. 29e. Certifier Medical To the Hosp within 24 ho To the Fune completely fi (Check only one) 29b. Signeture and title of certifie 29c. License number 29d. Date signed (Month, Dey, Year)

of death (Item 23a) (Type, Print)

J4 32 Register a Structure

State Registrar

Maryland 21215-0020

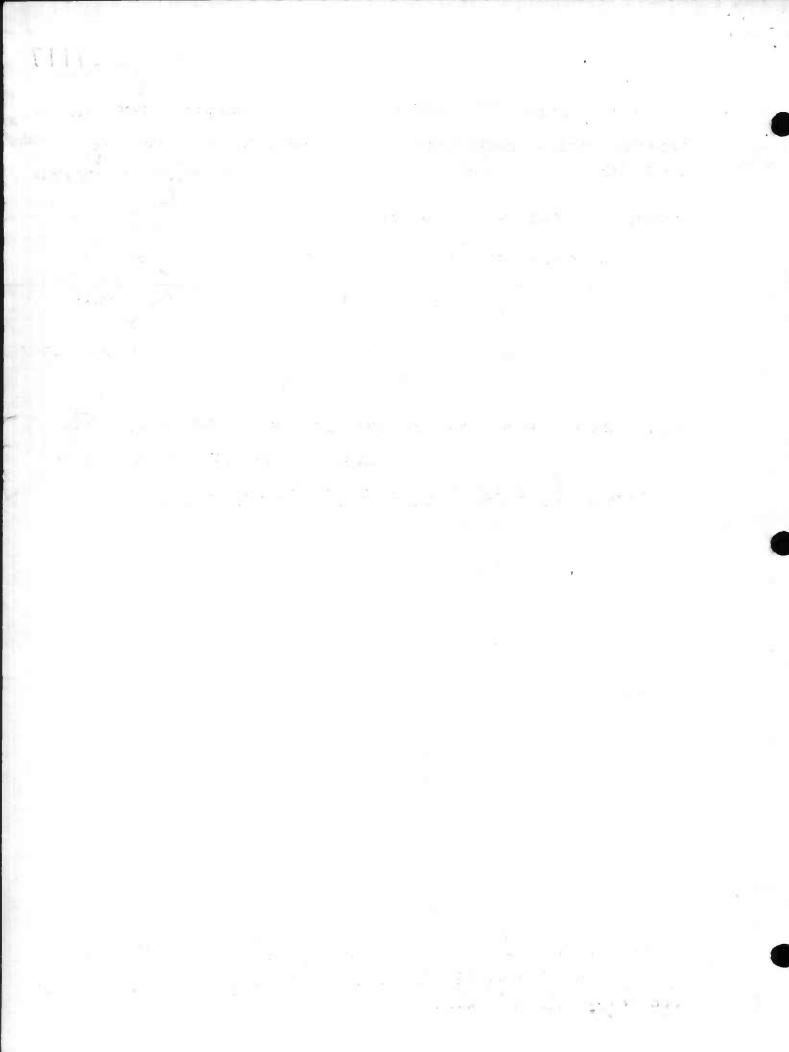
Baltimore,

Box 68760

P.O.

Records,

Division of Vital



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death Month Year GRACE KREBS MARCH 12:00 AM 1996 12 4a. Fecliity Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Bay View Medical Center Baltimore 7. Age (In yrs. last birthday) 57 Yrs. 5. Sociel Security Number 217 34 55 If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Day, Yei 08 30 38 Birthpiece (State or Foreign Country) 5507 Days Hours 1 □ M 2 🛛 F Maryland Usuai Rasidance of Decedant 10e. Steta 10b. Count 10c. City, Town or Location 10d. Insida City Limits Md. Baltimore Dundalk 1 X Yas 2 □ No 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 7921 Trappe Road Apt. A. 21222 USA 12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yas ≵ No If Yas, Give Yeer or Datas: Was Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. Rece - American Indian, Bleck, Whita, atc. 1 Nevar Merried 2 Merried Specify: White 1 Yas X□ No Specify: 3 ☐ Widowed 4 ☐ Divorced Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedent's Education (Specify only highest grada complated) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Collaga (1-4or 5+) A. T.&T. Wire Specialist 6 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Surname) Maurice Sullivan Marii Kearny 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Sheriee M. Krebs, Daughter 112 N.Kresson Street Balto., Md. 21224 20b. Place of Disposition (Nama of cematary, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 Burial 2 ☐ Crametion 3 ☐ Ramovel from Steta Sacred Heart of Jesus Cem. 3-15-96 Dundalk, Md. 4 ☐ Donetion 5 ☐ Othar (Specify) 21. Signature of Funaral Sarvice Licenses 22. Nama end Addrass of Fecility Charles S. Zeiler & Son Inc. 6224 Eastern Avenue Balto., Md. 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Baty Onset and Deeth Immediate Cause (Final & hours Respiratory disaase or condition rasulting in daath) Infarction Muocardial Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated evants resulting in death) Last Due to (or as e consequance of) Dua to (or es e consequence of): 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown GI bleeding 24b. Wara autopsy findings available prior to completion of cause of daeth? 24a. Was an eutopsy performed? 28. Placa of Death (Check only ona)

**Physician** /Medical Examiner

**Physician** 

Examiner

**Funeral** 

Director

7 is marked other than "natural", or items 23s or 28s-f shor traumatic event, the Modical Examiner must be notified at

permit. Pages 1 and 2 should be filed within 72 hours after c Department of Heelth and Mental hygiene. Important: if item 27 is marked other than "natural", or item any injury or other traumatic event, the Medical Eparament

Baltimore, Maryland 21215-0020

with the Maryland

death

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Examiner Physiclan/Medical à Completed Be 2

Certification:

Medical

sician and buriel-transit physician s the buriel 0 signed by the at d be detached for should I this certificate hes Physician: funeral To the Hospital or Attending within 24 hours after death.
To the Funeral Director: After completely filled in by the fun.

Jivision of Vital Records, P.O. Box 68760,

Part II. Other significant conditions contributing to death but not resulting in the underlying causa givan in Part f. 25. Was casa rafarred to medical examinar? Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 Yas 2 No 1 in finatient 2 □ ER/Outpatient 3 □ DOA 27. Manner of Death 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred 5 Panding invastigation 1 Natural 1 ☐ Yes 2 ☐ No 2 Accident 3 Sulcida 6 Could not be 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28e. Placa of Injury - At homa, farm, streat, factory, office bullding, atc. (Specify) 4 | Homicide 29a. Certifian Certifying Physician: To the best of my knowledge, deeth occurred at the time, deta and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, deeth occurred at the time, deta and place, and due to the cause(s) and mannar stated.

29c. Licanse number

29d. Deta signed (Month, Day, Year)

March 12, 1996

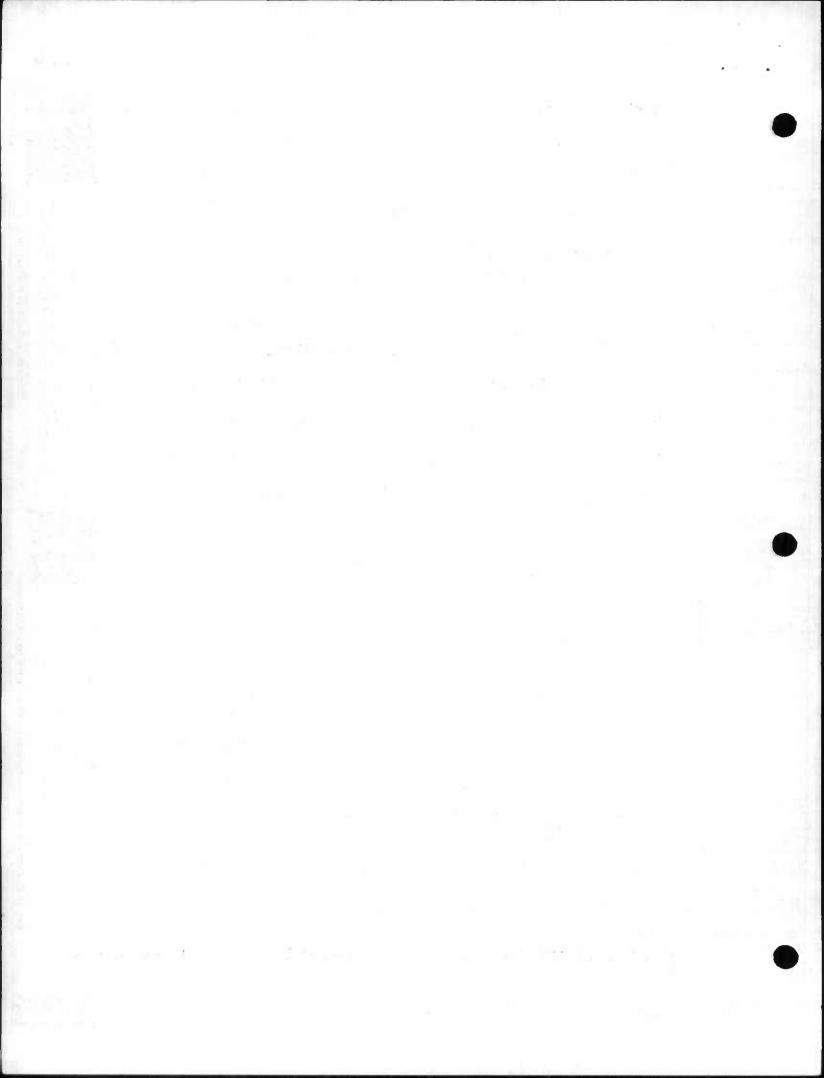
State Registrar

29b. Signeture and title of certifier



Homelli MD

30. Nama and address of person who completed causa of death (itam 23a) (Type, Print)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Iteml, Film733, 3/13/96, 1t Decedent'e Neme (First, Middle, Last)
 EDWIN 2. Dete of Deeth **Physician** :05 /Medical 4e. Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth Examiner EN B If Under 24 Hrs. Jde Hospita 0 urnie If Under 1 Yeer 5. Sociel Security Number 7. Age (In yrs. lest birthdey) 8. Dete of Birth (Month, Dey, Year) Birthplace (Stete or Foreign Country) **Funeral** Deys 1 X M 2 □ F 227-46-1961 59 Yrs. Director May 8, Virginia Usuel Residence of Decedent 10a State 10b County 10c. City, Town or Location 10d. Inside City Limits Maryland N/A XX Yes 2 No Baltimore (Brooklyn) Director 10e. Street end Number 4210 Fifth St., 10f. Zip Code 10g. Citizen of Whet Country? 21225 USA Funeral 11. Meritel Stetus 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 1 ☐ Yes 2 X No If Yee, Give Yeer or Detes: 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes XX No Specify: ğ Specify: 3 ☐ Widowed 4 ※ Divorced White 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Ridgeway Motor Elementery/Secondary (0-12) College (1-4or 5+) permit. Pages 1 and 2 should be filed w. Department of Health and Mental Hygien important: If flem 27 is marked other than any injury or other traumeting once. Charter Bus Driver unknown 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) 86 Curtis Kirby Sizer Irene Catherine Brookman 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Ms. Marie Butner- FRIEND 4210 Fifth St., Balto., 20b. Place of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, State 1X Burlal 2 ☐ Cremetion 3 ☐ Removel from Stete Eastlawn Memorial Gdns. 3/12/96 Harrisonburg, Virginia 4 ☐ Donetion 5 ☐ Other (Specify) 21. Squature of Funerel Service Licenses Kevin E. Ecker 22. Name end Address of Fecility McCully Funeral Home of Brooklyn 237 E. Patapsco Ave., Balto., Md. 21225-1856 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximete Intervel Between Onset end Deeth **Physician** /Medical Immediete Ceuse (Finel SEPS 15 diseese or condition resulting in deeth) Examiner Due to (or es e consequence of): Sequentially list conditione, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest Due to (or es e consequence of): Physician/Medical Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23h. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown þ 24e. Wes an autopsy performed? 24b. Were autopsy findings availeble prior to completion of cause of death? Completed 2 No 1 ☐ Yas 2 No 25. Wes case referred to medical examiner? 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Inpatient 2 □ ER/Outpatient 3 □ DOA 27. Menner of Deeth 28a. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 5 Pending 1 Neturel 1 ☐ Yes 2 ☐ No Investigation 2 Accident 6 Could not be determined 3 Sulcide 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 281. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 - Homicide 1 Certifying Phyeician: To the best of my knowledge, deeth occurred et the time, dete end piece, and due to the ceuse(s) end menner as stated.

2 Medical Examiner: On the basis of exemination end/or investigation, in my opinion, deeth occurred et the time, dete end place, and due to the cause(s) and menner stated. 29e. Certifier Medical

29c. License number

MD

and Buston Re

address of person who completed cause of deeth (Item 23e) (Type, Print)

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32. Registrer's Signature

29d. Dete signed (Month, Dey, Year)

Division of Vital Records, P.O. Box 68760 signed by should should fumeral director, this Ather at or Attending after death. I Director: Ah To the Hospital Milhin 24 hours a To the Funeral D

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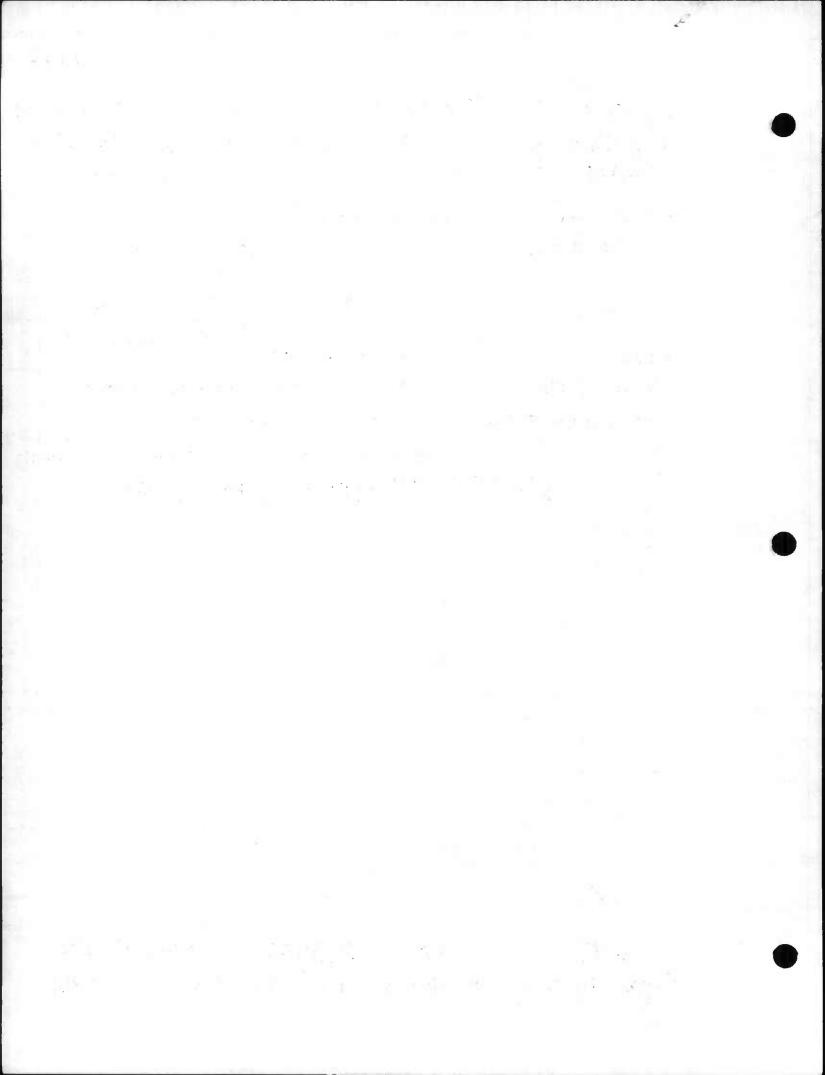
Baltimore, Maryland 21215-0020

State

**DHMH 16 Rev 6/95** 

31. Dete fied (Month, Registrar

29b. Signeture end title of certifier



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State of Maryland / Department of Health and Mental Hygiene

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	or 28a-f	Funeral Director	10e. Street end Number		Do	altim		Zip Code		1	Og. Citizen of			
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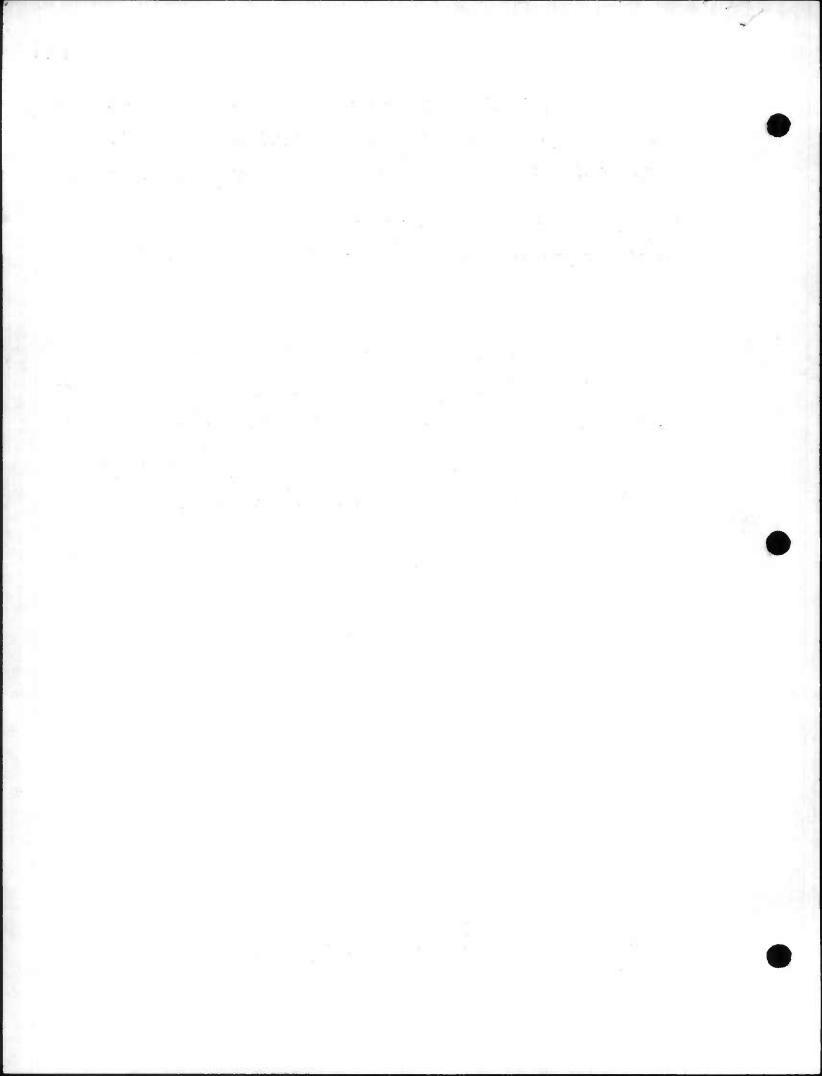
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	Funeral Director	نح	5. Social Security Number 6. Sax 115 M	2□ F 7. Aga (In yrs. lest birt	hday) If Under 1 Year Months Days	If Undar 24 Hrs. Hours Min.	8. Data of Birth Month, Dey, Yea	9. 8in 954 - Co 1E	hplace (Steta or Foreign untry)  XAS		
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Records,	aw requi	Completed					24a. Was an aut performed?		Were autopsy findings available prior to completion of causa of death?		
al R	The ate h	Con					1 ☐ Yes	2 1 No	I □ Yes 2 □ No		
Vital	Physician: The this certificate ral director, page	Be c	25. Wes case referred to medical examiner?	al:	Oth	26. Place of Death					
o	두 두 등	n: To	27. Manner of Deeth 26	a. Date of Injury 26b. T	patient 3L DOA	4 LI Nursing Horn	ne 5 PAesidenca 8d. Describe how inj		cify)		
Division	Attending or death. octor: After by the fune	Certification:	2 Accident investigation 3 Suicide 6 Could not be	a. Placa of Injury - At homa, far	M 10	Yes 2 □ No	8f. Location (Streat	and Number or Ru	ral Route Number.		
Ö	s after of Direction of in the	Cent	4 Homicide	building, etc. (Specify)	, , ,		City or Town, Ste	te)			
	To the Heapital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	edicai (	(Check only 2 Medical Examinar: (	: To the best of my knowledge, On the basis of axamination and and manner stated.	death occurred at tha tir /or Invastigation, in my o	me, date and place, as plnion, death occurre	nd due to the causa( d at the time, date a	s) and manner as nd place, and due	stated. to the cause(s)		
	To the within 2 To the comple	Me	29b, Signature and title of certifier	. 12	29c. Licens	e number	29d. D	ata signad (Monti	h, Day, Yaer)		
	4	-	30. Name and address of person who comple	L-Crovo	Type Print	5701	3/1	1/96			
	*		31 Date filed (Month Day Year)	00 5 1 1 1 0 1 1 1	7, 7,			<i>'</i>			

Registrar

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Piease Type or Print in Black Indelible ink. Assure Ail Copies Are Legible.

PER MEO FILM G-733 3/21/96 t.t

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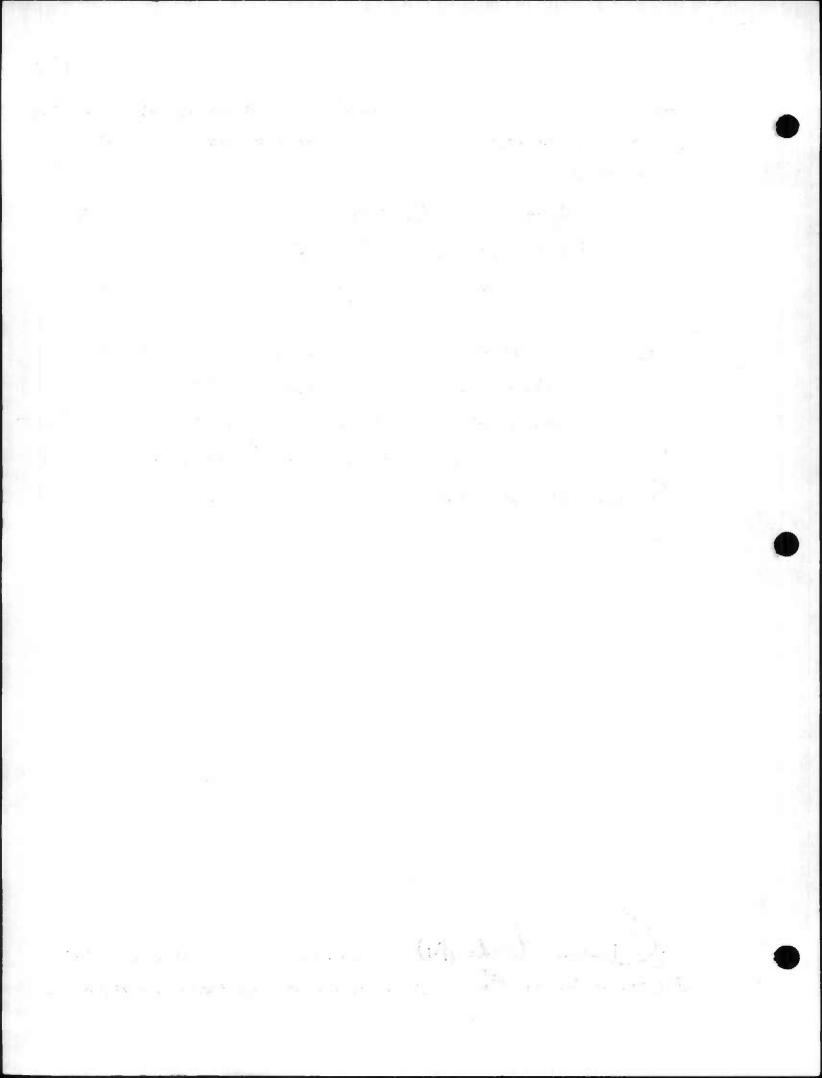
07122

					Centificat	e of Death		Reg. No.	0	I I be be		
П	Discontinu		1. Decedant's Name (First, Middla, La	st)			2. Data of De	ath		Tima of Deeth		
	Physici /Medi		MARK		LAI	RKINS	MARCH			)126AM		
	Examir		4a. Facility Nama (If not Institution, give	a street and number)		4b. City, Town,	or Location of Daat	h 4c. County				
			4577 DERBY MAN			BALTIMO		Y	md			
	Funeral		5. Social Sacurity Number 8. S	Pax 7. Aga (In yrs. last	Months	1 Yaar If Under 24 H Deys Hours M	in. 8. Data of Bir	rth sy, Year)	9. Birthplace (	Stete or Foraign		
	Director		740-82-7333	A 34	Yrs.		June	6,1961	7	not		
	and **		Usuel Rasidance of Decedent  10a. Stata 10b. County {	10c, City, 7	Toyn or Location				10d in	eide City I imite		
	Mary	tor	md N	A	Balte			\ \ /				
	a with the	Funeral Director	10e. Street and Number 4577 De	by Maner	Manor Dr. 2/2/5							
	deeth	Jera	11. Marital Stetus	12. Was Decedent Evar in U.S.	13. Was Dace	dant of Hispanic Origin?	(Specify Yes or No	> 14. Rac	e - Amarican Inc	dian,		
Maryland 21215-0020	72 hours efter deeth with the Maryland natural, or items 23s or 28s-f show diest Examiner must be notified at	by	1 Never Merriad 2 ☐ Merried 3 ☐ Widowed 4 ☐ Divorced	Armed Forças?  1 Yes 2 No If Yas, Give Yaar or Detas:	If Yas, spe	cify Cuban, Maxican, Pu 2) No Specify:	ério Rican, atc.)		01	ack		
5-0	"natural",	ted	15. Decedant's Ed (Specify only highast gra	Jucation 1	16a. Decedant's Usu	ei Occupation ink dona during most of a sa retired)	undina	16b, Kind of B	usinass/Industry			
121	드 3	Completed	Elemantary/Secondary (0-12)	College (1-4or 5+)	lifa. DO NOT u	4	vorking		11A			
7			17. Father's Nama (First, Middla, Last		Never	worked	(F) A6'-14'		01.1			
and	\$ 1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Be C	Win fold Lo	rking Sr.			_	Lan				
Z	d 2 should th end Men 7 Is marke traumatic	은	19a Informant's Name/Ralationship (		10h Mailing Address		NICE U		1			
$\mathbf{z}$	tre tre		Bernice S	fewart-mother.	4577	Doclo 1	Maria sa	N- V	Siara, ZID COOR	ma		
re,	-755		20a. Mathod of Disposition	20b. Piac	e of Disposition (Na	ma of	Date	20c, Location -	City or Town, S			
Baltimore,	Page ent c y or		1 Buriai 2 Cramation 3 Communication 5 Other (Specification)	W) Kin	1-)	orial PK	2/4/96	Rand	allstow.	, mol		
Bai	Departme Importan any Injur		21. Signatura of Funarai Sarvice Licer	- Homoson	Mana er	Addrass of Facility  H-U	jest An	UR				
			23a. Par Enter tha disaase, or com sho or haart fallure. List only	plications that caused the death. I	Do not enter the mod	la of dying, such es card	lac or raspiratory e	rrast,	Appr	oximata		
V	Physician		U						Onse	end Death		
K	/Medical Examiner		immediate Causa (Final disaase or condition	NARCOTIC, COCA	INE AND ALCO	HOL INTOXICAT	ION					
Н	LAGITHITE		resulting in death)	Due to (or es	s a consequence of):							
	sit ed	line		b. —								
,	certificate be executed uding physician and use es the buriel-transit	i Examiner	Sequantially list conditions, if any, leeding to immadieta cause. Entar Undarlying	Dua to (or as	s a consequance of):							
68760,	certificate be iding physicia ise es tha bur	edicai	Cause (Disease or injury thet initiated evants resulting in daath) Lest	Due to (or es	Due to (or es a consequence of):							
ox (	ding ding se es	N/Me	· ·	d								
m			Date Out to the second			1010-0-0-0-0-0						
0	that the death ned by the etter deteched for	Physicia	Part ii. Other significant conditions o	ontributing to death but not resulting	ng in the undarlying o	ause given in Pert I.						
S, D	ned b	by P					_   1	Yes 2 No	3 Probably	4 Unknown		
Division of Vital Records	v requires been sign should be	Completed b						an autopsy ormed?	available	prior to on of causa		
Re	hes pe 2	E						/ _	6.2			
a	certificate rector, per	_	75 Was once referred to made at				1		10d. Inside City Limits 10(Yas 2   No  1. Citizen of What Country?  1. S. A  14. Race - Amarican Indian, Black, White, etc.  Specify: 13   Cack  Sb. Kind of Businass/Industry  NA  Siden Sumama)  2075 Cy  City or Town Stata, Zip Code)  Code, Coation - City or Town, Stata  Randa ( Strun, Mac)  2   No  3   Probably 4   Unknow  2   No  3   Probably 4   Unknow  2   No  3   Probably 4   Unknow  2   No  4   No  2   No  1   Na  2   No  1   Na  2   No  1   Na  2   No  1   Na  2   No  1   Na  2   No  1   Na  2   No  1   Na  2   No  2   No  3   Probably 4   Unknow  2   No  4   Na  4   Na  5   No  5   No  6   No  6   No  6   No  7   No  8   Other (Specify)  6   Injury occurred  8   Other (Specify)  8   Other (Specify)  8   No  8   No  8   No  9   No  1			
5		o Be	25. Was casa rafarred to medical axaminar?  1 Xas 2 No	Hospital:		Other	eeth (Check only o					
o	Physic this seal di	. To	27. Mennar of Death	28a. Date of injury 28	Outpatient 3☐ DC	A 4 Nursing						
sion	To the Hospital or Attanding Ph within 24 hours after death. To the Funesti Director: After th completaly filled in by the funeral	Certification:	1 Natural 5 Panding 2 Accident invastigation 3 Suicide 903 Could not be	(Month, Day Year) FOUND 3-11-96 U	INKNOWN M	8c. Injury et Work? 1 ☐ Yes 🛣 No	UNKNOW					
Ž	after deat Director: I in by the	E	3 ☐ Suicide SUI Could not be datarmined	28e. Place of Injury - At homa building, atc. (Specify)	a, farm, straat, factory	, office	28f. Location (- City or Tol	Street and Numb wn, Stata) 457	or or Rural Rout	A Number,		
	oltal urs a rest mest				HOUSE BALTIMORE, MD.							
	To the Hospital or within 24 hours after To the Funers! Dirticompletaly filled in	edical	29a. Certifiel 1 ☐ Certifying Ph (Check e ☑ Medicat Exam	ysician: To the best of my knowled hiner: On the basis of examinetion end manner stated.	dge, death occurred and/or invastigation,	at tha time, deta and pia , in my opinion, death oc	ce, and dua to tha curred at tha tima,	cause(s) and ma data and piace,	nnar as stated. and dua to tha c	ausa(s)		
	within 2	Me	29b. Signature and title of certifiar	one marrier stated.	290	. Licansa number		29d. Dete signe	d (Month, Dev. )	(aar)		
	⊢s⊢ő		() ()	Int. dr.	$\cap$					,		
•		-	30. Name and address of	- Comeny		.C.M.E.		MARCH	11, 19	96		
			30. Name and address of person who	- 4 3 MI)		Otro	D-11:		. = .	21222		
Ė	Sta	te	31. Data filed (Month, Day, Year)	32. Registrar's Signatura		street,	RSTTIMO	re, Ma	ryland	_21201		

32. Registrar's Signatura

Registrar

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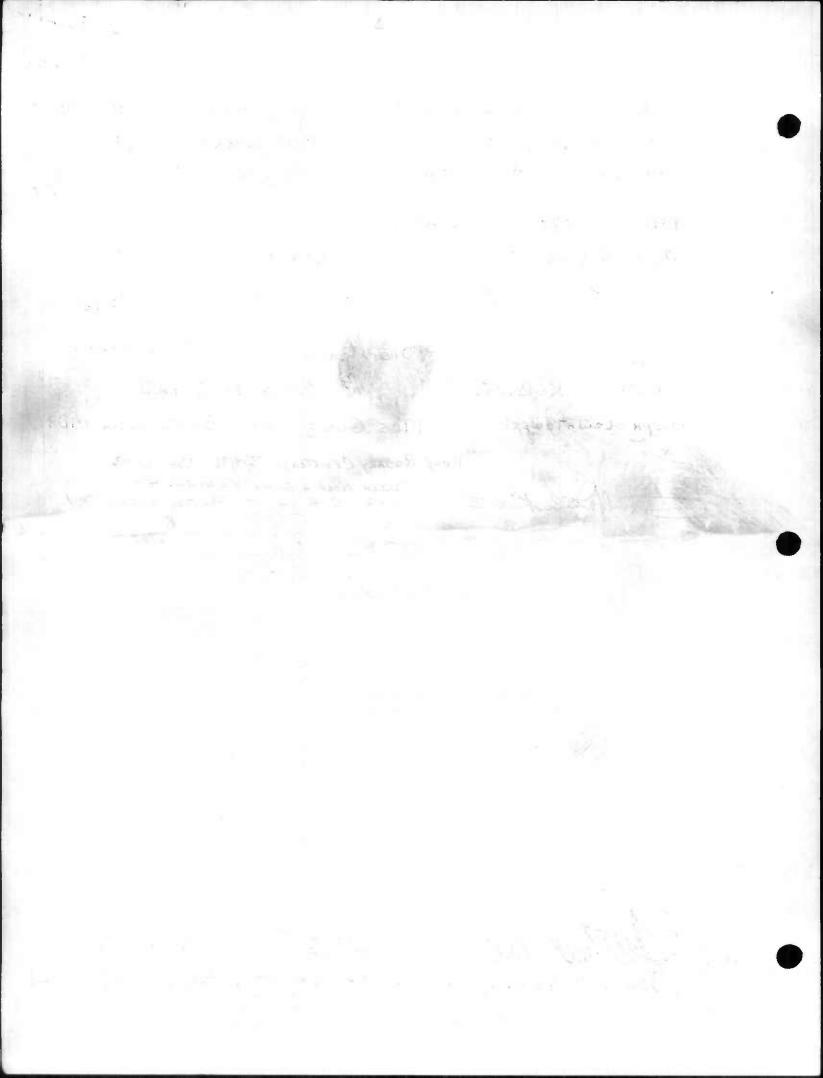


#### Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene

96 07123

				+	Certificate	e of Death		Reg. No.		01120		
		1. Decedant's Name (First, Middle, Last)					2. Dete of D		0.000	3. Tima of Death		
Phys		laisi	LewA	Tous	eK'		Month	MARCH 10 1996 4:4				
	dical	4a. Facility Neme (If not institution, give st.		COLD.	3101	4h City Town	, or Location of Dea			1. 12 1/11		
Exan	niner	141 - 1							. / .			
	-	1905 GOUG					rimore Ci		NIA			
Funer		5. Social Security Number 6. Sax	7. Age (i	In yrs. last birtl	Months		Min. 8. Data of Bi	irth ev. Year)	9. Birthpia Count	ace (State or Foreign		
Directo	DF -	230-48-3366	W ZJAJE	56	rs.		4-17	7-39	Ken	TUCKY		
2		Usuel Residence of Decedant										
how		10a. Stata 10b. County	11	0c. City, Town	or Location				10	Od. Insida City Limits		
¥ -	ō	MD. NA	7	BALT	IMORE	CITY				1 Yas 2□No		
the the	Director	10e. Street and Number			10f, Zip	Coda		10g. Citizan of	What Count	try?		
and 21215-0020 be filed within 72 hours effer death with the Maryland tall Hygiene. d other than "netural", or frems 23s or 28s-f show event, the Med call Exerciting must be notified.		1905 GOUGH	ST.			0100	,					
a 23	Funerai			- 110	10 111 - 5 1	2123			SA			
er de	5		<ol><li>Wes Decedant Eve Armed Forcas?</li></ol>	er in U,S.	If Yes, speci	ant of Hispanic Origin fy Cuban, Maxican, F	Puarto Rican, etc.)	0- 14. He	ce - Amarica ick, White, e			
02 g	T.	1 Never Married 2 Married	1 ☐ Yes 2.2 No If Yas, Giva		1 🗆 Yes 2	No Specify:		Specil	h			
O En Fig	l by	3 Widowad 4 Divorced	Yaar or Dates:			1 ,			WHI	TE		
2 h 2 h	Completed	15. Decedant's Educe (Specify only highest grade	ation	16a. l	Decedant's Usual	Occupation	f working	16b. Kind of B	lusinass/Ind	ustry		
21215-0020 d within 72 hours of glone. or than "netural; or the Wedge Electrical.	ig.	Eiamantary/Secondary (0-12)	Collaga (1-4or 5+)		life. DO NOT use	done during most of retired)	Working	21	-			
21 with	E	12	Oonaga (1 401 54)		DISPAT	CHER		GLAS:	s Kep	DAIR		
filed Hygie		17. Father's Name (First, Middle, Last)					Nama (First, Middle	e, Maiden Surnai	me)			
ylan buld be Mental	Be	MATHEW Ro	BERTS			SAR	n M = (	SGART	1			
Tarylar 2 should be and Menta 1 marked eumatic ev	2							-				
ire, Maryland s 1 and 2 should be file f Health and Mental Hy tem 27 is marked othe other treumatic event.		19a. Informant's Neme/Relationship (Type		196.	Mailing Address	(Street and Number o	or Aural Aoute Numi	ber, City or Town	, State, Zip (	Code)		
		JOSEPH LEWATOR			905 6	rough	ST C	Acto	21231	mo.		
Baltimore, Demit. Pages 1 as Department of Hea mportant: if Item any Injury or othe		20a. Mathod of Disposition			Disposition (Name, crematory or of	e of	Data	20c. Location	- City or Tov	wn, Stata		
Baltimor pemil. Pages Department of I fmportant: if its any injury or or		1 Burial 2 ☐ Cremation 3 ☐ Rail 4 ☐ Donation 5 ☐ Other (Specify)	moval from Stata		_	CEMETERY	3/4/96	BALTO	MD.			
Baltin permit. Pa Departmer important: any injury	_	21. Signature of Funarai Service Licansea		11027								
D PER CO	DUCE	2.1. Organization of Farinatal Organization	.0		DELLA	Nace + Se	NS FUN	ERAL H	om E			
- 414	-	a lowelle	Koce II	-	322	S. HIGH	ST. B.	CTO. 2	1202	Md.		
		23a. Part . Enter tha disaasa, or complice shock, or haart failura. List only ona	etions that causad the	a daath. Do n	ot entar tha mode	of dying, such as ca	ardiac or respiretory	arrast,		Approximata Interval Between		
Physicia	n	The state of the s	· · · · · · · · · · · · · · · · · · ·		^ ^					Onsat and Death		
/Medica		Immadiate Cause (Finei	mull	(4)		ino (	INSTR M	7		240		
Examine	er	disaasa or condition resulting in deeth) a.	Orveor			ing CA	4100010			1016		
	h		Du	a to (or as a co	onsequence of):	-						
si ed	Examiner	E Julia Meladiasis										
X 68 / 60, entificate be executed ding physician and se as the burlet-transit	Can	Sequantially list conditions, if any, leading to Immadieta	Du	a to (or as a co	onsequance of):				1			
uriel		! causa. Entar Undarlying							1			
68760, flicate be ev g physician as the burie	edicai	Cause (Disease or Injury that Initiated events rasulting In deeth) Last	Due	a to (or as a co	onsequanca of):				1			
as the	8	rasuling in deetil) Last										
0 2 3	2	d							<u>_</u>			
death certificate ettending place as t	0											
- 2 2	Physician	Part II. Other eignificant conditions contri	lbuting to death but n	ot rasulting In	tha undarlying ca	use givan in Pert I.	23b. Did	tobacco uee co	intribute to	the cause of death?		
that the ed by th							100	Yes 2□ No	3 Prob	ably 4 Unknown		
S, Fees that igned be de	þ		WEG-									
Kecords, le law requires t has been signe ge 2 should be	Completed	}						s an autopsy ormed?	24b. Wei	re autopsy findings illable prior to		
law requias been a 2 shoul	<u>=</u>						_	oimos:	CONT	nplation of cause leath?		
Te lav	Ē											
							1 1	Yes 2 No	1U	Yas 2□ No		
Conting Conting	Be	25. Was casa raferred to medical axaminar?					Death (Check only	one)				
- 5 m/5	ို	1 Yes 2 No Ho	spitei: 1 🗆 Inpatiant	2 ER/Out	patient 3 DO/	Othar: 4 Nursi	Ing Homa 5 Ras	idence 6 🗆 Ott	har (Specify)	)		
D T D T D D T D D D D D D D D D D D D D		27. Manner of Death	28a. Date of Injury (Month, Day Yo	28b. Ti	me of 28	lc. Injury et Work?	28d. Dascribe	how Injury occur	rred			
Livision of or Attending Physical death.  Director: After his din by the funeral d	計	1 Natural 5 Panding 2 Accident invastigation	NIN		Jury M	1 Yas 2 No	,					
S de s	2	3 ☐ Suicida 6 ☐ Could not be	28a. Piace of Injury	- At homa, fen	m. streat, factory.	office	28f. Location	(Street end Num	ber or Rural	Route Number,		
P P P P P P P P P P P P P P P P P P P	Certification:	4 Homicida detarminad	building, etc. (	Specify)			City or To	wn, Stete)				
DIVISION O  To the Hospital or Attending Ph within 24 hours after death.  To the Funeral Director: After h  completely filled in by the funeral		20a Castlera Ida										
Hos.	edical	29a. Certifying Phyeic (Chick only 2 Medical Examina	ir: On the basis of ax	amination and	deeth occurred a or Invastigation.	t tna time, data and p in my opinion, daath	piece, and due to the occurred at tha tima	ceuse(s) end m , data and piace.	annar as sta and dua to	ated. tha cause(s)		
the line f	9	111	end mannar stated									
5 ¥ 5 P P P P P P P P P P P P P P P P P	×	366 Signature and title syctomilier			290.	Licansa number		29d. Dete signe	d (Month, D	lay, Year)		
0	/	1 MAINARIO	MA			216)1	2	5/12	-191	6		
U,	(	30. Name and addrass of person who com	injeted course of death	h (Itam 22a) (7	Type Print\	5.00			1-1-			
	-	Talk I Tut	LI-1/	77	2.60	EENE	ST. R	ATO	MIG	21201		
		21 Date Week Character Co.						2000	(0)			
S	tate	31. Dete filad (Month, Day, Year)	32 Registrar's	Signatura								



ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	death with the State	PORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
IG PHYSICIA	THE FUNERAL DIRECTOR: After this certificate	W	PORTANT: If item 28 Is marked, or Item

	FOR	CTATE OF B	IADVI AND /	DEDAG	TRACALT	05 115		AND	Menter	IIVOIEN	_	20	0/12	. 4
	1 - STATE REGISTRAR	STATE OF M	IARYLAND / Ce		ICATE				MENIAL	REG. NO.	Ł			
	1. DECEOENT'S NAME (First, Middle, Last)								2. DATE OF OEATH 3. TIME OF DEATH					
	EARL HENRY	V IAII	BENSTEIN	I					Marc	ch 8.		YEAR	9:00P	М
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las)		IF UNDER 1	YEAR	IF UNDER	24 HRS.	7. DATE O	F BIRTH 8. BIF			IPLACE (State or Fore	ign
	161-05-3950	1 J/M 2 🗆 F	78	YRS.	MONTHS	DAYS	HOURS	MIN.		l 15.	1917	Count	nnsylvan	in
	9a. FACILITY NAME (If not institution, give str				9b. CITY,	TOWN OR	LOCATIO	ON OF OE		L 1 J,	-		ITY OF OEATH	
DIRECTOR	47 Tearose Driv	e	Chase Baltimore									ore		
REC	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OF	LOCATIO	ON		10d, INSIGE CITY LIMITS?					
0	Maryland	Balti	more				Chase						1 - YES 2 X N	0
FUNERAL	10e. STREET AND NUMBER		101, ZIP CODE							10g. CITIZEN OF WHAT COU				
<u> </u>	47 Tearose Drive								2122	0	l States			
5	11. MARITAL STATUS	12. WAS DECEOEN	T EVER IN U.S. ARI							(Specify Yes	or No-	14. RACI	E — American Indian	l <sub>q</sub>
BY	t Never Married 2 X Married  3 Widowed 4 Divorced		ES, GIVE WAR OR DATES  1 YES 2 X NO Specify.											
	16. DECEDENT'S EDUC		T						1				writte	
COMPLETED	(Specify only highest grade	completed)	(G/	ve kind of Do NOT u	work done do	uring most	N I of working	g	16b.	KIND OF BUS	SINESS/IND	USTRY		
7	Elementary/Secondary (0-12)	College (1-4 or 5+	)		,	n:.+	wih.	+:01		Mara	./ +			
× ×	17. FATHER'S NAME (First, Middle, Last)		rw	ienas	sing 1					MCCYLL iddle, Maiden	ifact	wur	ıy	_
									_,,		,			
BE	Claude Laubenstein  Beatrice Strausser  190. INFORMANT'S NAME (Type/Print)  190. MAILING ADDRESS (Street and Number of Burel Poulse Number City of Town State 210 Code)													
2	1992. INFORMANT'S NAME (TyperPrint)  1992. MAILINO ADDRESS (Street and Number or Rural Acute Number, City or Town, State, Zip Code)  1992. MAILINO ADDRESS (Street and Number or Rural Acute Number, City or Town, State, Zip Code)  47 Tearose Drive Baltimore, Maryland 21220													
	20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State													
	4 □ Donation \$ \$1 Other (Specify) Entembrent   Garden of Faith Cemetery 3/12/96 Rossville, MD													
	21. SIGNATURE OF FUND AND ADDRESS OF FACILITY													
	Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Ave. Dundalk. Maryland 2122													
					7	922	Wise	AU	e. V	undali	e, Ma	rylo		
	23. Fall I Effect the dealers, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on each line.  Approximate Interval Between													
	IMMEDIATE CAUSE (Final disease or condition	1 A	71		2, ~	T	1.						Onset and	Death
-	resulting in death)	n. / lelo	THE TO USE A CONSTRUCTION OF STATE OF S									2		
	DUE TO (OR AS A CONSEQUENCE OF):												1-4-	00
O	Sequentially list conditions,	DUE TO (OR AS A CONSEQUENCE OF):								/ TEND	2			
AT	If any, leading to immediate cause. Enter UNDERLYING	502 10	(OH AS A COMPEC	DENCE	r):									
CERTIFICATION	CAUSE (Disease or Injury	C.  DUE TO (OR AS A CONSEQUENCE OF):								-				
Ē	thet Initiated events resulting in death) LAST													
E		1									-		+	
A	PART II. Other significant conditions	s contributing to	death but not r	esulting	In the Und	terlying	cause g	jiven in	Part I.	24a, WAS AN PERFOR		_ 24b	. WERE AUTOPSY FINE	
MEDICAL										1 YES 2			COMPLETION OF CA OF DEATH?	
Ä													1   YES 2   NO	0
	DID TOBACCO USE CONTR	RIBUTE TO CA	USE OF DEA	TH Y	ES 🗆 N	10 1	UNC	ERTAII	N 🗆					
X	25. WAS CASE REFERRED TO MEDICAL		26. PLAC	E OF DEA	TH (Check o	nly one)								
S	EXAMINER?	HOSPITAL: 1   Inpatient 2	ER/Outpatient 3	□ DOA	OTHER 4 - Nursi	: ing Home	5 116	aldenca	8 Other	(Specify)				
PHYSICIAN:	27. MANNED OF DEATH	28a. DATE OF (Month, D		28b. TIN	IE OF	28c. INJU WOR			28d. DE\$0	CRIBE HOW I	NJURY OC	CURED		
ВУ Б	1 Netural 5 Pending 2 Accident Investigation	(month), D	ay, Ibary	""	M		ES 2	) NO						
	3 Suicida 8 Could not be	28e. PLACE O	F INJURY — At he	me, farm,	street, facto	ry, office						or Rural	Route Number,	
	4 Homicide detarmined	building, stc. (Specify)  City or Town, State)												
7	29a. CERTIFIER (Check only Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated.													
COMPLETED	(Check only one) 2 MEDICAL EXAMINE												a) and manner as sta	ned.
	PID MIRNATURE AND TITLE OF CERTIFIER		^				'29c. LICE						(Month, Day, Your)	
BE	Vulsa 1 AV	an D	V				Ser LICE	13 (	)/		▶ 3	195	/ man man	
2	30, NAME AND ADDRESS OF PERSON WHO	O COMPLETED CALL	T SE OF DEATH ATE	M 27) /5-04	Print)		D,	77	00		-7	1//	•	

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Richard Bauman
31. MARE 1/1/31. 1996

3001 South Hanguar Street

21225

Baltimore, Maryland

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 07/25

					Certificate	of Death	Re	g. No.			
я	Physici	an	Decedant's Name (First, Middle, Last,	)			2. Data of Death Month	Day	Year -	Time of Death	
1	/Medic	al	JANICE (Marking Marking and American Am	LANDRY		11 Ch T-	March	-	996 5	50 Am	
	Examir	er	4e. Facility Nama (If not institution, give	1/		4b. City, Town, or	4c. County				
-	Funeral		5. Social Security Number 6. Sax	RIS HOSP	ast birthday) If Under 1	Yeer If Undar 24 Hrs		DAL	TIMOR 9 Birthpleca	Stata or Foreign	
	Director		005-34-1936 1C	M 2XF 59	Yrs. Months	Days Hours Min.	8. Data of Birth (Month, Day,	1936	WATERV	(Stata or Foraign	
	how		10a. Stata 10b. County	10c. City	, Town or Location					nside City Limits	
	e Ma	Director	ME KENNE	BEC	NATERVICE	LE			1	Yas 2□No	
	or 2	Dire	10e. Street end Number		10f. Zip 0		10	g. Citizan of V			
	s 23s	erai	11 SHERWI			1901		U-5	- 1		
020	72 hours efter death with the Maryland natural", or items 23s or 28s-f show diest Examine Fruit be rectified as	by Funeral	11. Maritai Status  1 Nevar Merried 2 Married  3 Widowed 4 Divorcad	12. Wes Decedant Ever in U; Armed Forces?. 1 ☐ Yas 2 No If Yes, Giva Yaar or Dates:	13. Was Deceda if Yas, specif	int of Hispenic Origin? (S y Cuban, Mexican, Puari No Spacity:	pacity Yes or No- o Rican, atc.)		e - Amaricen In k, Whita, atc.	dien,	
21215-0020	72 hours natural',		15. Decedant's Edu	cetion	16a. Decedant's Usual	Occupation		16b. Kind of Bu	usinass/Industr	<u>-</u>	
215	E 1.9	Completed	(Specify only highest grade Elamantary/Secondary (0-12)	a com <i>platad)</i> Collega (1-4or 5+)	(Giva kind of work lifa. DO NOT usa	dona during most of wor ratired)	rking				
	Din	Соп	12	2	LPR	)		NUR	SING,	HOME	
Maryland	0 = 0 >	Be	17. Fathar's Nema (First, Middla, Last)	- D-		4	ma (First, Middla, N	laidan Sumam	e)		
Z	should be nd Mental marked o	То	19a. Informant's Name/Ralationship (Ty	NTC. PETE			ILMA L	AYOIL			
Ma	d2: th er 7 is trau				JAME BACKER		3209 MA	Street and Number or Ru	BALTIMO		4b. 2
ē,	s 1 and f Heelth item 27 other tr		20a. Mathod of Disposition	20b. P	ace of Disposition (Name	3 0		-12	City or Town, S		
Baltimore,	Peges nent of mt: If its iry or o		1 ☐ Burial 2 A Cremation 3 ☐ R 4 ☐ Donation 5 ☐ Othar (Specify)	lamoval from Stata	TKO COCMA	ATORY MAI	9 1991	RAITO	- co. H	1D-	
alti	五百五五十		21. Signatura of Pinaral Sarvice Ligense	ae 10 01	22. Nama and	Address of Fecility	1820 1/10				
Ω	Depa Impo		> Thomas J.	ARadok	SKAR	DA F.H.	BALTO.	MD.	21224		
			23a. Pert1. Entar tha disaasa, or compli shock, or haert failura. List only or	cations thet causad tha deeth a causa on aach lina.	. Do not antar tha mode	of dying, such es cardiae	or raspiratory erre	st,	App	roximete rvat Between	
	Physician /Medical		tmmediata Causa (Finat	Da. ~ 250		mc0			Ons	et end Death	
	Examiner		diseese or condition rasulting in death)		TC-CAN	JUE/C			3	mos-	
		ner		Dua to (or	as a consaquance of):				ì		
	ifficete be executed g physician end as the buriel-transit	Examiner									
90,	Se execian e										
68760	4 Y	edical	that initieted evants rasulting in death) Last  Due to (or as e consequence of):								
Box (	certific nding p	-		I				<u>.</u>	i		
	deeth ce e ettendii ed for use	Physician/N	Part II. Other eignificant conditions con	tributing to doubt but not requi	blog in the underlying en	see absente Boot I	20h Did tol		adhus so sho	annes of death 9	
P.0	by th	hys	Tartii. Other eightform contamons con	mouning to death but not rasu	iting in the underlying cat	JSa givaii jii Pait i.	1 □ Ye	V.		cause of death?	
Ś		by F						77			
Ś	been sign should be	leted b	leted b					24a. Was ar		svailabl	utopsy findings e prior to ion of ceuse
900	_ 0 0	piet					perform		of death	17	
Record	hes b	Somplet					periom 1 □ Ya	V	of death	2 No	
=	The law ate hes b page 2 s	Be Completed	25. Was cese rafarred to medical			28. Pieca of Dec		s 🏖 No	of death		
=	ysician: The law is certificate hes b director, page 2 s	To Be	axaminar?		ER/Outpetient 3□ DOA	Other: 4 Nursing H	1 ☐ Ya ath (Check only one tome 5 ☐ Resida	s ANO	of déath 1 □ Yas ar (Specify) Ἡ	2 □ No	
of Vital	ysician: The law is certificate hes b director, page 2 s	To Be	axaminar? 1  Yas No  27. Manner of Death 1  Neturel 5  Pending	lospital: 1 ☐ Inpetient 2 ☐ I 28a. Deta of tnjury (Month, Day Year)	28b. Time of Injury 28c	Other: 4 Nursing H	1 ☐ Ya	s ANO	of déath 1 □ Yas ar (Specify) Ἡ	2 □ No	
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State of Maryland / Department of Health and Mental Hygiene

					Certificate of Death Reg. No.													
Physicia /Medica			1. Decedent's Nama (First, Middle, Last	st)		LOFT	U\$			Mo	te of Death		1446	3. Time of the T. 40 Am				
	Exami		4a. Facility Nama (If not Institution, give	a street and numb	per)				4b. City, Tow	n, or Location		4c. Count	y of Death					
	TE E		NORTH ARWN!	DEL	H058	TAL	_		CHEN	1 Bhr	NIE	ANN	E A	SINDEL				
	Funeral Director		5. Social Security Number 6. S 220-84-9574 1  Usual Residence of Decedent	ax 7	Aga (In yrs. )		Months	1 Yaar Days		Min. (Mc	e of Birth onth, Day, ot. 22	Year) ,1961	Dis	aca (State or Foreign ry) trict of Co olumbia				
	how		10a. State 10b. County		10c. City	y, Town or L	ocation							d. Inside City Limits				
	Ma Maria	ctor	Maryland Anne A	Arundel	ndel Pasadena									1 ☐ Yes 2 No				
	23a or 28	al Director	10e. Street and Number 240 North Cal	rolina A	ina Ave. 21122						10g. Citizen of What Country? U.S.A.							
0050	within 72 hours efter death with the Marylend ene. than "naturat", or items 23e or 28e-f show he Medical Examiner must be notified at	by Funeral	11, Marital Status  1\( \) Nevar Married 2 \( \) Married  3 \( \) Widowed 4 \( \) Divorced	12. Was Deced Armed Forc 1  Yes 2 If Yes, Give Yaer or Dat	es? No	S. 13.	13. Was Decedent of Hispanic Origin? (Specify if Yes, specify Cuban, Mexican, Puarto Rican 1 ☐ Yes    ZX No Specify:				s or No- etc.)	Bie	ce - Amarica ck, White, e y: Whi					
5-0	72 ho	eted	15. Decedent's Ed (Specify only highast gra-			/Give	dent's Usu	rk dona	during most a	of working	1	6b. Kind of B	lusiness/ind	ustry				
21215-0020		Completed	Elementary/Secondary (0-12)		Collega (1-4or 5+)		life. DO NOT use retired) N/A			or working	N/Z							
nd	be filed itel Hygie d other event, p	Be (	17. Father's Name (First, Middle, Last)							, ,	Nama (First, Middle, Maiden Surneme)							
Maryland	should be filed and Mentel Hygi marked other metic event,	10	Harry C. Loft	tus,Jr.		Bet			tty J.	Bare	foot							
lar	2000		19a. Informant's Name/Relationship (7	Type, Print)							Number, City or Town, State, Zip Code)							
	of Haalth item 27 I		Mrs. Betty J. P.	lummer					arolin	1				and 21122				
Baltimore,	permit. Peges 1 Department of H Important: If ite any injury or ot once.		20a. Method of Disposition  1 □XBurial 2 □ Cremation 3 □  4 □ Donation 5 □ Other (Specify		C	lace of Dispo ematery, cre . Carn	matory or o	thar pla		rch 12,		Pasa		m, state Maryland				
Ball	Depart Import any In		21. Signature of Funeral Service Licen	las	to		1cCull	Ly F	ess of Facility uneral tain R	Home oad Pas	saden	a,Mary	land	21122				
-			23e. Pert1. Enter the diseese, or come shock, or least fallure. List on the shock of the shock o	lications that cau	sed the death	n. Do not en	ter the mod	le of dy	ng, such as c	ardiac or respir	atory arre	st,		Approximate interval Batween				
	Physician /Medical Examiner		Immediate Cause (Final disaase or condition rasulting in death)					Onset and Death										
		7	taboling in abunity	. ) .	Due to (or	r as a conse	quence of):	1					!	F				
	pet tisu	Ě		b. att	CIAL		to	Ri	LATIO	N			-	Syrs.				
60,	icete be axecuted physician end s the buriel-transit	al Examiner	Sequentially list conditions, if any, leading to Immediate cause. Entar Underlying Cause (Diseasa or Injury	c	Due to (or	r as a conse	quence of):											
x 68760,	D B	Medical	that initiated events rasuiting in death) Last	d	Due to (or	as a consec	quance of):						1					
Bo	eath ce attendi	lan											i i					
P.O.	that the de ed by the a detached	Physician/	Part ii. Other eignificant conditiona co	ontributing to deal		iting in tha u	inderlying o	ause gi	ven in Part i.	23	ib. Did tol	_/		the cause of death?				
Records,	> 00	leted by								24	a. Was an	autopsy ed?	ava	re autopsy findings ilable prior to apletion of cause				
H Re	The lew ate hes b page 2 s	Completed									1 ☐ Ye	s 2000		eath?				
Viital	ysicien: The s certificate director, pag	Be	25. Was case referred to medical axaminer?						26. Place o	of Death (Chec	k only one	)						
of	Physicien: this certific ral director,	2	1 ☐ Yes 2 ☑ No	Hospital:		ER/Outpatie		JA		ing Homa 5	Reside	nce 6 Oth	nar (Specify,	(Specify)				
	After fune	ation:	27. Mannar of Death  ↑ Natural 5 ☐ Pending  2 ☐ Accident Investigation		Injury Day Year)	28b. Time o Injury	M 2	8c. inju Wo 1 [	ryat rk? ∣Yes 2.⊟Ne	10000	scribe ho	w injury occur	rred					
Divis	tal or Attendent is after deat al Director: led in by the	Certification:	3 Sulcida 6 Could not be 4 Homicide determined	286. Place of							eation (Str. y or Town,		ber or Flural	Routa Number,				
	Tothe Hospital or At within \$4 hours after or To the Funeral Direct completely filled in by	edical	29a. Certifier 15 Certifying Phy cone) 15 Certifying Phy 2 Medical Example 16 Medical Example 17 Medical Example 17 Medical Example 17 Medical Example 17 Medical Example 18 Medical Exa	velcian: To the be liner: On the basi and manne	s of examinati	vledge, deat ion and/or in	h occurred vestigetion	at the ti	me, date and opinion, death	piace, and due occurred at th	to the ca e time, da	use(s) and m te and place,	anner as sta end dua to	ited. the cause(s)				
	within To the comple	Σ	29b. Signature and title of certifier				290	. Licens	se number		29	d. Date signe	ed (Month, D	ay, Year)				
	15	-	30. Name and address of person who c	vomnleted ceues	(My	23a\ /T	Drint'	)43	3977	Bern	M	anch	900	1996				
			Ompour OKE	Thos	. 301	Hos	Print)	WE	Gla	Bern	E	MS	2/1	160				
	Sta	te	31. Date filed (Month, Day, Year)	32. Reg	Istrar's Signat	ure												

DHMH 16 Rev 6/95

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#### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Death 3. Time of Death **Physician** Month Day Dorothy Treva LOWMAN March 7, 1996 6:41 am /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Helix- Franklin Square Hospital Rosedale Baltimore County If Under 1 Yaar If Under 24 Hrs. 8. Data of Birth (Month, Day, 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foreign Country) 1 M 2KOKF 217-20-9822 80 Yrs. Maryland Usual Rasidance of Decadant 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits Maryland Baltimore Baltimore (Middle River) 1 Yas 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 549 Compass Road 21220 USA Funeral 12. Was Dacedant Evar in U,S Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 1 ☐ Navar Married 2 ☐ Marriad 1 Yas 2 No If Yas, Give Year or Datas: 1 ☐ Yas 2( No Specify: þ Specify: 3 X Widowed 4 □ Divorced White Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) Collaga (1-4or 5+) Homemaker Housewife & Mother unknown 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maldan Sumama) Be William . Switzer Bessie Babylon 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Mr. Albert R. Lowman, Jr. - SON 549 Compass Rd., Baltimore, Maryland 20b. Placa of Disposition (Nama of cematary, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 X Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata Glen Haven Memorial Park 3/9/96 Glen Burnie, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signatura of Flunaral Service Licensee Kevin E. 22. Name and Addrass of Facility
MCCully Funeral Home of Brooklyn Ecker 237 E. Patapsco Ave., Balto., Md. 21225-1856 23a. Part1. Entar the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximata Interval Batween Onset and Death immediata Causa (Final disaasa or condition rasulting in daath) a Acute Myocardial Infarction 10 hours Dua to (or as a consequence of): b Coronary Artery Disease Sequantially list conditions, if any, leading to Immediata cause. Enter Underlying Cause (Disease or Injury that initiated evants resulting in death) Lest Dua to (or as a consequence of): Hypertriglyceridemia and non-insulin dependent Physician/Medical Dua to (or as a consequence of): diabetes mellitus Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Transient Ischemic Attack, Colon Cancer, þ Completed 24a. Was an autopsy performed? 24b. Wara autopsy findings available prior to completion of cause of death? Alzheimer's Disease 1 ☐ Yas 2 No 1 □ Yas 2 VNo Be 25. Was casa rafarred to medical 26. Placa of Daath (Check only ona) Hospital: 1 ☑ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 2 1 Yas 2 No 28a. Data of Injury (Month, Day Year) 27. Mannar of Death 28b. Tima of 28c. Injury at Work? 28d. Dascribe how Injury occurred Certification: 5 Panding Invastigation 1 Natural 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be 3 ☐ Sulcida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 4 Homicida 1 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

| Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Cartifian edical (Check only one) 29b. Signature and title of certifier 29c. Licansa number 29d. Data signed (Month, Day, Year) House officer March 7, 1996 RD 1915

9000 Franklin Square Drive, Baltimore, Maryland,

State Registrar

30. Name and address of person who complated causa of death (Itam 23a) (Type, Print)

32. Registrar's Signatura

Julia of Rudson Reveal

Aileen Gayoso, M.D. 31. Data filed (Month, Day, Year)

MAR 1 3 1996

**Funeral** 

Director

28a-f show

8

238 death

items ?

ified within 72 hours after di I Hygiene. other than "natural", or item

merked other

permit. Peges 1 and 2 should be file Department of Heelth and Mental Hy Important: if fem 27 is marked oth any injury or other traumatic evant ADRs.

**Physician** /Medical

Examiner

physician end s the buriel-transit

88 for use as the bed

signed by the

ate has pege 2 s

director.

certificate

After this

to the Hospital or Attending Phy Within 24 hours after death. To the Funeral Director: After this completely filled in by the funeral i

Attending Physician:

The law requires that the death certificeta be axecuted

Division of Vital Records, P.O. Box 68760,

Baltimore, Maryland 21215-0020

the Medical Examiner must be notified at

n Tr 

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10d. Inside City Limits

Approximata Interval Betw

Onsat and Death

1 Yes 2 □ No

	S	tate of Maryland / Department of Certificate of		, ,	ene JO	0/120
Physician /Medical		McCARGO		2. Data of Death Month MARCH	Day Year 11 1996	3. Time of Death 2:23
Examiner	4a. Facility Name (If not institution, giva stree 1719 EDMONDSON	The state of the s	4b. City, Town, or BALTIMO		4c. County of Dealth	7
Funeral	5. Social Security Number 6. Sex	7. Aga (In yrs. last birthday) If Undar 1 Ya			(99r) 1000 Seint	nplace (Stata or Foreign

Director

Director

Funeral

þ

Completed

Be

death with the Maryland 28a-f ò Нета 23а

traumatic event, the Medical Examiner must be notified at Pages 1 and 2 should be filed within 72 hours effer inent of Health and Mental Hygiene. Int: If item 27 le marked other then "natural", or ite permit. Pages 1 and 2.
Department of Health ar
Important: If Item 27 is
any injury or other trau

Baltimore, Maryland 21215-0020

**Physician** /Medical Examiner

physician

burial the use signed by d be detacl page 2 with n 24 hours after dos To the Funersi Director completaly filled in by th

pital or Attending Physician: The law requires that the death certificate be executed

certificate

After

aftar death.

Division of Vital Records, P.O. Box 68760,

Examiner Physician/Medical Be Completed by Certification: To Medicai

Usual Residence of Decedant 600 March 16,1933 South Carolina 10a. State 10b. County 10c. City, Town or Location. Maryland a 10e. Street and Number Zip Code 10g. Citizen of What Country? son Was Decedent Ever In U,S Armed Forces? Was Decedent of Hispanic Origin? (Specify Yas or No If Yas, specify Cuban, Maxican, Puarto Rican, etc.) Race - American Indien, Black, White, etc. 11. Marital Status 1 Never Married 2 Married 1 ☐ Yas 2 ☑ No If Yes, Give Yaar or Datas: 1□ Yes 200No Specify. Specify: 3 Widowed 4 □ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retiged) 15. Decedant's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) e (1-4or 5+) Security Adm. 17. Father's Neme (First, Middle, Last) Mother's Name (First, Middla, UISE 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number Inia 20b. Placa of Disposition (Name of cematery, crematory or other) 20a. Method of Disposition 20c. Location Buriai 2 □ Cremation 3 Ramoval from State 4 □ Donation 5 □ Other (Specify) Vationa of Funeral Service Lib 22. Name and Address of Facil Josep W. Nor that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, List only one ceuse on each Immediete Cause (Final disease or condition resulting in death) Due to (or as a consequence of) Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in daath) Last Due to (or es a consequence of): Due to (or as a consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 24a. Was an autopsy performed?

4 Onknown 3 Probably 24b. Were autopsy findings available prior to completion of cause of death? 25. Was case referred to medical exeminer? 26. Place of Death (Check only one, XXYas 2 No Hospital: Other: 4 ☐ Nursing Homa 5 ☐ Residence 6 ☐ Other (Specify) 1 Inpatiant 2 ER/Outpatient 3 DOA 28a. Data of Injury (Month, Day Year) Manner of Death 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? 5 Pending investigation Naturei Accident 1 Yes 2 No 6 Could not ba determined 3 Suicide 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end piece, and due to the cause(s) and manner as steted.

2 XMedical Examiner: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated. 29e. Certifier

29b. Signa e and title of certifier

29c. License number O.C.M.E

29d. Date signed (Month, Day, Year) MARCH 11,1996

of deeth (Hem 234] [Type, Piplenn Street, Baltimore, Maryland 21201

State Registrar

4

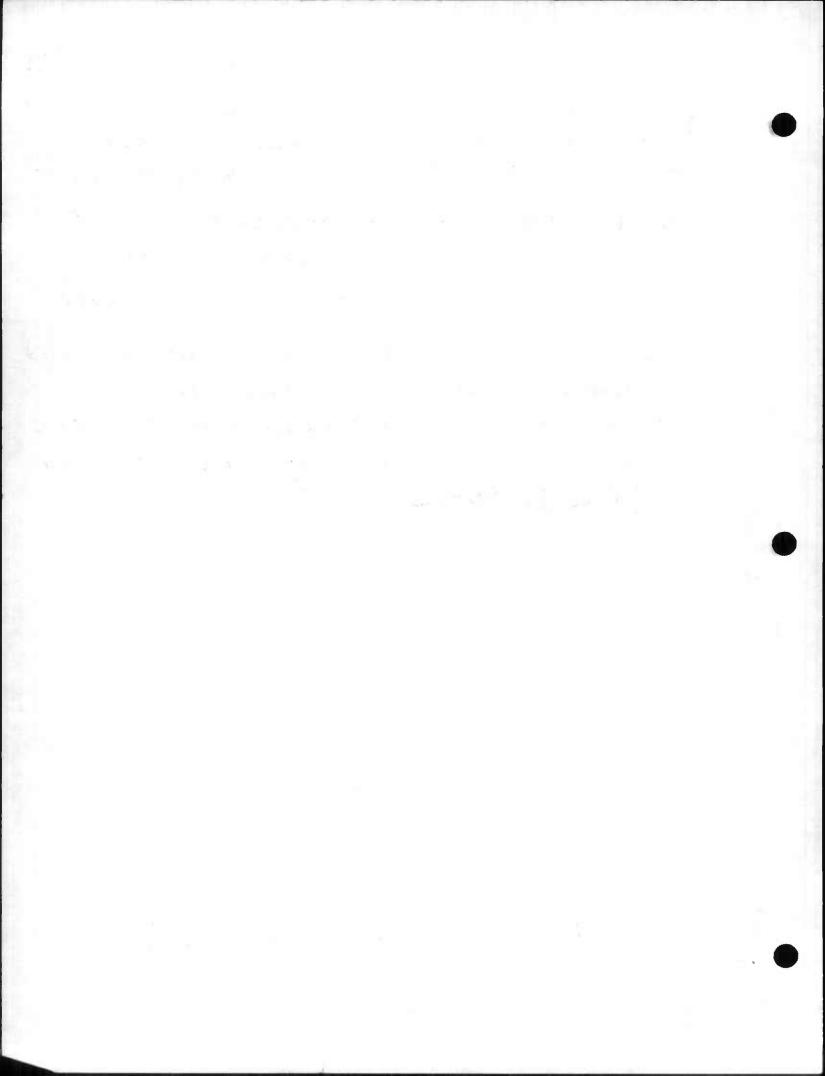
32. Registrar's Signature

GALANDER I

## Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

					Certificate of	Death	Reg. No.	01162
п	Dhusia		Decedent's Nema (First, Middla, Last)	1. 20 1 1			a of Death	3. Time of Death
	Physic /Medi		HILDA	HORGAN	,	Ha		98 10-25 AM
	Examir		4e. Facility Nama (If not Institution, give street Bon Se Rows	et end number)	-1.	4b. City, Town, or Location of		y of Death
			Bon Leours	Hospul	201	BALTIMOR	REIN	VIA
	Funeral		5. Social Security Number 6. Sex	7. Age (In yrs. last bi	rthday) If Under 1 Year Months Devs			9. Birthplace (Steta or Foraign
	Director		219-22-0892 10M	200F 87	Yrs. Months Deys	Hours Min. MA	R. 20, 1908	9. Birthplace (Steta or Foraign Country) MARY LAND
	pu ,		Usual Rasidence of Decedent				7	
	anylar show		10a. State 10b. County	10c. City, Tov				10d. Inside City Limite
	A Maria	cp	MARYLAND N/A		BALTIA	10RE CIT	1/	1 X Yas 2 No
	\$ 0 B	- S	10e. Street end Number		10f. Zlp Code	10RE CIT 21223	10g. Citizen of	
	23a	100	541 N. CARROLL	TON AVENU	E	21223	U	SA
	filed within 72 hours aftar death with the Maryland Hygiene. Idher than "natural", or frems 23a or 23a-f show ant, the Medical Examiner must be inclified at	Funeral Director	11. Meritel Stetus	Vas Decedent Ever in U,S. Armed Forces?	13. Was Decedent of I	Hispanic Origin? (Specify Yes ean, Maxican, Puarto Rican, e	s or No- 14. Rac	ce - American Indian, ck, White, etc.
20	or h	Y		☐Yas 2 No fYas, Give	1□ Yas 20 No			
8	Journal of the state of the sta	d by	3 N Widowed 4 □ Divorced	/aar or Detas:			Specii)	BLACK
5	nath	Completed	15. Decedent's Education (Specify only highest grada con	n 16a nplatad)	. Decedant's Usual Occup (Giva kind of work dona	during most of working	16b. Kind of B	usiness/Industry
Maryland 21215-0020	the .	E G		Collaga (1-4or 5+)	Ilfa. DO NOT usa ratire	*	Pauler	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
7	Hygie	ပိ	UNKNOWN  17. Fathar's Name (First, Middla, Last)		DOMES		1000	E FAMILIES
and	be be be be be be be be be be be be be b	Be		COST		18. Mothar's Name (First,	The state of the s	
Ž	should be ind Mental i marked o umatic evi	1º	THOMAS	SCOTT		JULIA	HENS	
Na	0 m m m		19a. Informant's Neme/Ralationship (Type, I			t and Number or Rural Routa		
	l and laaith m 27			RGAN 5	f Disposition (Nama of	OLLTON AVE,	, BALTIMO	RE, MO, 2/223 - City or Town, Stata
ō	Pages nent of H nrt: If Its iry or of		20a. Method of Disposition  1 ☐ Burlai 2 ☐ Cramation 3 ☐ Remo	cemate	The second of the second	, ,		
Baltimore,	tant:		4 Donetion 5 Othar (Specify)	MT	ZION CEME	TERY 3-14-	96 BALT	THORE, MO.
ag	Departm Departm Importar any Injur		21. Signature of Funeral Service Licensee	2	22. Name end Addra	ass of Facility BROWN JR. FU		
_	70 F 9 9		(a)	100	1913 W. B	BALTIMORE ST.,	BALTIMORE	, F.A.
			23a. Part1. Entar tha diseesa, or complicetic shock, or haart feilure. List only ona ce	ons that caused the deeth. Do	not entar the moda of dyi	ng, such as cardiac or respire	atory errast,	Approximata Intarval Between
	Physician							Onset and Death
	/Medicai		Immediate Ceuse (Final disease or condition	Sepais	4			
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-	D #	Examiner		Lung	mags	۲,		was rice
	nd	am.	Sequentially list conditions, if any, laading to immadiata	Dua to (or as e	consequance of):			3 Months
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ĝ	th ce tandi		d					
_	0 0 0	Physician	Part II. Other significant conditions contribu	ting to death but not rasulting I	n the undarlying causa giv	van in Part I. 23	b. Did tobacco use co	entribute to the cause of death?
J.	law requires that the de: as been signed by the a 1.2 should be detached f	Phy	Paralina Mas	91.1001	Appialo	1	1 Yes 2 No	3 Probably 4 Unknown
ś	the ded	by	and was	eurov.	read			1
Records,	w require been signal	pet				248	a. Was an eutopsy performed?	24b. Wara autopsy findings available prior to
ပ္ပ	aw ra	ple					ponomiou	completion of causa of death?
	The i	Completed					1□ Yas 2 No	1 □ Yas 2(2)No
		Bec	25. Was case rafarred to medical			26. Pleca of Death (Check	( only ona)	7
	Physician: rthis cartific rral director,	To	axaminar?	tal: 1 ☐ Inpatient 2 ☐ ER/O	utpatient 3 DOA Ott	her: 4 Nursing Homa 5		ner (Specify Dubarule
0	g Phys ar this neral di		27. Mannar of Death 28	Ba. Data of Injury 28b.	Tima of 28c. tnju		scribe how injury occur	77-77-9
<u>o</u>	death. ctor: Aftar y tha fune	atlo	1 Ablatural 5 ☐ Panding 2 ☐ Accident investigation	(MONIN, Day Year)		Yas 2 □ No		
DIVISION OF	Attendi r death ector: A by the f	1	3 Sulcide 6 Could not be datarmined	te. Place of Injury - At homa, fa	ırm, straat, factory, office	28f. Loc	ation (Street and Numb	ber or Rural Route Number,
5	d in b	Certification:	- D AOMIGGA	building, atc. (Specify)		City	or Town, State)	
	Done In Filled		29a. Certifiar 1 Certifying Physician	: To the best of my knowledge	, deeth occurred at the tie	me, dete and place, and dua	to tha causa(s) and me	anner as stated.
	To the Ros within 24 fi To the Fun completely	edical	(oneck only 2   Medical Examinar: (	On the basis of axamination and menner steted.	d/or investigation, in my o	plnion, daath occurred at the	time, date and place,	and dua to the cause(s)
	Withir To the comp	ž	29b. Signature and titla of certifiar	001.00	29c. Licens	a number	29d. Date signe	d (Month, Day, Year)
	-		Schreek K.	myma	D	30661	Harch	9m 96
,	•		30. Nama and eddrass of person who comple	ted causa of death (Itam 23a)	(Type, Print)	and Alone	spilal!	Baltinole
	1		30. Nama and eddrass of person who comple SIRESH K TRIP	URANENI	, Bon de	COUNS HOS	88d - 7	1223.
	Sta	te	31. Dete filad (Month, Day, Year)	32 Registrar's Signature				
	Registr		MAR 1 3 1996 gul	a Way doon-Handel				



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						Certificat	e of	Death		Reg. No.	0 1	1113	U
п	Dhuala	:	Decedent's Neme (First, Middle, Last)			eau	- 1		2. Dete of De Month	eth Day	Yeer	3. Time of De	eeth
J	Physic /Medi		PEARL C	ECELIA	/	MILL	EK		March		1996	7:07	AM
- )	Examir		4e. Fecility Name (If not institution, give stre	et end number)				4b. City, Town, or	Location of Deeth	4c. County	of Death		
	31		North Arundel Hos	pital				Glen Bu		Anne	Arun	del	
	Funeral Director		219 30 8206	2DXF 7. Age (In )		hdey) If Under Months	1 Yeer Deys	If Under 24 Hrs Hours Min	. (Month, Da	h y, Year) 5, 1914	9. Birthpi Coun Mar	lace (State or Fi try) yland	oreign
	and *		Usual Residence of Decedent  10e. Stete 10b. County	10c.	City Town	or Location					1	0d. Inside City L	Limite
	daryt f sho	5	Maryland Anne Arun		Pasad							1 🗆 Yes 2	
	the 1	20	10e. Street and Number	del	rasau	10f. Zip	Code			10g. Citizen of V	What Cour	tn/2	
	23e or	Funeral Director	8421 Arbutus Road				211			U.S	5.		
21215-0020	s 1 and 2 should be filed within 72 hours after death with the Maryland of Health and Mental Hyglena. Item 27 is marked other than "natural", or itema 23s or 28s-f show other trsumatic event, ins Medical Examiner must be notified at	by	1 Never Married 2 Married	Wes Decedent Ever II Armed Forces? 1 ☐ Yes 2 ②No If Yes, Give Yeer or Dates:	n U,S.	13. Was Dece		dispenic Origin? (San, Mexican, Puer Specify:	Specify Yes or No to Rican, etc.)	Specify	e - America ck, White, o		
5-6	72 h	Completed	15. Decedent's Educati (Specify only highest grade co	on empleted)	16a.	Decedent's Usu (Give kind of wo	ai Occuj	oetion during most of wo d)	orkina	16b. Kind of Bu	usiness/Inc	Justry	
121	within ena. than	mpi	Elementery/Secondary (0-12)	College (1-4or 5+)				d)		-		37	
	tould be filed withing Mental Hyglena.  Thered other than matic event, the Mental Ment		8th 17. Father's Name (First, Middle, Last)			Home Ma	ker	40 Mart a da Ma	- AFFECT AND AFFECT AND	In own		5	
Maryland	od of the following the follow	Be		-					me (First, Middle,		Θ)		
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Z	d 2 sho th and 7 is me treum		John Miller Sr.	ran)		121 Arbu			Nural Route Number				
e,	1 an Haat am 2 other		20a. Method of Disposition	20	o. Place of	Disposition (Ne	ne of		Dete	na, Mary 20c. Location -			
Baltimore,	ages int of t: If It		1 Burial 2 Cremetlon 3 Rem	oval from State		r, cremetory or o							
	artme yrtam hrjur		4 Donetion 5 Other (Specify)  21. Signature of Funeral Service Licensee	.]. (	eten i	7		lal Park	3/12/96	Greu Br	rnie	, maryi	and
Ba	permit. Pages 1 and 2 Department of Health a Important: if Itam 27 is any Injury or other tra		Monna MBn	ameroci	sh:	1		nie High		Funeral timore,			
			23a. Pert1. Enter the disease, or profication shock, or heart tellure. Live only one control of the control of	ons that caused the deuse on each line.	eath. Do n	ot enter the mod	le ot dyl	ng, such es cardie	c or respiratory as	rest,	1	Approximate Interval Between	en
7	Physician				0	0		-	/		1	Onset and Dea	ath
	/Medical Examiner		tmmediete Cause (Final disease or condition resulting in death)	Metareta	lie	Carcu	unu	a g lus	e Kun	9	10	Tears	
		<u>_</u>				onsequence of):			C		1		
	ted nsit	듩	b. —										
50,	death certificate be asscuted e attending physician and of for use as the burial-transit	I Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury c	Due to	o (or as a c	onsequence ot):							
68760,	ufficata ng physi as tha	Aedical	thet initieted events resulting in death) Last	Due to (or es e consequence of):									
Box	auth cer attendir for use	N/UE	d										
-	the att	sici	Pert II. Other algniftcant conditions contrib	uting to death but not	resulting in	the underlying o	ause giv	ven in Pert I.	23b. Did 1	obacco use cor	atribute to	the cause of d	death?
s, P.O	es that the de igned by the be detached	by Physician/	Chrone Obeton	etrue I	Elu	nonery	5	Nacense	10	Yes 2□No	3 Prob	ably 4 🗆 Uni	known
of Vital Records,	aw requir as been s 2 should	Completed t								an autopsy med?	ava	ore sutopsy tindi nilable prior to impletion of caus deeth?	
<b>E</b>	The ata h	5							101	es 2ENo	10	Yes 2 No	,
/ita	ysician: The I s certificata hi director, page	Be	25. Was case referred to medical examiner?						ath (Check only o	ne)			
5	s ce dire	ဥ	1 Yes 2 Hosp	1 Limpatient 2		petient 3 DC	/^		Home 5 Resid	lence 6 Oth	er (Specify	)	
U/	B 45	on:	27. Menner of Deeth  1 Pending	8a. Dete of Injury (Month, Dey Year	28b. T	me ot 2 jury	8c. Injui	y et rk?	28d. Describe h	now Injury occurr	ed		
Sio	Burg a	cati	2 Accident investigation 3 Suicide 6 Could not be			М	10	Yes 2 □ No					
Division	al or its s affer of in pe	Certification:	4 Homicide determined 2	8e. Plece of Injury - A building, etc. (Spe	t home, far cify)	m, street, fectory	, office		28f. Location (S City or Tox	Street and Numb m, Stete)	ar or Rurai	Route Number	r,
	To the Hospital of within 24 hours at To the Funeral D completely filled in	edical (	29a. Certifler  (Check only one)  1. Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.  2. Medicat Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated.										
	ompl	Me	29b. Signeture and title of certifier	29c. License number 29d. Dete signed (Moni									
	->=0		· Whywae My	Actending	Doc	Tor	D	21684	í	3-8	-96		
	6	-	30. Neme and address of person who compl	eted cause of death (I	tem 23a) /	[vpe, Print)		/	- /-	(4	-		
			C.V. CYRIAC- M.D	, 1600	CRA	N Hay	1 4	106, 6	LRNBO	JRNIZ	MD	2106	10
	Sta Registr	te ar	31. Date filed (Month, Dey, Year) MAR 1 3 1996  Fulia	32. Registrar's Signary	de DO_								

E 125

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 28 hours after death. Page 6 may be retained by the hospital or attending physician.

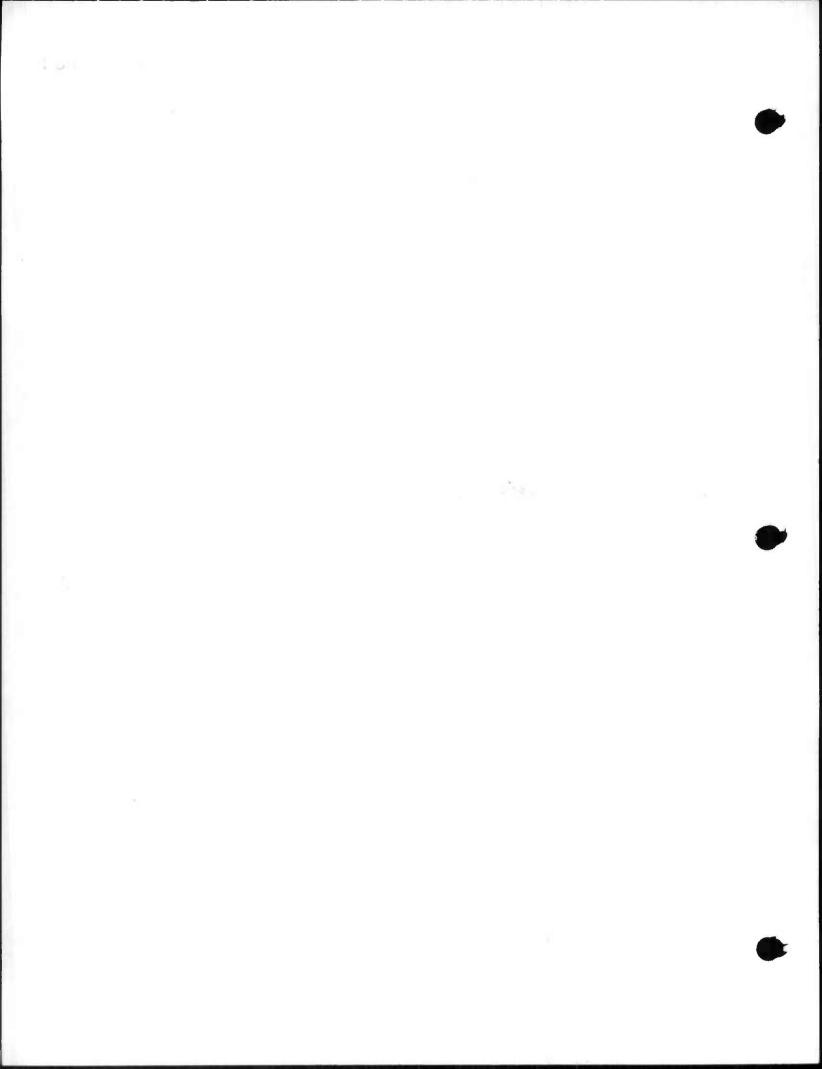
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	CATE OF DEATH	REG. NO	).			
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH		
	Clevel	and O. Mis	ster		March 1, 1996 10:05				
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		F UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	a, DIRT	THPLACE (State or Foreign		
	215-18-5408  9e. FACILITY NAME (# not institution, give s		/ YRS.	ONTHS DAYS HOURS MIN.	NOU. 25,	1918 Mar	2		
OR	Edw. W.McCready Me	emorial Hosp	ital	Crisfield	EATH	Somers			
5	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY	,	to- CITY	TOWN OR LOCATION			T		
DIR.	Maryland Somer			field			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
IERAL	10a. STREET AND NUMBER 26361 East Pear S	itreet		101. ZIP CODE 21817		U.S.A.	WHAT COUNTRY?		
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 X Married 3 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic: 1 — YES 2 NO Specif	an, Puarto Rican, etc.)	Bie	CE — American Indian, ck, Whita, atc. chy: White		
<b>B</b>	15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S US	BUAL OCCUPATION	16b. KIND OF BU	SINESS/INDUSTRY			
COMPLETED	(Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 8+)  6 years  College (1-4 or 8+)  College (1-4 or 8+)  College (1-4 or 8+)								
MO	17. FATHER'S NAME (First, Middle, Lest)		1 0 7		AME (First, Middle, Maiden	Cumpme)			
BE C	manue veze								
5	19a. INFORMANT'S NAME (Type/Print) Iva Lorene Mister	(wile)	19b. MAILING AI 26361 E	odress (Street and Number or Rural ast Pear StC)	Route Number, City or You Listield, 1	n, State, Zio Code), Maryland	21817		
	20s. METHOD OF DISPOSITION  1								
	21. SIGNATURE OF PUNERAL BEROICE LIC KOYA	lds. Wade,	Dir.	State and Anates my					
1	Xmm/10	Wille 31	7/96	Rm. B026-Baltin			201-1559		
	23. PART I. Enter the diseases, or c shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. ALZ	each line.	ERS			Approximate interval Between Onset and Death		
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF):						
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):						
	DART II OM MI	"							
EDICAL	PART II. Other algnificant condition	contributing to deeth	but not resulting in	the underlying ceuse given in	Part I. 24a. WAS AN PERFOI	RMED?	b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
ME	DID TOPACCO LISE CONTR	NIDI ITE TO CALICE (	DE DE ATIL MEG				1 TYES 2 NO		
Y Y	DID TOBACCO USE CONTR	IBUTE TO CAUSE C	25. PLACE OF DEATH		N 🔲 📗				
2	EXAMINER?	HOSPITAL:	_ 0	THER					
PHYSICIAN:	1 TYES 2 THE	1   Inpetient 2   ER/Out		Nursing Home 8 - Residence					
BY P	1 N Hitural 8 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME C INJUR	PF 28c. INJURY AT WORK?  M 1 YES 2 NO	28d. DEŞCRIBE HOW I	NJURY OCCURED			
- 1	3 Suicide 8 Could not be determined	28a. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, stre	281. LOCATION (Street City or Town, State)	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED				it the lime, date and place, and dua in my opinion, death occured at the			in the second		
	296. SIGNATURE AND TITLE OF CERTIFIER								
TO BE	mig.	Sacha	n	29c. LICENSE NUI	764	DATE SIONE	(Month, Day, Year)		
	Dr.M.D.Barhan, 43	84 Crisfield	Highway,	Crisfield, Md	21817				
	MAR 1 3 199	32, RESISTRAR'S SIG	GOT RONALL						



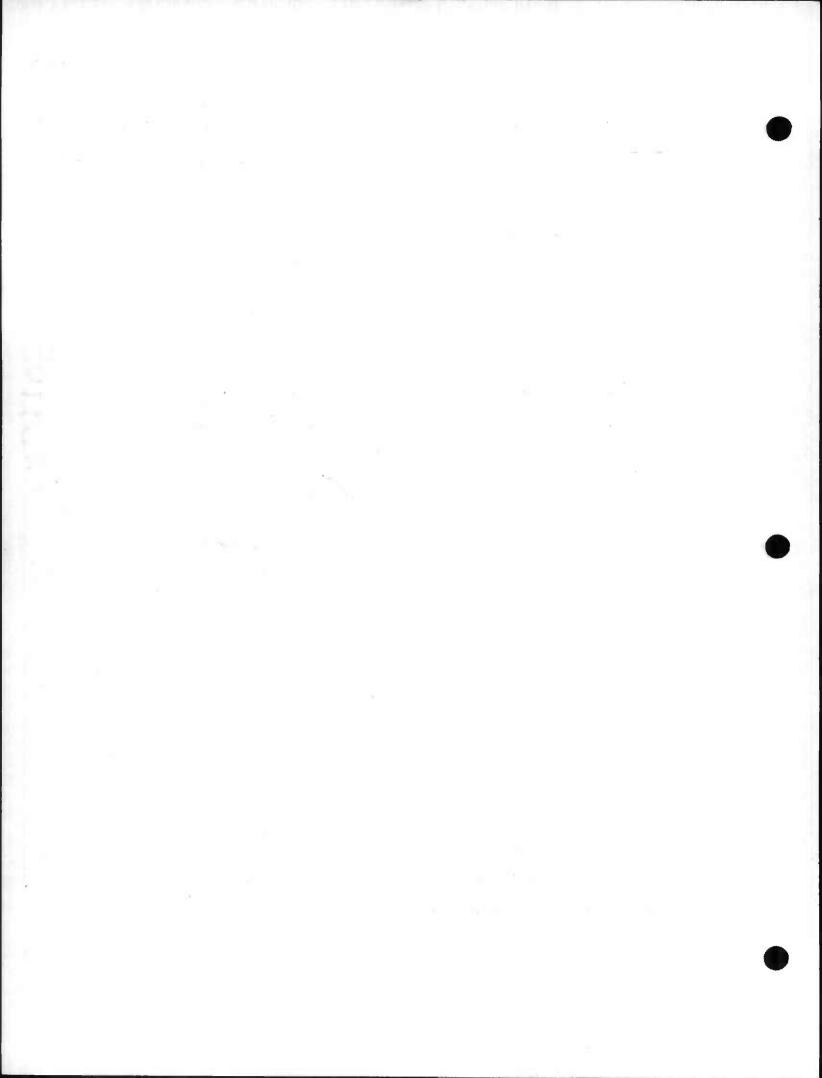
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Ψ.	4a. Facility Nama (If not Institution, gli					4b. City, Town, or Loc			1000	
		al Cei Sex KEXM2□F	7. Aga (In yrs. last i	birthday) If U Yrs. Mon	ndar 1 Yaar		8. Data of Bir (Month, Da	th ly, Year)		aca (Stata or Foreigr ry)
1	215-03-8938 Usual Residence of Decedant		75				July 9	,1920	MD	
	10a. Stata 10b. County		10c. City, To	wn or Location					10	d. Inside City Limits
cto		A				ty				Yas 2 No
Pre				10f		220				•
era			cedant Evar in U.S.	13 Was D			cify Yas or No			
Ď	1 Nevar Married 2 Married 3 Widowed 4 Divorced	Armed F	orcas? 2 No Army Siva WWII	1 □ Yε			lican, atc.)		ck, Whita, a	
eted	15. Decedant's E	ducation	42-01/23/43	Sa. Decedant's	Usual Occu	pation	a	16b. Kind of B	usiness/Indi	ustry
du	Elemantary/Secondary (0-12)	Collaga	(1-4or 5+)				•		<b>67</b>	
S	17 Father's Name (First Middle Less		<u> </u>	Lo	ngsho	I	(First Middle	Maiden Sumer		ipping
								, maidan bannar	rra,	
F			1:	9b. Mailing Adg	rass_/Stree			er, City or Town	Stata, Zip (	Code)
	Jenny T. Markows	ki. W								
	20a. Mathod of Disposition		20b. Place	of Disposition	(Nama of		Data			
	4 Donation 5 Other (Speci	JHamovai from y)	Glen H	laven Mem	orial I	Park Cem. Mar	ch 14,	1996, Bai	ltimore	, Maryland
	21. Signature of Funeral Sarvica Lice	nsee	Social.	Charl	es L.	Stevens E				
	23a. Part1. Enter tha diseasa, or com shock, or haart failura. List only	plications thet	caused tha death D	not entar tha	moda of dy	ing, such as cardiec or	respiretory e	rrast,		Approximate Interval Batween
- 1										Onsat and Death
-	disaasa or condition	a. ACUT	E ON (	CHRONIC	KES	PIRATORY	FAIL	URE		1 DAY
ē			•		-	0				7
튑	Sequentially list conditions	b. MET				- CELL C	ARCINI	) MA LI	ING :	STEARS
EX	if any, laading to immadiata causa. Entar Undarlying		200 10 (01 00	a comocquario	0.,.					
Ca	mer ministed events	C	Dua to (or as	a consequance	of):					
w		d								
lan		d.								
ysic	Part II. Other algnificant conditions of	ontributing to	death but not resulting	In the underlyi	ng cause g	iven in Part I.	23b. Díd	tobacco use co	entribute to	the cause of death?
							10	Yes 2□ No	3 Prob	ably 4 ☐ Unknow
									ava	re autopsy findings liable prior to aplation of cause leath?
ĕ							10	Yas 2 No	1 🗆	Yes 200 No
			,			26. Placa of Death	(Check only	ona)		
၉	1 ☐ Yas 2 ☑ No			Outpatient 3	DOA	4 El Idright Hon	na 5□ Rasi	dance 8 □Oth	nar (Specify,	)
ü	1 Natural 5 ☐ Panding	(Mo	of injury nth, Day Year) 28b	Injury			8d. Dascribe	how Injury occur	rred	
cat	L D Modidatii						Of Landing (	Chand and Alice	han as Overel	Davida Abrahas
PITE		28a. Plac	e of Injury - At homa, ding, atc. (Specify)	tarm, straat, ta	ctory, offica	2			oer or Hurai	Houte Number,
	29a. Certifiar (Check only one)  1 Certifying Pt	niner: On tha	basis of axamination (	ga, daath occui and/or Invastiga	red at the tition, in my	ima, date and place, a oplnion, daath occurre	nd dua to the d at tha tima,	causa(s) and m data and place,	annar as sta	ated. tha causa(s)
	Λ	and ma	mai otalog.		29c. Licen	sa number		29d. Data signe	d (Month, D	Day, Year)
	> 1Homis		Wh.		AS:	2441614-	57	MARC	H, 11,	1996
-	30. Name and address of person who	completed cau	isa of death (Itam 23a	(Type, Print)	י סת	3001 S. t	TANDU	ER ST.	REET	
	THOMAS WELKEE N	IU, ITAI	KELK HOSPITI	TL CENI	Er,	BAITIA	MAF	MA	7 12	25
	Medical Certification: To Be Completed by Physician/Medical Examiner  To Be Completed by Funeral Director	10a. Stata 10b. County  MD N/  10e. Street and Number  1406 Andre Street  11. Manital Status  1 Nevar Married 2 Married  3 Widowed 4 Divorced  15. Decedant's E (Specify only highast gra Elemantary/Secondary (0-12)  6th  17. Fathar's Nama (First, Middla, Last Stefan C. Marko  19a. Informant's Name/Ralationship ( Jenny T. Markows  20a. Mathod of Disposition  20a. Mathod of Disposition  21. Signature of Funeral Sarvica Licer  23a. Part I. Enter tha diseasa, or come shock, or heart failura. List only  Immediate Ceusa (Final diseasa or condition rasulting in death)  23a. Part II. Other eignificant conditions of any, laading to Immediate Ceusa (Final diseasa or condition rasulting in death)  24 Sequentially list conditions, if any, laading to Immediate Ceusa (Final diseasa or condition rasulting in death)  25. Was casa rafarred to medical axaminar?  1 Yas 2 No  27. Manner of Death  1 Natural 5 Panding invastigation  29 Accidant 1 Natural 5 Panding invastigation  3 Suicida 8 Could not be datarmined  29a. Certifiar (Check only one)  29b. Signatura and titla of certifying Physics (Check only one)  29b. Signatura and titla of certifying Physics (Check only one)  29b. Signatura and titla of certifying Physics (Check only one)  29c. Signatura and titla of certifying Physics (Check only one)  30. Name and address of person who	10a. Stata   10b. County   10b. County   10c. Street   10b. N/A   10c. Street and Number   1406   Andre   Street   11. Marital Status   12. Was De Armed   16748   1	10a. Stata 10b. County N/A  10b. Street and Number 1406 Andre Street  11. Marital Status 1   Nevar Married 25 Married 3   Nevar Married 25 Married 3   Nevar Married 25 Married 3   Nevar Married 25 Married 3   Nevar Married 25 Married 3   Nevar Married 25 Married 3   Nevar Married 25 Married 3   Nevar Married 25 Married 3   Nevar Married 25 Married 3   Nevar Married 25 Married 3   Nevar Married 25 Married 3   Nevar Married 25 Married 3   Nevar or Datas: WIII   Nevar Married 25 Married 3   Nevar or Datas: WIII   Nevar Married 25 Married 3   Nevar or Datas: WIII   Nevar Married 25 Married 3   Newar Married 3   New	10a. State   10b. County   10c. City, Town or Location   10c. City, Town or Location   10c. Street   10c. City, Town or Location   10c. Street   10c. Stre	10a. State   10b. County   10c. City, Town or Location   MD   N/A   Baltimore Ci   10f. Zip Coda   10f. Zip	10a. State   10b. County   10c. City, Town or Location   MD   N/A   Baltimore City   10c. Street and Number   1406 Andre Street   21230   11. Merital Status   11. Merital Status   11. Merital Status   12. Was Decedant Ever in U.S.   13. Was Decedant of Hispanic Origin? (Specify Cubin, Masican, Plain? 6   17. Fac. Code   17. Fac. C	10a State   10b. County   N/A   Baltimore City	10a. Sistas   10b. County   10c. City, Town or Localion   10d. City, Town or Localion   10d. City   10d. Street and Number   10d. 2b Code   21 230   10d. City   20d.   10d. City   20d.   10d. City   20d.   10d. City   20d.   10d. City   20d.   10d. City   21 230   10d.   10d. City   20d.   ty   20d. City	De Sisiss 10c. Courry MA 10c. Courry Baltimore City 10c. Spoods and Number 110c. Sp. Code 110c.

DHMH 16 Rav 6/95

5 PHYSICIAN: The law requires that the death cartificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	8	th with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	arked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires	TO THE FUNERAL DIRECTOR: After this certificate has been signe	be filed within 72 hours after death with the State Dept. of Healt	IMPORTANT: If item 28 is marked, or item 23 shows a

	1 - STATE REGISTRAR	STATE OF MARY		ICATE C			REG. NO.	E			
ĺ	1. DECEDENT'S NAME (First, Middle, Last)			IOAI E	, DEA		2. DATE OF DEATH	NY O	YEAR	3. TIME OF DEATH  3. 10 AMM	
	4. SOCIAL SECURITY NUMBER	JAM MCMILLI 5. SEX 6. A	UN GE (In yrs. last birthday)	_ IF UNDER 1 YE	AR IF UNDER	1 24 HRS.	MARCH-	0	8. BIRTHE	LACE (State or Foreign	
	236-18-0697	1 × M 2 - F 8	2 YRS.	MONTHS DAY	/8 HOURS	MIN.	(Month, Day, Year) Sept 17.1	913	Country,	t. Viroinia	
	9e, FACILITY NAME (If not institution, give			9b. CITY, TOV	VN OR LOCATI				NTY OF DE	CO TO CONTRACT OF	
P.	Franklin Square	Hospital		Esse	۲		Baltimore				
DIRECTOR	10s. STATE 10b. COUNT	TY	10c. CIT	Y, TOWN OR LO	CATION			10d, INSIDE CITY			
		iltimore	Dus	ndalk				,		1 YES 2 X NO	
RAI	100. STREET AND NUMBER				101. ZIP COO					HAT COUNTRY?	
FUNERAL	949 Grove Avenue	12. WAS DECEDENT EVE		13. WAS	2122	OF HISPANIC	C ORIGIN? (Specify Yes			States  - American Indian, White, etc.	
B⊀	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 Y			NES 2 XNO		Puerlo Rican, etc.)			White White	
COMPLETED	15. DECEDENT'S ED (Specify only highest grad	UCATION de completed)	16e. DECEDENT'S (Give kind of	work done during	PATION g most of working	ng	16b, KIND OF BUS	SINESS/INI	DUSTRY	1911	
PE	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT u				Ctan !!	T J		100	
NO	8 UCULS 17. FATHER'S NAME (First, Middle, Last)		Rolle	L	ta. MOT	HER'S NAM	Steel Steel		SATU		
BE C	John Ricey McM	lillion			F	loren	ce B. Bou	ce.			
2	19a. INFORMANT'S NAME (Type/Print)						oute Number, City or Tow				
	Juanita F. Sisle		1 949 206. PLACE AND DATE			e Ba	ltimore		City or Tow		
	20e, METHOD OF DISPOSITION  Y Burlel 2 Cremation 3 Rec  Donetion 5 Other (Specify)	moval from State	cemetery, crematory or o	other place)		/11/1	1				
	21. SIGNATURE OF FUNERAL SERVICE L		Out Lawre				996 Ba				
	Dolnny L.	, Globe					eral Home			kr, Inc. uland 21222	
	23. PART ( Enter the diseases, or shock, or heart failure	r complications that cause o		no1 enter the	mode of dy	ing, such	as cardiac or reapi	Iratory ar	reat,	Approximate Interval Between	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Due to (or as a consequence of):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury  CAUSE (Disease or injury  Due to (or as a consequence of):  Leart Jathre  Onset and Death  Due to (or as a consequence of):  Leart Jathre										
	Toolsting in cautily	DUE TO (OR /	AS A CONSEQUENCE O	OF):	-1	1.			,	- 10 cm	
NO NO	Sequantially list conditions,	b. DUE TO (OR a	AS A CONSEQUENCE O	OF);	$\alpha$	rse	m()	Con	potw	4	
CAT	if any, leading to immediate cause. Enter UNDERLYING	c.		,		h	eart	fate	me		
THE	CAUSE (Disease or injury that initisted aventa resulting in death) LAST	DUE TO (OR /	AS A CONSEQUENCE O	OF):			1				
CERTIFICATION	Todating in douting Exist	d									
CAL	PART II. Other aignificant condition		/ /		lying cause	_	PERFOR	RMED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
	alsease of	mic ol	Mellit	4	ouce	upu	T U YES 2	XNO		COMPLETION OF CAUSE OF DEATH?	
: MED	DID TOBACCO USE CON	TRIBLITE TO CALISI		ES/XI NO		CERTAIN				1 PES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	TRIBUTE TO CAUSE	28. PLACE OF DE			CENTAIT					
SIC	EXAMINER?	HOSPITAL:	Outpetient 3 DOA	OTHER: 4   Nursing	Home 5 🗆 R	esidence 8	Other (Specify)				
PH	27. MANNER OF DEATH	28a. DATE OF INJU (Month, Day, Ye	IRY 285. TII	JURY	. INJURY AT WORK?		28d. DEŞCRIBE HOW I	INJURY OC	CURED		
В	Accident Investigation		ILIBY — At home form		YES 2		201 LOCATION (Cross)	and Numbe	as Ormal D	outs Museless	
COMPLETED	3 Suicide 8 Could not be 4 Homicide determined										
LE	29e. CERTIFIER (Check only	SICIAN: To me dies of my k	nowledge, death occur	red at the time,	data and place	e, and due t	o the cause(e) end ma	nner as st	rted.		
OM	one) 2 MEDICAL EXAMI									and manner as stated.	
ш	296. SIGNATURE AND TITLE OF CONTUR	1/2 la.	1	100	29c. LIC	ENSE NUM	BER	29d. DA	TE SIGNED	(Month, Day, Year).	
TO B	20 NAME AND ADDRESS OF DESCRIPTION	yanga	- U			18-	526		5	9196	
_	NAEEM GAUHA	RI Esse	x Med	CHR.	404	¿ Eas	tern Bl	vd.	Bal	FEIZON, F	
	MAR 1 3 1996	Fully ADREAUSERS	CONTRACTOR								



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Q Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Death Month Vaar 0851 MELTON CHARLOTTE 03 96 10 4a. Facility Name (if not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death of MARY LAND 405 1 NIVERSITII BALTI MORE 8. Date of Birth (Month, Dey, If Under 1 Yaar if Undar 24 Hrs. 6. Sax 5. Social Security Number 7. Aga (in yrs. last birthday) 9. Birthplece (Steta or Foreign Country) 246-46-7857 Months Deys Houra 1□M 20 F Yrs DALLINGTON, S.C Usuei Residence of Decedent 10b. Count 10c. City, Town or Location 10d. Inside City Limits 1 Yas 2 No BALTI MORE 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? ·A 21218 0.5 57. 123 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yas, Give Yeer or Detes: Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. Rece - American Indien, Bleck, White, etc. 11. Maritel Status 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: 3 Widowed 4 Divorced BLACK 16e. Decedent's Usuei Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grada completed) Eiementary/Secondery (0-12) Coilage (1-4or 5+) HOUSEKEEDING WORKER 17. Father's Neme (First, Middia, Last) 18. Mother's Neme (First, Middia, Maiden Sumeme) UNKNOWN ANDREW hu n n19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 1HD. 21239 GROSS ANNA 1204 SILVERTHORNE BAUTO. RD 20b. Piace of Disposition (Neme of cemetery, cremetory or other piace) 20e. Method of Disposition 20c. Location - City or Town, Steta Data 1 Burlat 2 Cremetion 3 Removel from Steta 4 Donetion 5 Other (Specify) MAY-MEM. PARK 21. Signature of Pymeral Service Licensee 22. Nama and Address of Fecility 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory shock, or heart feilure. List only one cause on each lina. Approximate tntarvel Between Onset and Death immediate Cause (Finel SEPSIS disaasa or condition resulting in deeth) Due to (or es a consequence of) RESPIRATORY FAILURE Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last Due to (or es a consequence of): DEMENTIA Dua to (or as a consequence of): 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 Probably 4 Unknown Abdomnal MEUNISM 24b. Were sutopsy findings available prior to completion of cause of deeth? 24e. Was an eutopsy performed? 2 No 1 Yes 2 No

Physician /Medical Examiner

**Physician** 

/Medical

Examiner

10a State

Director

by Funeral

Completed

Be

To

**Funeral** 

Director

permit. Peges 1 and 2 should be filed within 72 hours efter deeth with the Maryland Department of Heelth and Mental Hyglene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Exercise.

the buriel-transit and attending physician ed by the at deteched fo been signed by should be detect page 2 After this certificate hes i or Attending Physician: offer death.
Director: After this certifica director,

the

filled in by

edical

To the Hospital of within 24 hours e

The law requires that the death certificate be executed

Box 68760.

P.O.

Division of Vital Records,

Examiner Physician/Medical p Completed Be 2 Certification:

Pert It. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert f.

1 Denpatient

26. Place of Death (Check only one)

Other: 4 Nursing Homa 5 Residance 6 Othar (Specify) 2 ER/Outpatient 3 DOA 28c. injury at Work? 28d. Describe how injury occurred 28b. Time of

28a. Dete of injury (Month, Dey Year) 1 ☐ Yes 2 ☐ No 28a. Piece of Injury - At home, ferm, streat, fectory, office building, etc. (Specify)

28f. Location (Street and Number or Rural Routa Number, City or Town, State)

21201

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end plece, end due to the cause(s) and manner as atlated.
2 Medical Examinar: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date and plece, and due to the cause(s) and menner steted.

29b. Signeture, and title of certifier

5 Pending

investigetion

6 Could not be determined

29c. Licensa number AU4176435A52741

Baltimire

29d. Date signed (Month, Dey, Year)

30. Name en address of person who completed cause of deeth (Item 23a) (Type, Print) DELP1220 S Street Greene

MD

3/10/96

31. Data filed (Month, Dey, Year) MAR 1 3 1996

25. Wes case referred to medical exeminer?

1 Yes 2 No

27. Menner of Death

1. Neturei

2 Accident

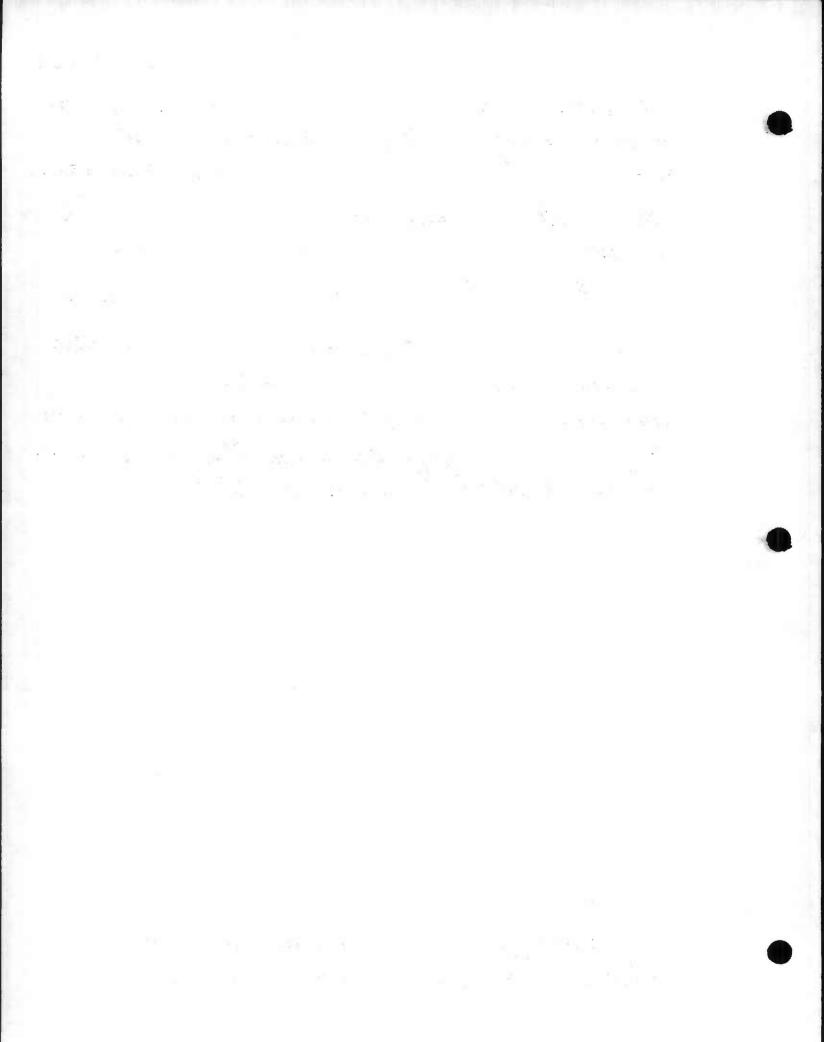
3 Suicida

29e. Certifier

4 Homicide

32. Registrer's Signeture

State Registrar



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 07135

				Certificate of	Death	Reg. No.	07100
14.12.		1. Decedent's Nama (First, Middle, Last)	The state of		2. Dete	of Death	3. Tima of Death
Phys		Helen L.	. McDo	uaal	Month		96 8:36 AM
/Me Exar	dical	4a. Fecility Nema (If not institution, give street			4b. City, Town, or Location of I		
LAGI		Tohns Hopki	ns Hosp	pital	Baltimor		0/4
Funer	21	5. lel Security Number 6. Sax	7. Aga (In yrs. las				9. Birthplaca (State or Foreign
Direct	_	235-12-0778 10M	2×F 76	Yrs. Months Deys	Hours Min. (Month	of Birth h, Day, Year) 8, 1920	9. Birthplaca (State or Foreign Country)  NOTE GROVE W. VA
		Usual Rasidance of Decedent			VFO.	0)1100 11	IDE GIGOT OF WIT
yland Mow		10a. Stata 10b. County	10c. City,	Town or Location			10d. inside City Limits
Man	ঠ	W.VA. MARION	F	AIRMONT			1 Yas 2 No
the rout	5	10e. Street and Number		10f. Zip Code		10g. Citizan of Wi	nat Country?
With the second		ROUTE #9	30V 1415	21	554	12.4	C.A.
.0020 hours effer death with the Maryland Jural', or flams 23a or 28a-f show al Examiner must be notified at	Funeral Director	11 Maritai Status 12.	Wes Decedant Ever in U.S.	200			- Amarican Indian,
ter o	5		Armed Forcas? 1 ☐ Yas 2 X No	if Yes, specify Cub	Hispanic Origin? (Specify Yes o en, Mexican, Puarto Rican, etc	.) Black	White, atc.
215-0020 thin 72 hours ef e. an "natural", or	þ		If Yas, Give	1 ☐ Yas 2 💢 No	Specify:	Specify:	WHITE
15-00; 72 hours "netural",		15. Decedant's Educetic		16a. Decedant's Usual Occu	netion	16b. Kind of Bus	
15- in 72	Completed	(Specify only highest grade co	ompleted)	(Give kind of work done life. DO NOT use retire	during most of working	100. 14110 01 200	indown oddiny
2121 d within giene. r then "	E	Elementary/Secondary (0-12)	College (1-4or 5+)	MOMEMAKER		DWNA	tomE
D HE	O	17. Father's Neme (First, Middle, Last)		11.10/1/10/0	18. Mothar's Nama (First, Mi		
ylan ould be Mentel arked o	Be	. /	N BROWN		11.		
flaryland 212 2 should be filed within and Mentel Hygiene. Is marked other than summit avent, the M	2	19a. informant's Neme/Ralationship (Type,		10h Mailine Address (Ctool	KELSIE AL		
vre, Maryland 21, st 1 and 2 should be filed with a feelth and Mentel hygiene tham 27 is marked other than other traumatic event, the			DOUGAL	OT # 2 Po	and Number or Rural Route N		4
other tr		20a. Mathod of Disposition		ce of Disposition (Name of	X 415 MAIRMO		26554
		1 Buriel 2 Cramation 3 Remo		netery, crematory or other ple	(CO) AAAA		ity or Town, Stata
Fag ment ment:		4 Donation 5 ☐ Othar (Specify)	REST	HAVEN MEM.	SALPENS 13,199	6 PAIRMI	ONT, W.VA
Baltimo permit. Page Department of Important: If any Injury or	SUCE.	21. Signature et Funarai Service Licensee	11 11	22. Neme end Addre	ess of Fecility 2819 A	LIDEON ST	ONT, W.VA
m 88 E 2	ä	Thomas 1.	Skude h.	SKARDA	F.H. BOLL	0, MB. 2	10.24
		23a. Part1. Enter the disease or complication shock, or heart feilure. List only one complications are complicated to the complex of the comp	ons that caused the death.	Do not anter the mode of dyl	ng, such as cerdiac or respirate	ory errast,	Approximata
Physicia	n	shock, or haart feilura. List only one co					Intarval Between Onsat and Death
/Medica	_	Immediata Causa (Final	liveo	Failur	0		3 1160
Examine	er	disaasa or condition rasulting in death) a			<u> </u>		3 months
	ē 1	1		s a consaguance of):	us infec	h-0	11.0000
ned ned	Examiner	D. —	tepatiti:	1	03 17/60	(101)	6 years
O. Box 68760, edeeth certificate be executed the attending physicien and hed for use as the buriel-transit	X	Sequantially list conditions, if any, leading to Immediata cause. Enter Underlying Cause (Disease or Injury C	Dua to (or a	s a consequance of):			
68760, ficate be ex physician as the burie		Cause (Disease or Injury that initiated evants					
Phys the	edical	resulting In death) Last	Due to (or es	s e consequance of):			
Certification of the second of	3	d					
Bo eth c	lan						
ords, P.O. Box requires that the deeth cer een signed by the attendin hould be detached for use	Physician	Part II. Other significant conditions contribu	uting to death but not rasulting	ng in tha undarlying causa gi	van in Part I. 23b.	Did tobacco use cont	ributa to the causa of death?
P. d by						1 Yes 2 No	3 ☐ Probably 4 ☐ Unknown
0 8 68	و			- E			
v require	20					Was en eutopsy performed?	24b. Were eutopsy lindings available prior to
0 - 0	pie						completion of cause of death?
	Completed					12 Yas 2□No	1□Yes 20No
Vital Re-	BeC	25. Was cesa rafarred to medical			26. Place of Death (Check of		7-1
	To B	axaminar? 1 ☐ Yas 250 No Hosp	oitai: 1 Inpatiant 2 □ EF	NOutpatient 3 DOA	her: 4 Nursing Home 5		(Cassibi)
						ribe how injury occurre	
Ision o ttending Ph deeth. tor: After th the funeral	후	1 Natural 5 Pending	(Month, Day Year)	tnjury Wo	rk?  Yas 2 □ No		
Nision Attending of deeth. Fector: After	Certification:	3 Suicida 6 Could not be	'Re Place of Injury - At hom	a, farm, straat, lactory, office		ion (Street and Number	or Rural Route Number,
Sin batte	Ē	4 Homicida determinad	building, atc. (Specify)	a, lattit, straat, lactory, ollice	City o	r Town, State)	or Hurar Houte Number,
hours metal in filled		200 Codding					
5 7 5 5 5 7 5 9	edicai	Check only Z Medical Examinar:	On the basis of axamination	edga, daath occurred at tha ti n and/or invastigation, in my c	ma, data and place, and due to opinion, daath occurred at tha t	the cause(s) end man ime, data end plece, ar	nar as stated. Ind dua to the cause(s)
To the Hospital or Attend within 24 hours after deet To the Functal Diffector: completely filled in by the	Med	oney	and mannar stated.				
5 × 5 00	-	29b. Signature end title of certiliar		29c. Licen:			(Month, Day, Year)
1		P CUS MO	Medical 1	ntern Ni	t 326	March	10,1996
h		30. Name end addrass of person who comple	atad cause of daeth (Itam 2:	3a) (Type, Print)	t326 Strut, Balti		
		Christine M. Garci	9 MD 600	N. Wolfe	Strut Balti	more. Mb	21205
5	tate	31. Data filed (Month, Day, Year) MAR 1 3 1996	22. Registrar's Algnatur	8,	1	***	
Regis		MAR 1 3 1996	: diagetor hands	45			

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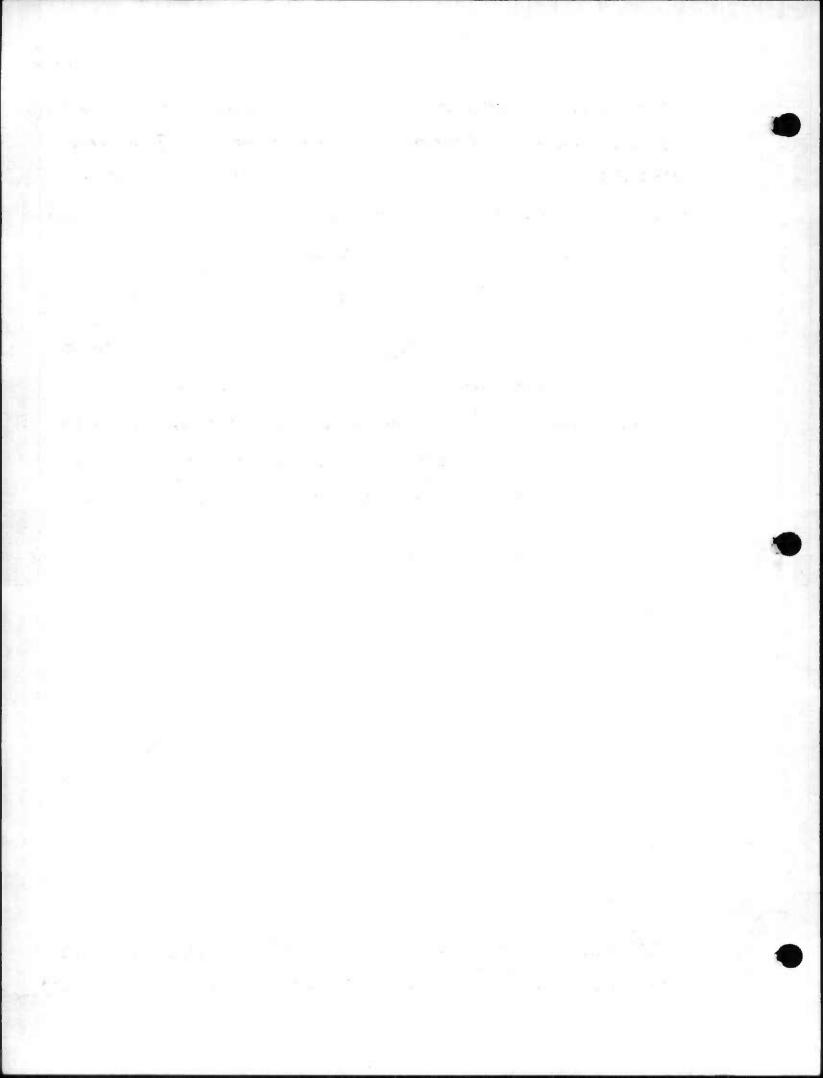
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## Please Type or Print in Black indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Q6 07136

				Cen	tificate of	Death		Reg. No.	0 (	1130
Dhoos	.!	Decedent's Nema (First, Middle, Last)					2. Data of Dec			3. Time of Death
Physi /Med		GENEVIEVE	MAHER				MARCH	t 6	1996	430 pm
Exam		4a. Facility Neme (If not institution, give street				4b. City, Town, or L		,		
		JOHNS HOPKIN	s Hospi	TAL		BALTIMO			LTIMO	RE
Funera Directo		5. Social Security Number  216-01-7329  Usual Residence of Decedant	7. Aga (In yrs. Ia:		Months Deys	if Under 24 Hrs. Hours Min.	8. Data of Birt (Month, Day Dec. 28	y. Year) 3,1916	9. Birthplac Country Mary La	ce (State or Foreign () and
yland		10a. Stata 10b. County		Town or Loc					10d	I. Insida City Limits
Se-f si	Director	Maryland Anne Aru	ndel l	Pasade 						1 ☐ Yas 2 Ã No
ter death with the Menyler thems 23s or 28s-f show inst. must be notified at		10e. Streat and Number 291 Cove R	oad		10f. Zlp Coda 211	.22	10g. Citizan of What Country? U.S.A.			n
21215-0020  2 within 72 hours after death with the Maryland jiene.  Then "natural", or items 23s or 25s-f show the Maryland at the Maryland Evanal or 19sh at	by Funeral	1 Never Merried 2 Merried 1	as Decedant Evar in U,S. med Forces? ∐ Yas 2 ☑No Yas, Giva aar or Dates:		'as Decedant of H Yes, specify Cubi ☐ Yes 2 XNo	dispenic Origin? (Sp an, Maxican, Puerto Specify:	pecify Yas or No- Rican, etc.)		a - Amarican ck, Whita, ato white	C.
72 h	Completed	15. Decedant's Education (Specify only highest grade com	pleted)	16a. Deceda (Give k	ant's Usual Occup ind of work done	pation during most of world)	king	16b. Kind of B	ısiness/Indu	stry
within lene.	ошо	Elementary/Secondary (0-12) C	oliege (1-4or 5+)		o <i>nor use reure</i> nder	a)		Cross	St. Ma	arket
be file the file of othe	To Be C	17. Father's Nema (First, Middle, Last)	s P. Donlan	VC	naer	18. Mother's Nam	na (First, Middle, nerine I		(8)	
Marylai d 2 should b th and Ments 7 Is marked traumatic e	-	19a. Informant's Neme/Ralationship (Type, P.	rint)	19b. Meiling	Addrass (Street	and Number or Ru	ral Route Numbe	er, City or Town,	State, Zip C	ode)
s 1 and 2 f Heelth a frem 27 is		Jerome P. Maher				ark Drive	Baltimo	ore, Mary	land :	21228
0 = 0 = 9		20a. Mathod of Disposition 1	el IIOIII Stata		ition (Name of etory or other place		Dete	20c. Location -		
Baltin Departmen mportant: any injury		4 ☐ Donation 5 ☐ Other (Specify)  21. Signature of Funeral Service Licenses	New		dral Cen	n. March9	,1996	Baltimo	re,Mai	cyland
Department of the part of the		What St	Dun w.M	M	cCully F	uneral Ho	ome		.1	21122
_		23a Part. Enter the disaesa, or complication	ns that cannot the deeth.	Do not ente	the mode of dyir	ntain Rd. ng, such es cardlac	Pasader or raspiratory ar	na, Mary rast,	A	pproximeta
Physician	_		a di mari inia.							ntarval Between Onsat and Death
/Medica Examine		Immediata Causa (Finei diseese or condition rasulting in daeth)	ACUTE	LEV	KEMI	A			01	VE WEEK
(Tisker)	ē		Due to (or e	es a consequ	anca of):				I I	
( 68 / 60, rifficete be executed ng physician and es the burial-transit	Examiner	Sequentially list conditions, if any, leeding to immediate cause. Entar Undertying Cause (Diseasa or injury	Dua to (or a	as a consequ	ance of):					
68760, ficete be ex physician ss the burial	edicai	Cause. Enter Underrying Cause (Disease or injury that Initiated evants rasulting in death) Last	Due to (or e	s e consequ	ance of):					
	5	d							i	
deeth deeth ed for u	sicia	Part il. Other significant conditions contributi	ng to death but not result	ing in the und	darlying causa giv	ven in Part I.	23b. Dld t	obacco usa co	ntributs to ti	he cause of death?
cords, P.O. BOX requires that the deeth ce been signed by the attendi should be detached for use	by Physician/	ACUTE MI, R	ENAL FAIL	LURE			101	Yes 2□No	3 Probel	bly 48 Unknown
0 8 2 N	Completed I							an autopsy med?	avalia	autopsy findings able prior to detion of cause ath?
r Vital M. ysicien: The L s certificate he director, pege	Com						1(2)	res 2□No	101	Yes 2M No
VITAL INICIAN: The certificate rector, peg	Be	25. Was casa refarrad to medical axaminar?				28. Pleca of Dea	th (Check only o	ne)		
OT VITA Physician: rthis certific ral director,	P	1 ☐ Yes 2 ☑ No Hospita	1 ≥ Inpatient 2 ⊔ El	R/Outpatient	3□ DOA Oth	4 Li Nursing Ho	oma 5 ☐ Rasid			
OIVISION ( for Attending P after death. Director: Atter d in by the funer	Certification:	2 ☐ Accident invastigation	a. Date of Injury (Month, Day Year)	8b. Tima of Injury	28c. Injur Wor M 1 □	yat k? Yas 2⊡No	28d. Describe h	now Injury occur	red	
DIVISION OF ARTENIA STEP CHARTENIA S	Certific	3 Suicide 6 Could not be detarmined 28	a. Placa of injury - At hom building, atc. (Specify)	e, farm, stree	at, factory, office		28f. Location (S City or Tow	Street and Numb yn, State)	er or Rural F	loute Number,
DIVISION To the despite of Attending land a steel death. To the Funeral Director: After completely filled in by the fune	edical	29e. Cartifier (Check only one) 1€. Certifying Physician 2	To the best of my knowled in the besis of axamination manner stated.	edga, death on and/or inva	occurred at tha tir astigation, in my o	na, dala and place, pinlon, daath occur	and dua to tha cred at tha tima, c	cause(s) end ma data and place,	nnar as stet and dua to th	ed. ne causa(s)
Tot	×	29b. Signatura and titla of certifiar		_	29c. Licens			29d. Data signe		
· U		30. Nema and addrass of person who complate	nleavy M. ed causa of daath (Item 2	(3a) (Type. P	rint)	2515 KINS H		VIHKCH	6, 1	710
		. /	NLEAVY	Joh	INS HOP	KINS HO	DSPITAL	- BA	TIMOR	E, MD
	ate	31. Data filed (Month, Day, Year)	32. Registrar's Signatur	ra						
Regis	trar	MAR 1 3 1996 44: 1	with Red of							



Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene Item20b,c,Film733,3/12/96,1t Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death March 11.1996 **Physician** Yaar Mary ALICE Moore 1:40 AM /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City. Town, or Location of Death 4c. County of Death **Examiner** Maryland General Hospital BALTIMORE If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Sacurity Number 7. Aga (In yrs. last birthday) Birthplaca (State or Foreign Country) **Funeral** 1□ M 2√2 F Yrs. 55 Director UNKNOWN FEB. 18, 1941 NORTH CAROLINA Usual Rasidanca of Decedant tha Maryland 10a Stata 10b County 10c. City, Town or Location 10d. Insida City Limits Items 23a or 28a-f show iner must be notified at 1 Yas 2 No Directo MARYLAND N/A BALTIMORE CITY 10e, Street and Number 10f. Zin Code 10g. Citizen of What Country? 203 SOUTH DALLAS COURT 21231 USA. death Funeral 12. Was Decedant Evar in U,S. Armed Forcas? 1 ☐ Yas ※☐ No ff Yas, Giva Yaar or Datas: 13. Was Dacedant of Hispanic Orlgin? (Specify Yas or No-lf Yas, specify Cuban, Maxlcan, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. filed within 72 hours after of Hygiana. 1 ☐ Navar Married 2 ☑ Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☐ No Specify: þ Specify: 3 ☐ Widowed 4 ☐ Divorced BLACK Completed 15. Decedant's Education 16a. Decedant's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT usa ratired) 16b. Kind of Businass/Industry (Specify only highast grade completed) Elemantary/Secondary (0-12) College (1-4or 5+) permit. Pages 1 and 2 should be filled wi Department of Health and Mental Hygian Important: if flem 27 is marked other tha any injury or other treumatic event, that once. HOMEMAKER 9th GRADE OWN HOME 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) RAYMOND 2 HERRING JOSEPHINE ANDERSON 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Streat and Number or Rural Routa Number, City or Town, State, Zip Coda) SANDRA MOORE 1921 W. LAFAYETTE AVENUE, BALTIMORE, MD. 21217 20b. Place of Disposition (Nama of 20a. Method of Disposition 20c. Location - City or Town, Stata Data ARBUTUS CEMETERY 1 Burial 2 Cramation 3 Ramoval from Stata AREUTUS BALTIMORE MARYLAND 4 ☐Donation 5 ☐ Other (Specify) 3-14-96 MT. ZION 22. Name and Address of Facility JOSEPH H. BROWN JR. FUNERAL HOME, P.A. 21. Shoature of Funaral Sarvice Licenses 1913 W. BALTIMORE ST., BALTIMORE, MD. 21223 Epfar tha disaasa, or complications that caused the daath. Do not antar tha mode of dying, such as cardiac or respiratory arrast, or heart failure. List only one cause on each line. Approximata Intarval Batween Onset and Death Physician /Medical Immediata Causa (Finel Hypotension Acidosis diseasa or condition rasulting in death) Examiner Dua to (or as a consaquanca of):
Gram Negative Sepsis Examiner The law requires that the death certificate be axecuted physician and the burial-transit Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Cause (Disaasa or Injury thet initiated avents rasulting in daath) Last Acute Pancreatitis visjon of Vital Records, P.O. Box 68760, Physician/Medical Dua to (or as a consaquance of) attanding p Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. signed by the a 23b. Did tobacco use contribute to the cause of death? Chronic Renal Failure 1 Yes 2 No 3 Probably 4 Unknown ģ should 24b. Were eutopsy findings available prior to completion of cause of death? 24a. Was an autopsy performad? Completed certificata has b 1 Yas XXNo 1 ☐ Yas 2 ☐ No Attanding Physician: 25. Was casa rafarred to madical axaminar? Be 26. Placa of Daath (Check only one) Hospital: Minpatiant 2 ER/Outpatient 3 DOA Other: 4 Nursing Homa 5 Residence 6 Other (Specify) Certification: To this 27. Manpar of Death 28a. Data of Injury (Month, Day Yaar) 28b. Tima of 28c. Injury at Work? 28d. Dascribe how Injury occurred Aftar 1 Hatural 5 ☐ Panding death. Invastigation 1 Yas 2 No 2 Accident ector: 6 Could not be datarmined 3 ☐ Sulcida 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Spacify) in 24 hou.
Se Funeral Dr.
Seffiled in by 4 Homicide \*\*\*Certifying Phyaiclan: To the best of my knowledge, death occurred et the time, date and place, and due to the cause(s) and menner es stated.

2 Medical Examiner: On the basis of axamination end/or invastigation, in my opinion, deeth occurred et the time, date end place, and due to the cause(s) and mannar stated. 29a. Certifiar To the Hosp within 24 ho To the Fune completaly fi (Check only one) 29b. Signature and titla of certifiar 29c. Licansa number 29d. Deta signed (Month, Day, Year) D21026 March 11,1996 30. Nema and addrass of parson who complated cause of death (Item 23a) (Type, Print)
Zapihollah Lahiji, M.D. c/o Maryland General Hospital

State Registrar

31. Data filad (Month, Day, Year) MAR 1 3 1996 32. Ragistrar's Signatura his Studen Revelett

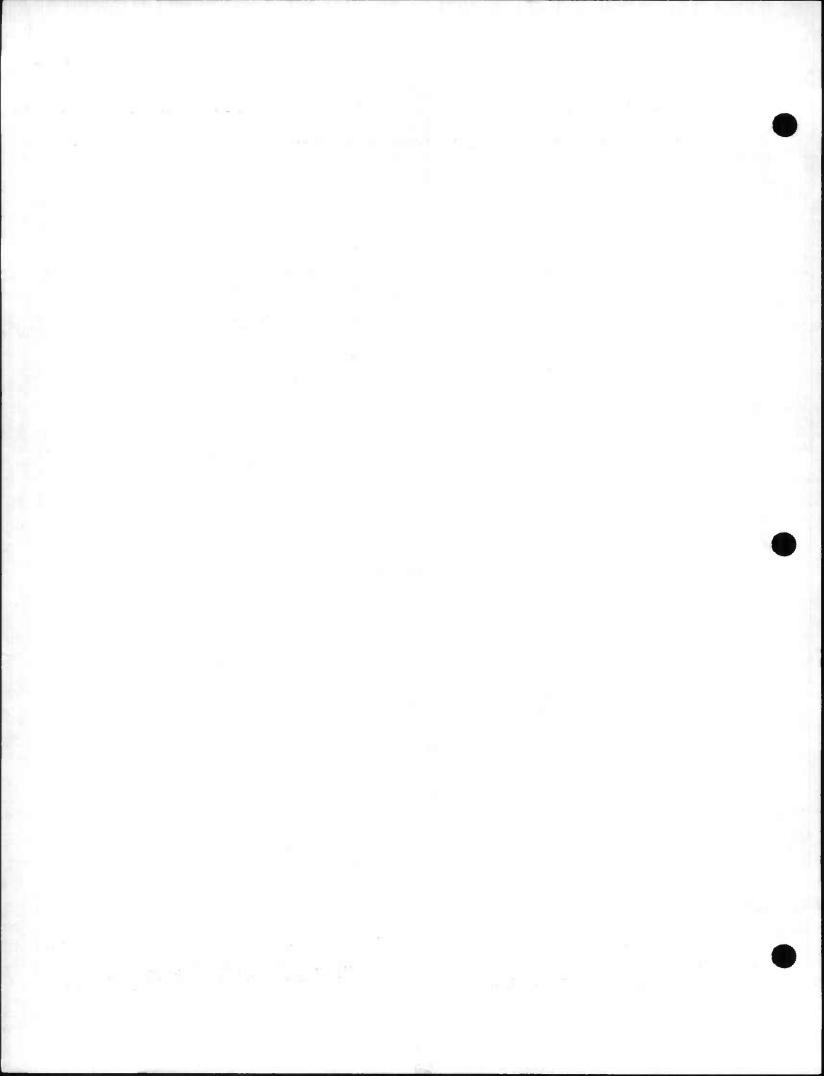
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#### Please Type or Print in Black indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Date of Death 3. Tima of Death **Physician** Month ALMA MUNN 1996 7.55 AM MARCH 05 /Medical 4a. Facility Name (If not institution, giva street and number) 4h City Town or Location of Death 4c. County of Death Examiner BALTIMORE HARBOUR HOSPITAL CENTER H Under 1 Yaar If Under 24 Hrs. 8. Data of Birth (Month, Day, Year) Feb 13, 1913 5. Social Security Number 8 Sex 7. Aga (In yrs. last birthday) 9. Birthplaca (Stata or Foraign Country)
S. Carolina **Funeral** 1□M 2 1 F 249-05-1133 Yrs Director Usual Residence of Decedant death with the Meryland 10a Stata 10h County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f shot traumstic event, the Modical Examinat must be notified at N/A Maryland Baltimore (Brooklyn) 1X Yes 2 □ No Director 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 3738 Tenth Street 21225 USA Funeral permit. Peges 1 and 2 should be filed within 72 hours after deat Department of Heelth end Mental Hygiene. Important: If item 27 is marked other than "natural". A sany injury or other traumatic event. 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 Never Married 2 Married 1 Yas 2 No If Yes, Give Year or Dates: 1 ☐ Yes 2 No Specify: þ Specify: White 3℃Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Locke Insulator Elementary/Secondary (0-12) Collega (1-4or 5+) (General Electric) 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surnama) William Polson Hattie Laning 19a. Informant's Name/Raletionship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mr. Carson Munn, Jr. - SON 3738 Tenth St., Baltimore, Maryland 20b. Place of Disposition (Name of cametary, crematory or other place)
Glen Haven Memorial Pk. 3/8/96 20a. Method of Disposition 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from Stata Glen Burnie, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funaral Service Licensaa Kevin E. Ecker McCully Funeral Home of Brooklyn 237 E. Patapsco Ave., Baltimore, Md. 21225-1856 23a. Part1. Enter the diseasa, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Between Onset and Death **Physician** /Medical Immediate Ceuse (Finel disease or condition resulting in death) ACUTE CEREBROVASCULAR 5 DAYS ACCIDENT Examiner Due to (or as a consequence of): ATRIAL FIBRILLATION physician end s the buriel-trans Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760 Physician/Medical Due to (or as a consequence of) **US9 85** Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yee 2 No 3 Probably 4 Unknown ALZHEIMERS DISEASE þ should 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? Completed certificate has b director, page 2 s 1□Yes 2□No 25. Was case refarred to medical examiner? Be 26. Place of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yas 2 No Certification: To 1 ☑npatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Day Year) 27. Menger of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Natural 5 Pending 1 Yes 2 No Investigation 2 Accident offet deat Director: d in by the 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 28a. Place of Injury - At homa, farm, street, factory, office building, etc. (Specify) 4 Homicide e Hospital of 24 hours e 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete and place, and due to the cause(s) and manner as steted. To the Hosp within 24 hos To the Fune completely fi Medical (Check only one) 2 Madical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and mannar atated. INTERN 29c. Licansa number 29b. Signature and title of certifiar 29d. Data signed (Month, Day, Year) 05 244/614 -32 7. KoHarattul Maya 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) HARBOUR HOSPITAL CENTER MAYA TO KOTTARATHIL 3001 S. HANOVER STREET, BALTIMORE MD - 2/225

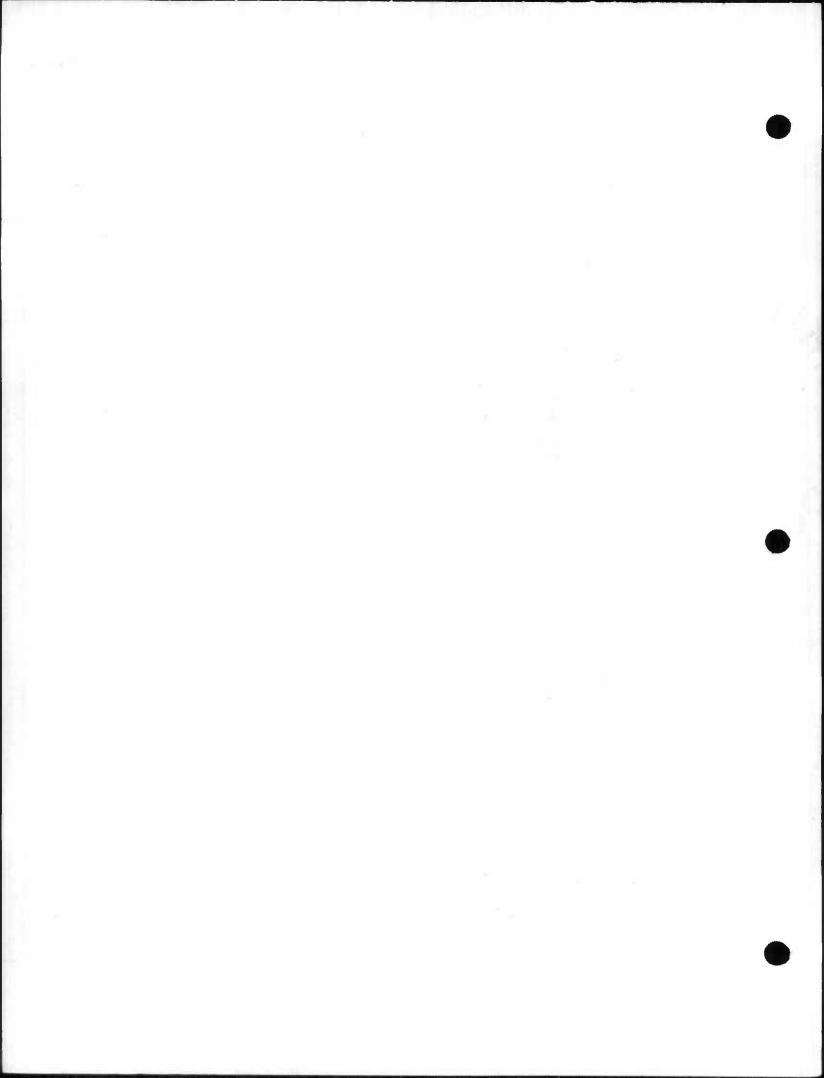
State Registrar 31. Dete filed (Month, Dey, Yeer)
MAR 13 1996

32. Registrar's Signeture



g physician.	e burial-transit permit. Pages 1, 2, 3 should		
HE HISPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retrained by the hospital or attending physician.	thin the seen signed by the attending physician and completely filled in by the funeral director, pays and be detached for use as the burial-bransit permit. Pages 1, 2, 3 should		er must be notified at once.
icate be executed within 24 hours after death.	physician and completely filled in by the funeral	he prior to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
SICIAN: The law requires that the death certifi	certificate has been signed by the attending p	th the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	, or item 23 shows any injury, or other
TO THE HOSPITAL DR ATTENDING PHYSI	TO THE FUNERAL DIRECTOR: After this c	be filed within 72 hours after death with	IMPORTANT: If Item 28 is marked,

_	FOR STATE REGISTRAR	t Affirktion ( most)			CERTIF	ICATI	OF	DEA		MENTAL HYGIEI REG. NO			3. TIME OF OEATH
	1. DECEDENT 3 THINK (7 %3)	, mioure, Lesty	Inge	mar	$\rho_{\rm r}$	rido	127				DAY [] [	YEAR	0400 AM
	4. SOCIAL SECURITY NUMI 215-78-697		5. SEX 1 \ M 2 F	6. AGE (In yrs. 37		_			R 24 HRS.	7. DATE OF BIRTH 8		S. BIRTHE	TIMORE, MD
	9a. FACILITY NAME (If not it		7373	0,	55,41	9b. CITY	, TOWN (	R LOCAT	ION OF DE		-	INTY OF DE	
5	BAYVIEW		PITAL			BALTIMORE CITY n/a							
מביוסם א	RESIDENCE OF DEC	10b. COUNTY	r		10c, CIT	ry, town	OR LOCAT	ION					10d. INSIDE CITY LIMITS?
5	MD 10e. STREET AND NUMBER		1/a	_		E		LMORE			Location		1 X YES 2   NO
EKAL		EREY	ROAD				101	212	218		-		STATES
BT FUN	11. MARITAL STATUS 1 Never Married 2  3 Widowed 4 Dive		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	ARMED NO		If yes, sp	ecify Cub		NIC ORIGIN? (Specify Yon, Puerto Ricen, atc.)	es or No	14. RACE Black, Specify	- American Indian, White, etc.
15. OECEDENT'S EDUCATION (Specify only highest grade completed)  16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)								DUSTRY					
15. OECEDENT'S EDUCATION (Specify only highest grade completed)  Elementery/Secondery (0-12)  12 th  17. FATHER'S NAME (First, Middle, Lest)  18. MOTHER'S NAME (First, Middle, Lest)  18. MOTHER'S NAME (First, Middle, Melden Sumeme)								ND					
17. FATHER'S NAME (First, Middle, Lest)  18. MOTHER'S NAME (First, Middle, Melden Surneme)													
מר													
2	MILDRE	**	RIDGET -	mother	360		NTE!			, BALTIMOR			218
	20e. METHOD OF DISPOSIT 1 X Buriel 2 Cremetl 4 Donation 5 Othe	on 3 🗆 Rem	oval from Stata		CE AND DATE			PAR	K			- City or Tov	
	1X   Surfect 2   Cremetton 3   Removal from State   Commetton Cremetory or other places   A   Donatton 5   Other (Specify)   KING MEMORIAL PARK 3-14   RANDALLSTOWN, MD												
HILLAHON	shock, or it immediates and it is a sequentially list condition resulting in death)  Sequentially list condition, and it is any, leading to immediate. Enter UNDERLY CAUSE (Disease or Injust initiated events resulting in death) LAS	tions, ediata	DUE TO	LIOMY	SEQUENCE OF	VE E	y Defi	CIE	NCY	SYNDI	EDME	=	Interval Batween Onset and Daeth I Kear  iO Years
MEDICAL CE	PART II. Other signific PNEUMOCY DISSEMENT DID TOBACCO L	rstis teel M USE CONT	Preumoi cobacte	rial al	Lengi HUM EATH Y	CON CON	no E	CIEN EX UN		PERFO	N AUTOPSY DRMED? 2 NO	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
3	25. WAS CASE REFERRED ' EXAMINER?  1 YES 2 NO	TO MEDICAL	HOSPITAL:		LACE OF DE	ОТНЕ	R:						
27. MANNER OF DEATH  28s. DATE OF INJURY (Month, Day, Year)  28b. TIME OF Sec. INJURY AT WORK?  M 1 VES 2 NO													
בר ש	2 Accident 3 Suicide 6 4 Homicide	Could not be determined	28e. PLACE ( building	OF INJURY — A	t home, ferm,	street, fac	tory, offic	a		281. LOCATION (Stree City or Town, Sta	t end Numb	er or Rural A	oute Number,
COMPLE	one)									to the cause(s) end m			and menner as stated.
O BE	296. SIGNATURE AND TITL	m	Chris	en/	np	,		29c. LK	CENSE NU	MBER 7	29d. DA	3//	(Month, Day, Year) 2/9C
	30. NAME AND ADDRESS OF AN AND	nn C	OCOMPLETED CAL CAL S (4)  32. REGISTR		TEM 27) (Typ		oh-	SH	PK	ins Hox	1. Hel	- Ba	\$1,003RN
	MAR 13	1996	Juli Shur	borRed	J								



3. TIME OF DEATH

4:35 pm<sup>4</sup>

2. DATE OF DEATH DAY Y

FOR STATE REGISTRAR

1. DECEOENT'S NAME (First, Middle, Last)
RAYMOND

WALTON

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e e			1 M 2 F street and number)	85	YRS.	CITY, TOWN	OR LOCATION OF		19,1	910 ]		
											Baltim	ore
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION									104	1. INSIDE CITY	
H	Md.	Bal	Ltimore			rry F						LIMITS?
	10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF V											
	3503 Linbelle Terrace 21234 U.S.A									. A .		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 STAWIdowed 4 On		12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 TH		If yes, s	CENDENT OF HISP pecify Cuben, Max S 2 NO Spe	icen, Puerto	N? (Specify Yes Ricen, atc.)	or No — 14	Specify: Whi	
ETED	(Specify o	CEDENT'S EDI		(G	CEDENT'S USU	done during m		160	. KIND OF BUS	INESS/INDUS	STRY	
اي	Elementary/Secondary	(0-12)	College (1-4 or 5+)		50 1101 030 181	urou.j						
COMPL	8+h t7. FATHER'S NAME (First,	Miciello ( ant)		St	eel W	orker		WARR 451		1 Cor	mpan	Y
	Benjamin		16						Middle, Malden	Sumame)		
B	19e. INFORMANT'S NAME	-	75	Los		000000000000000000000000000000000000000		Jon				
5	Edith Smo						and Number or Run					01001
							elle Te		V			
	20a. METHOD OF OISPOS 10 Burlel 2 Creme		noval from State	cemetery, cre	metory or other	place)		OAT		CATION — Cit		
	4 ☐ Donation 5 ☐ Oth  21. SIGNATURE OF FUNE		ICENSEE	Meado								d Co. Mc
ĺ	1201	n	Mo			Bradi	ey-Ash	ton	Funer	al Ho	ome,	2 ± 162
	Ptall	41	Marks			2134	Willow	Spr	ing R	d.,Ba	alto	.,Md.
VTION	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING  CAMES (Observed the business)  RESPIRATORY FAILURE  DUE TO (OR AS A CONSEQUENCE OF):  CHRONIC LUNG DISEASE  DUE TO (OR AS A CONSEQUENCE OF):									Щ.	2-3 WK1	
ਨੂ	cause. Enter UNDERL CAUSE (Disease or in	YING	c									YEARS
- 11	cause. Enter UNDERL CAUSE (Disease or in that initiated eventa resulting in death) LA PART II. Other signific	YING alury ast	d	R AS A CONSEC	OUENCE OF):	he underlyli	ng ceuse givan	In Part I.	24a. WAS AN			RE AUTOPSY FINDINGS
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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	TO NE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FÜNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: if Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	l

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTN CERTIFIC			MENTAL HYGIE REG. N								
,	1. DECEDENT'S NAME (First, Middle, Last)				<u> </u>	2. DATE OF DEATH	<u>.                                    </u>	3. TIME OF DEATH						
	Brian Gerard	Rice				MONTH	8 199	6 7.03 AM						
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (	(In yrs. last birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.1	BIRTHPLACE (State or Foreign						
:	214-86-2462	1 X M 2 □ F 3	2 YRS. MO	NTHS DAYS	HOURS MIN.	May 18	63 M	aryland						
	9e. FACILITY NAME (If not institution, give stre				R LOCATION OF DI		9c. COUNTY							
DIRECTOR	Union Memoria	al Hospita	1	Bal	timore	City	N/a							
ភ្ជ	RESIDENCE OF DECEDENT													
<u> </u>	Maryland Baltimore City Baltimore													
	a. CTREST AND NUMBER													
2	345 E. 27th Street 21218 USA													
FUNERAL		12. WAS DECEDENT EVER IN				NIC ORIGIN? (Specify Y		RACE — American Indian,						
	1 Never Married 2 Merried	FORCES? 1 YES	2 □\no	II yes, spe	cify Cuben, Mexice 2 X NO Specif	in, Puerto Rican, etc.)		Black, White, etc.						
BÁ	3 Widowed 4 Divorced				- 22	,		Black						
ETED	15. DECEOENT'S EDUCA (Specify only highest grade of	(TION ompleted)	16e. DECEDENT'S USL (Give kind of work	done during mos	N st of working	16b. KIND OF B	USINESS/INDUST	RY						
	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Me. Do NOT use re			27./4								
COMPL	17. FATHER'S NAME (First, Middle, Last)		Never W	orked		N/A								
	Harold Rice				Azalia	ME (First, Middle, Meide Palme:								
	19a. INFORMANT'S NAME (Type/Print)		19b. MAJLING AO	DRESS (Street er	nd Number or Rural i	Route Number, City or To								
2	Azalia Palmer-0	Oliver			h Stree									
	20a. METHOD OF DISPOSITION 1 M Burlat 2 ☐ Cremation 3 ☐ Remov	20b.	PLACEANDDATEOFD	ISPOSITION (Nat	ne of	OATE 20c. L	OCATION - City	or Town, State						
	4 Donation 6 Other (Specify)	all from states capital	The Memo	rial	Park 3	3/13/96	Balti	more, Md						
- 1	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	)	22. NAME AN	D ADDRESS OF FA	eral Home	Δ							
	ASERIK.71	hitew.	R.	108	W. Nor	th Ave.	Balt	o. Md. 21201						
	23. PART I. Enter the diseases, or co	mplications that caused	the death. Do not	enter the mod	te of dying, suc	h as cardiac or res	piratory arrest,	Approximate Interval Between						
	iMMEDIATE CAUSE (Final	23. PARTI. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert feliure. List only one cause on each line.												
	disease or condition													
İ	disease or condition reaulting in death)	massive a	GI blees	ling				Onset and Death						
		DUE TO (OR AS A	CONSEQUENCE OF):	ling				1						
NO		ARDS	CONSEQUENCE OF):	ling				1						
ALION	resulting in death) a.	DUE TO (OR AS A OUE TO (OR AS A	CONSEQUENCE OF):	ling				1						
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HILLON	resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A  ARDS  OUE TO (OR AS A  RECA)  DUE TO (OR AS A	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):	7	5,5			2 12 hours 3 weeks 3 days						
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AL CE	resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A  AR DS  OUE TO (OR AS A  REA)  DUE TO (OR AS A  A)  COHOLO	consequence of:  consequence of:  ai ure  consequence of:	in ho		PERFO	RMED?	2 12 hours  3 weeks  3 days  2 years  24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO						
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#### Please Type or Print in Black Indeiible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Data of Death Month 8:36 PM Robert 04/1996 4e. Fecility Neme (If not Institution, give street and number) 4b. City, Town, or Location of Death JOHN HOPKINS BAYVIEW HOSP BALTIMORE If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) MRLCH 2, 1996 If Under 1 Year 5. Social Security Number Birthplace (State or Foreign Country) 6. Sex 7. Age (In yrs. lest binnday) Days 1**X**/M 2□ F Months 216-54-7452 Usuei Residence of Decedent Yrs 10b. County 10c. City, Town or Location 10d. Inside City Limits Ves 2 No BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3904 U.S.A. AVE. 21224 12. Was Decedent Ever in U.S. Armed Forces? 1 DYas 2 No If Yes, Give Yaar or Datas: 1969-1971 Wes Decedent of Hispenic Origin? (Specify Yas or No If Yes, specify Cuban, Mexican, Puarto Rican, atc.) 14. Rece - American Indian, Bieck, White, etc. 11. Marltai Stetus 1 Never Married 2 Merried 1 ☐ Yes 2 No Specify: 3 ☐ Widowed 4 ☐ Divorced WHITE 16a. Decedent's Usuel Occupetion (Give kind of work dona during most of working life. DO NOT usa retired) 15. Decedent's Education 16b. Kind of Business/Industry Elemantary/Secondary (0-12) Collega (1-4or 5+) WARE HOUSE ABOREL 17. Fether's Neme (Figst, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumema) HELSCHELL KOBERTA 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) BALTIMAE MD. LORRAINE 20b. Plece of Disposition (Name of cemetary, crematory or other plece) 20e. Method of Disposition 20c. Location - City or Town, State Burial 2 Cremation 3 Removel from Steta Conetion 5 Other (Specify) 21. Signature of Europal Service Licen 22. Neme end Addrass of Facility 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory shock, or heart feitura. List only ona causa on each line. Approximata Intervei Between Onsat and Deeth Immediete Ceuse (Finei Subarachroid disaesa or condition resulting in daeth) Due to (or es e consequenca of): bral Aneurysm Due to (or es a consequence of): Sequentially list conditions, if any, leeding to immediate cause. Entar Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 □ Probably 4 □ Unknown 24b. Were autopsy findings available prior to completion of cause of deeth? 24e. Was an autopsy 1 Yas 28 No 1 Yas 2 No 25. Was casa raferred to madical 26. Place of Death (Check only one)

1 Mpatiant 2 ER/Outpatlent 3 DOA

28e. Piece of Injury - At home, ferm, street, fectory, offica building, etc. (Specify)

Resident Physician

28b. Time of

28c. Injury et Work?

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date and plece, and due to the cause(s) end menner es steted.
2 Medical Examiner: On the basis of examination end/or invastigetion, in my opinion, deeth occurred et the time, dete end piece, and dua to the cause(s) and manner steted.

29c. License number

NIZ43

Her Baynew Medical Conter Eastern Are Batt, MD 212221

1 ☐ Yes 2 ☐ No

Other: 4 Nursing Homa 5 Rasidance 6 Other (Specify)

28d. Describe how injury occurred

28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

29d. Deta signed (Month, Dey, Year)

**Physician** /Medical Examiner

**Physician** 

/Medical

**Examiner** 

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Director

Funeral

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**Funeral** 

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Examiner

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examiner?
1 Yes 2 No

5 Pending investigation

6 Could not be

W, MO 30. Name end address of person who completed cause of death (Item 23e) (Type, Print)

27. Menner of Death

2 Accident 3 Suicide

4 Homicide

29b. Signature and titia of certiflar

31. Dele filed (Month, Dey, Year) MAR 1 3 1996

29a. Certifier

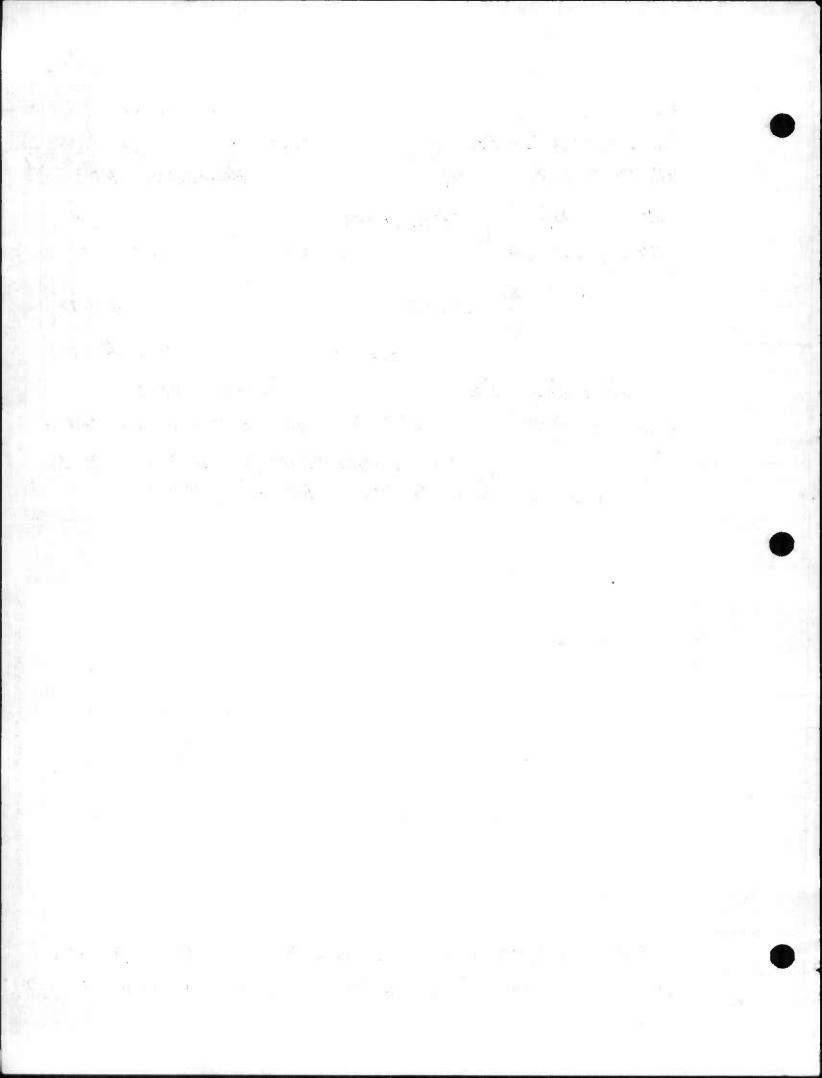
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Division of Vital Records, P.O. Box 68760,

To the Hospital within 24 hour To the Fundal completaly filed



#### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 07143

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State of Maryland / Department of Health and Mental Hygiene Q &

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<u>~</u>	The is	mo										10	Yes 2 No	10	Yes 20	2 No			
/ita		Be	25. Was case raferred to med examiner?	lical						26. Plac	e of Deeth	(Check only o	one)						
of Vital	2 00	2	1 Yes 2D€No		Hospitei: 1 Sanpar		ER/Outp	patient	3□ DOA Ot	ner: 4 🗆 N	lursing Hor	ne 5 🗆 Resid	denca 6 □Ot	her (Specif)	1)	-			
Division o	D 9 5	Certification:	E LI AUGUSTII	stigetion		ury e <i>y Year)</i>	28b. Ti inj	me of jury	28c. inju Wo M 1	ryet rk? ∣Yes 2.⊑		8d. Describe i	how injury occu	rred					
i	00 4	THIC		uld not b ermined	286. Pleca of II	njury - At ho	me, ferr	m, street	, fectory, office		2	8f. Location (8 City or Tox	Street end Num	ber or Rure	Route Nur	nber,			
9	led in																		
1	To the Bospital o within 24 hours at To the Fundral DI completaly filled in	edicai	29a. Certifiar 1 1 1 Certifiar (Check only one)	lying Ph caf Exan	nyelclan: To the bes niner: On tha basis end manner s	of exeminet	wiedge, ion end/	deeth oo or inves	courred et the ti tigation, in my o	me, dete e opinion, de	nd plece, e eth occurre	nd due to the d et the time,	ceuse(s) end m dete and piece,	anner es st and due to	ated. the causa(	s)			
	With To'll	Σ	29b. Signetura and title of cer	tipr )	0 1	00			29c. Licans				29d. Data sign						
	2-1		· ///	800	Ly /	U			D	-40:	121	_	Marc	h 1	0,199	6			
	4		30. Name and address of personal DR DCH AT	on who	completed cause of	death (Item	23a) (T	ype, Pri											
	Sta	te	31. Dete filed (Month, Dev. You MAR 1 3 1996	ar)	1 . A 32 Regis	s Son	ure				10716(1	MITTE	(",")	2166	۷				
	Registr		MAR 1 3 1996	O'	the annual services	A AND CARRY													

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TO SEE SHIP.

Angel Carlotter in the Carlot Carlot Carlotter

### Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene

					,	Certificate of	Death	Reg.	. No.	b U/145
	Physic /Medi		1. Decedent's Nama (First, Middle, La Patricia	1 0	antle	er		2. Data of Death Month	Day 190	Yaar 2:20 pm
	Exami		4a. Facility Nama (If not institution, given North Arun)	a street and number)			4b. City, Town, or Loca Glen Bu		4c. County of	e Arundel
	Funeral Director		219-30-7104	Sax 7. Ag 1□ M 21□ F	ga (in yrs. last b	irthdey) If Undar 1 Yaa Months Days		8. Date of Birth (Month, Day, Yo NOV • 14,	1935	9. Birthplace (State or Foreign Country) Maryland
	Pue Man		Usual Residence of Decedent  10a. State 10b. County		10c. City, Tov	wn or Location				10d. Insida City Limits
	h the Marylen r 28a-f show	to	Maryland N/A		Bal	timore				N☐ Yes 2☐ No
	death with the Maryland ma 23a or 28a-f show	Funeral Director	10e. Street and Number 1007 Fieldstone	e Place		10f. Zip Code	1226	10g.	. Citizen of W	hat Country?
21215-0020	or its	þ	11. Marital Status  1 □ Never Married 2 ☑ Married 3 □ Widowed 4 □ Divorced	12. Was Decedent Armed Forces? 1 ☐ Yes 2 ☐ If Yes, Give Yaar or Dates:		13. Was Decedant of if Yes, specify Cul	Hispanic Origin? (Spec ban, Mexican, Puerto Ri Specify:	ify Yas or No- ican, etc.)	14. Race Black Specify:	- American Indian, , White, atc. White
5-0		Be Completed	15. Decedent's E (Specify only highest gro	ducation ade completed)	166	Decedent's Usual Occu     (Give kind of work done	upation e during most of working	160	b. Kind of Bus	iness/industry
121	within then	M M	Elementary/Secondary (0-12)	College (1-4or	5+)	life. DO NOT use retir	red)		Torro	ni ma
	e filed v si Hygie other t vent, to	ပ္ပိ	12 17. Father's Name (First, Middle, Last			Seil F	imployed 16. Mothar's Nama (	First Middle Me	Java,	
Maryland	Mentei Merked of	o Be	Tr. Faulor o Hamo (First, Micale, Ess.	John P. C	'Brien			V. Wade	oen Jumama	/
ary	2 should by and Mente is marked summitice	ို	19a. Informant's Name/Relationship (			b. Mailing Address (Stree			city or Town, S	State, Zip Code)
	nd 2 salth ar		Earl J. Reightle	**	1	.007 Fieldst				
Baltimore,	permit. Pages 1 and 2 should be filed within Department of Health and Mentel Hygiene. Important: if Item 27 is marked other than any Injury or other traumatic event, the Means.		20a. Method of Disposition 1 ⊠ Burial 2 □ Cramation 3 □ 4 □ Donation 5 □ Other (Special		cemate	of Disposition (Name of ary, cremetory or other pl Haven Mem. P	ark March 1			City or Town, State
Balt	permit. Departr Importa		21. Signature of Funeral Sarvice Licer	000	r/L		ress of Facility 'Uneral Home Itain Road I		.Marvla	and 21122
			23a Part7. Enter the disease, or com	plications that chused one causa or each li	d the death. Do					Approximata intervai Between
	Physician /Medical Examiner		immediate Cause (Finai disease or condition resulting in death)		ngestiv		failure			Onset and Death  5 WWS
		-	resolving in death)	0		consequence of):	4			
-17	uted insit	Examiner		b. (8	ronam		islase			25 years
ć	exect in and ial-tra	Exa	Sequentially list conditions, if any, leading to immediate cause. Enter Undarlying Cause (Disease or Injury that initiated events		Due to (or as a	consequence of):				1
Box 68760,	The law requires that the deeth certificete be executed at has been signed by the ettending physician and page 2 should be detached for use as the burial-transit	n/Medical	Cause (Disease or Injury that initiated events rasulting In death) Last	d	Dua to (or as a	consequence of):				
. B	deeth	Physiclan/M	Part II. Other eignificant conditions of	ontributing to death b	ut not resulting	In the underlying causa g	jiven in Part i.	23b. Did toba	cco use cont	ribute to the cause of death?
P.O.	ires that the deeth cer signed by the ettendir d be detached for use		Mitra	Stemosis				1 Tee	2□ No	3 ☐ Probably 4 Unknown
Records,	v requires t	Completed by	Atrial	fibrilla				24a. Was an a performed	autopsy d?	24b. Were autopsy findings available prior to completion of cause of death?
Re	he lav e has age 2	dwc	Phaha	lic stro	10			1□ Yes	2 000	or ceatri?
ta	in: T	Be C	25. Was casa refarred to medical	110 >110	ike		26. Place of Death		21,000	TLI Yes 200-No
Z ×	Physician: this certific	To B	examiner? 1 ☐ Yas 2 No	Hospital:	ent 2 ER/O	utpatient 3 DOA	ther: 4 Nursing Home		e 6 Other	r (Specify)
0	g Ph		27. Manner of Death	28a. Date of Inju (Month, Da		Time of 28c. Injury W		3d. Dascribe how		
Ö	Attending ir death. ector: After by the fune	atlo	1 Natural 5 Pending investigatio	n	y routy		Yas 2 □ No			
Division of Vital		Certification:	3 ☐ Sulcide 6 ☐ Could not be determined	26a. Place of Inj	ury - At home, f c. (Specify)	arm, street, factory, office	26	31. Location (Stree City or Town, S	et an <i>d Numbe</i> Steta)	r or Rural Route Number,
	ospital or hours afte funeral Dir aly fiiled in		20a Cartifica M. Cartifal and							
_	Funeral letaly filled	Medical	29a. Certifier (Check only one)  1   Certifying Ph 2   Medical Exar	ninar: On the basis of and manner st	examination ar	e, death occurred at the t nd/or investigation, in my	ime, date and place, an opinion, death occurred	d at the time, date	se(s) end man and place, ar	nar as stated.  nd due to the cause(s)
n	Toth	Me	29b. Signatura and title of certifier	h 1 -4		29c. Licar	nsa number	29d.	. Data signed	(Month, Day, Year)
U	1		of Held	Blell, Th	(D	n	+6052		317/	76
	0		30. Name and address of person who					Ch. R	AACIA.!O	MO 21108
	Sta	te	31. Date filed (Month, Day, Year)	32. Registr	ar's Signature	Wall lugh	1	TKN 00	- Ank	- VO 211070
	Registr		MAR 1 3 1996	in dave er	Revolute					

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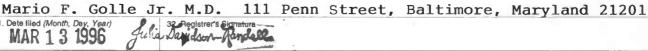
State of Maryland / Department of Health and Mental Hygiene 96 07146

					Ce	ertificate of	Death	R	eg. No.	0		40
		Ш	1. Decedent's Neme (First, Middle, L.	ast)				2. Dete of Dee		Wass	3. Time of	Deeth
	Physici /Medi		ANTWON C	. ROBER	TS			Month MARCH	04, 1	996	0455	5 AM
	Examir		4e. Fecility Neme (If not institution, gi	ve street and number)			4b. City, Town, or I		4c. County			
ď			1921 WEST SAR	ATOGA STREET			BALTIM	ORE	N	/ A		
	Funeral Director		5. Sociel Security Number 6.	Sex 7. Age (In yrs. 18 M 2 ☐ F		Months Deys	If Under 24 Hrs.	8. Dete of Birth (Month, Dey MAR . 2	Year)		oce (Stete o	or Foreign
	9		Usuel Residence of Decedent									
	nyler thow		10a. Stete 10b. County	10c. Cit	, Town or I	Location				10	d. Inside C	
	Me Ma	Director	MARYLAND N/A	A	BA	LTIMORE C	ITY				1X Yes	2 No
	th th	Sire.	10e. Street and Number			10f. Zip Code		1	0g. Citizen of V	Whet Count	ry?	
	th w		1921 W. SARATOGA	A STREET		21	.223		US	Α.		
	dea F	Funeral	11. Maritel Stetus	12. Wes Decedent Ever in U. Armed Forces?	S. 13	. Wes Decedent of I	Hispanic Origin? (S	pecify Yes or No-		e - America		
0	or its	5	1 X Never Memied 2 ☐ Married	1 ☐ Yes 2 🕅 No		1 ☐ Yes 2 ☒ No		o riioan, etc.)			tC.	
000	ours	1 by	3 Widowed 4 Divorced	Yeer or Detes:		TE Tes ZANO	Зрасну.		Specify	BLAG	CK	
21215-0020	filed within 72 hours after death with the Maryland Hygiane. Idner than "natural", or items 23a or 28a-f show Int., the Medical Examiner must be notified at	Completed	15. Decedent's E (Specify only highest gr	ducation	16a. Dec	edent's Usuel Occu re kind of work done	pation	kina	16b. Kind of Bu	usiness/Indu	ustry	
7	ithin 196.	ē	Elementery/Secondery (0-12)	College (1-4or 5+)	life.	DO NOT use retire	ed)					
	filed with Hygiane ther the	ပ္ပ	GED			STUDENT	T		SCHOO			
und	S E S	Be	17. Fether's Neme (First, Middle, Las	1)			18. Mother's Nen	ne (First, Middle, I	Meiden Sumen	10)		
Maryland	should be filed within and Mental Hygiene.  marked other than umatic event, or M.	2	WILLIAM HENRY	ROBERTS		<u> </u>	ANNA 1	LEE WAR	)			
Ja	2 sh end ls m		19e. fnlorment's Neme/Reletionship	(Type, Print)		lling Address (Stree						
	Heelth em 27 other tr		ANNA ROBERTS			W. SARAT	TOGA STREI					
altimore,	of H		20e. Method of Disposition  XIXDBurial 2 ☐ Cremetion 3 [	Damoual from State	emetery, cr	position (Neme of emetory or other ple		Dete	20c. Location -			
E	Peges ment of I ant: If Ite ury or o		4 ☐ Donetion 5 ☐ Other (Speci		TERN	STAR CEME	STERY 3-9	9-96	CATON	SVILL	E, MD	•
a	permit. Peges 1 and 2 should Department of Heelth end Men Important: If Item 27 is marke any Injury or other traumatic 2002s.		21. Signeture of Puneral Service Lice	nsee /		22. Neme end Addre		THE PARTY AND A	HOME	D 4		
0	80158		( (a)	) 5	+ 1	OSEPH H. 913 W. BA	ALTIMORE S	ST. BAL	TIMORE,	MD.	21223	
			23e. Part1. Enter the disease, or con shock, or heart leilura. List only	pplications that caused the deet							Approximet	е
S	Physician	Pή	Short of Hoor foliate. Electrical	one source on equiting.						1	Onset and	Deeth
1	/Medical		Immediete Causa (Finel disease or condition	HANGING								
	Examiner		resulting in deeth)	0.	ras a cons	equence of):						
	D :=	Iner	_									
	seth certificate be asscuted attending physician end for use as the buriel-transit	Examiner	Sequentially list conditions, if any, leeding to Immediate	Due to (o	r es e cons	equence of):						
Ö,	e and		cause. Enter Underlying Cause (Diseese or Injury							1		
68760,	hysic the b	lica	thet initieted events resulting in deeth) Last	Due to (or	es e conse	equence of):						
9 ×	ing p	Medical	TO A C. VI. CHIEF P. III-S									
80	thend rus			d,								
	the at	Physician	Pert II. Other significant conditions	contributing to death but not resu	iting in the	underlying cause gi	iven in Part I.	23b. Did to	bacco use co	ntribute to	the cause	of death?
s, P.O	requires that the deeth een signed by the atter hould be detached for u	by Phy						1 🗆 Y	es 2X No	3 Probe	ably 4	Unknown
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Ř	hes ye 2	T D						Samo		of de	eath?	
	cate he							*X*	s 2 No	炽	Yes 2□	No
VItal	ysician: The s certificate director, pag	Be	25. Was case referred to medical exeminer?	Hospitel:		Ott	26. Plece of Dea	th (Check only or	e)			
ō	Physician: this certific ral director,	. To	1 X Yes 2 No 27. Manner of Deeth	1 □ Inpatient 2 □		ent 3LI DOA	4 LI Nursing H	ome 5 N Reside			1	
	After funer	0	1 ☐ Neturel 5 ☐ Panding	28a. Deta of Injury (Month, Day Year)	28b. Time Injury	Wo		28d. Describe ho			2010	
<u>S</u>	Attending or death.	cat	2 ☐ Accident Investigation 3 ☑ Suicide 6 ☐ Could not be	FOUND	0454		Yes 2 XNo		CT HAN			har
VISION		Certification:	4 ☐ Homicide detarmined	28e. Pieca of Injury - At he building, atc. (Specify	me, term, s ') HO	street, rectory, office ME		28f. Location (St City or Town 1921 W		1		I MORI
	Hospital or 24 hours afte Funeral Dir stely filled in		20a Carifica	westelland To the Control of Control							MARY	LAND
	A 4 A	edical	29a. Certifier (Check only one)  1☐ Certifying PI  X Medical Example 1	nysician: To the best of my know minar: On the basis of examined end menner stated.	viedge, dee ion end/or I	oth occurred et the ti invastigation, in my	me, dete and pleca opinion, deeth occu	, end due to the ca red et the time, d	ause(s) and me ata end place,	enner as sta end due to	ited. the causa(s	s)
-	vithing To the comple	≥Me	29b. Signature and title of certifier	)		29c. Licens	se number	2	9d. Dete signe	d (Month, D	ey, Year)	

O.C.M.E

MARCH 04, 1996

State Registrar MAR 1 3 1996



Neme and addition of purson who completed causa of death (Item 23a) (Type, Print)

Ol Hill see 

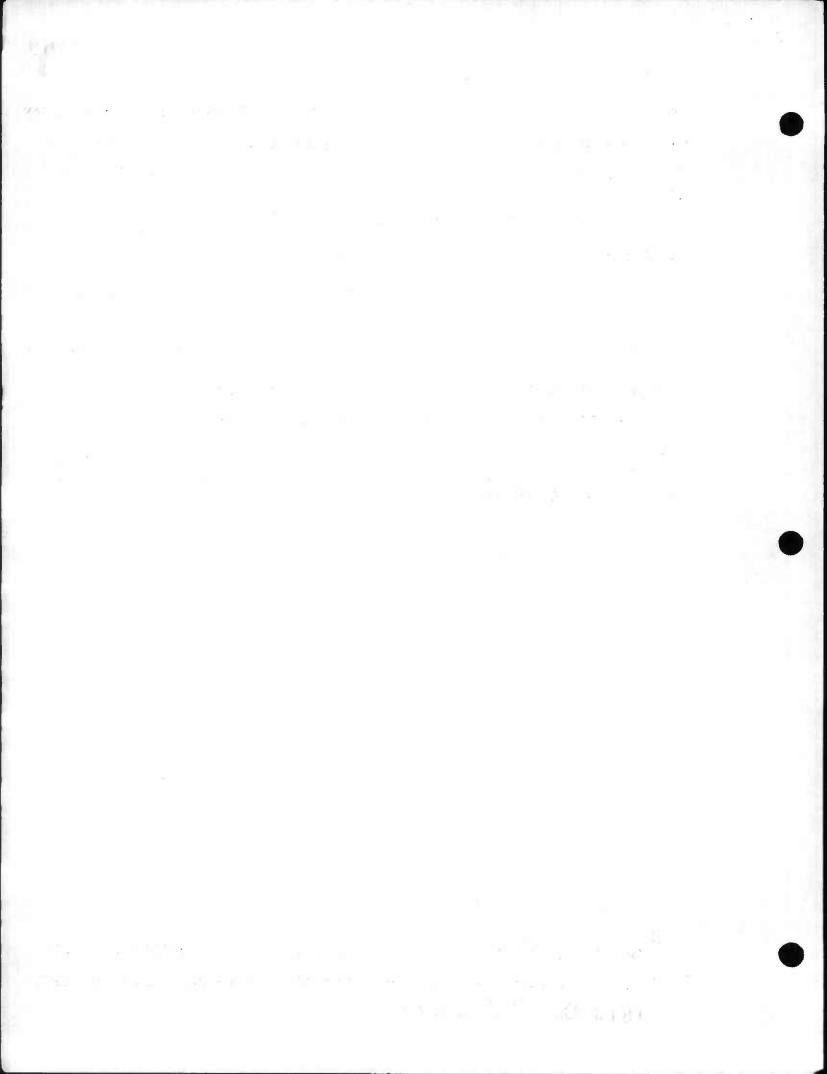
#### Items10c,10e 2-13-96 FilmG732 W.H.Per F/H

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State of Maryland / Department of Health and Mental Hygiene 96 07 147

		ITEMS: 23 PART	27 PER MEO	G-733 3/	RHET	tificate of	Death			Reg. No.		
E BUILDING		1. Decedent's Neme (First, Middle, L.	est)						2. Dete of Dec Month		Yeer	3. Time of Death
Physici /Medic		TANYA				STANI	EY		FEBURA	Day	1996	07:27A
Examin		4a. Feclity Neme (If not institution, gi	ve street end number)						ation of Death			UI.ZIBI
		915 CHAUNCEY A	AVE.				BALTI	MORI	E	BALT	IMOR	E CITY
Funeral		The state of the s		(In yrs. last b	irthdey)	If Under 1 Yee Months Deys	r If Under	24 Hrs	9 Date of Birt	h	9. Birthoi	iece (State or Foreign
Director		213-17-6744	1□ M 2□XF	8	Yrs.	months 50y.	110013		AUG.28	, Year) 8, 1987	MAR	YLAND
pud .		Usuel Residence of Decedent  10a. Stete 10b. County		10c. City, Tox	un or loo	ation					-	
show at at	70		CTTV			Ва	ltimor	e			10	0d. Inside City Limits 1 □XYes 2 □ No
28a-f	Director		, CIII	<del>981 t.</del>	imo							21
72 hours efter death with the Maryland naturel', or fleme 23s or 28s-f show free Examiner must be notified at		10e. Street end Number 915	Chauncey	Ave		10f. Zip Code				10g. Citizen of 1	Whet Count	iry?
172 hours effer death with the Maryfe *netural*, or flems 23e or 28e-f show *Sical Examiner must be notified at	Funeral	BALTIMORE	10 W- D	l. II 0	40.14	21217		1.0.40		UNITE		
Hem Item	Ě	11. Merital Stetus	12. Wes Decedent E Armed Forces? 1 Yes 2 N		13. VV	es Decedent of Yes, specify Cu	ben, Mexican	gin? (Spec i, Puerto F	licen, etc.)	Blee	e - America ck, White, e	
9 6	by F	1 Never Merried 2 Married 3 Widowed 4 Divorced	If Yes, Give Yeer or Detes:	0	1	☐ Yes 24 No	Specify:			Specify	BL	ACK
natura edical E	pa	15. Decedent's E	10-11-0-0-0-0-1	166	Decede	ent's Usuei Occi	mation			16b. Kind of B	usines/Ind	lustry
	Completed	(Specify only highest gr	ade completed)		(Give k	ind of work done O NOT use retir	e durina mosi	t of workin	g	TOO. INIII OI D	usii lessii lu	ustry
the T	mo	Elementery/Secondery (0-12)	College (1-4or 5-	+)		JDENT	,			BALTO	CIT	Y PUBLIC
ntal Hygiene.	BeC	17. Fether's Neme (First, Middle, Las	")			DENT	18. Mothe	r's Neme	(First, Middle,	Meiden Sumen		I TODETO
nd Mental marked o urnatic ev	To B	CHARLES STAN	I.EY				MAD	T A V	ELLY			
DEE	-	19e. Informent's Neme/Reletionship		19	b. Meiling	Address (Stree				ar, City or Town,	State, Zip	Code)
3 N P		CHARLES STANL	EY	9	15 (	CHAUNC	EY AV	E. B	ALTO.	, MD 2	1217	
		20a. Method of Disposition		20b. Plece	of Dispos	ition (Neme of story or other pl			Dete	20c. Location -		wn, Stete
		1 N Buriel 2 □ Cremetion 3 [ 4 □ Donation 5 □ Other (Speci	Removel from State		-	N FORR		ET 2	2-14-9	6 OWIN	JCS N	MILLS, MI
Department Important: I any Injury o once.		21. Signature of Funeral Service Lice				Name end Addi						
Impo any Ir		Value of in	Man		1	ALVIN 1			MS F.			ON PASS
	_	23a. Pert1. Enter the disease, or con shock, or heart feilure. List only	polications that caused	the death Do						2022	LTO.	, MD Approximate
hysicia the bur	/Medical Examiner	disease or condition resulting in deeth)  Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last	b	Due to (or es e	consequ	ence of):			T =			
igned by the ettending p	Physician/M	Pert II. Other significant conditions of	d	t not resulting	in the und	derlying cause g	iven in Pert I			1.0		the cause of death?
dete									101	Yes 2 No	3 Prob	ably 4 Unknown
old bl	ed by								24e. Wes	an autopsy	24b. We	re autopsy findings
s been si	Completed								perfo	rmed?	con	ilable prior to appletion of cause death?
page 2	m d								- 306	( ADII		
certificate rector, pay		25. Was once referred to medical						4.00	109		12	Yes 2□No
	Be	25. Wes case referred to medical exeminer?  XXYes 2 □ No	Hospitel:			-50	ther		(Check only o			
	To To	27. Menner of Deeth	1 ☐ Inpatien		Time of	3LI DOA	4 LI Nu		_ V V	lence 6 Oth		)
th. After the funeral	tion	1XXNeturel 2 Pending Investigation	28a. Dete of Injury (Month, Dey	Year)	Injury	28c. Inju	ork? ⊒Yes 2 🔲 I			. , , , , , , , , , , , , , , , , , , ,		
within 24 hours effer deeth.  To the Funeral Director: A completely filled in by the to	Certification:	3 Suicide 6 Could not b	28e. Plece of Injur	ry - At home, f	erm, stre	et, fectory, office	•	2	8t. Location (5	Street end Numb	per or Rural	Route Number,
d in t	eri	4 Homicide	building, etc.	(Specify)		,,,			City or Tou	m, State)		
Funeral Dir	aic	29e. Certifier 1☐ Certifying Pi	nysician: To the best of	my knowledg	e, deeth o	occurred et the t	time, dete en	d plece, er	nd due to the	ceuse(s) end ma	anner es ste	eted.
ne Fu	edicai	(Check only one) Medical Example (Check only one)	miner: On the basis of e end menner stet	examinetion el ed.	nd/or Inve	stigation, in my	opinion, deer	th occurre	d et the time,	dete end plece,	and due to	the ceuse(s)
To the	×	29b. Signature end title of certifier	0 0/ -			29c. Licer	nse number			29d. Dete signe	d (Month, L	Day, Year)
		Moulina. D.	reghell			o.c.	M.E.		F	'EBURAF	XY 10	, 1996
	ŀ	30. Neme end address of person who	completed cause of de	eth (Item 23a)	(Type, P							
		MARCADION A	VOR ELL				reet,	Bal	timor	e, Mar	ylan	d 21201
Stat	e	31. Dete filled (Month, Dev. Year) FEB 1 3 1996	32, Registre	rls Signeture								
Registra	ar	FEB 1 3 1996	Julia d'ave	clear Flano	lath							

DHMH 16 Rev 6/95



DNMN-16 Rev 1/89

Pages 1, 2, 3 should

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funeral director, page 5 should be detached for

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FOR STATE REGISTRAR CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Virginia A. Schwartz March 11,1996 8:30am w 7. DATE OF BIRTH (Month, Day, Year 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (in yrs. last birthday 8. BIRTHPLACE (State or Foreign Country) IF UNDER 24 HRS. DAYS 212-28-8257 91 1 M 2XX March 11,1996 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Meridian Caton Manor Baltimore City N/A RESIDENCE OF DECEDENT 10b. COUNTY 10a. STATE 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY YES 2 NO MD Baltimore City FUNERAL 10a. STREET AND NUMBER 109. CITIZEN OF WHAT COUNTRY? 101, ZIP CODE 3330 Wilkens Avenue 21229 United States 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No—
If yea, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian. Black, White, atc. FORCES? 1 YES TONO
IF YES, GIVE WAR OR DATES 1 Never Married 2 Married 1 YES 2 NO Specify: Specify BY 3√3√Widowed 4 □ Divorced White ED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest (Give kind of work done life. Do NOT use retired.) ET Elementary/Secondary (0-12) College (1-4 or 5 +) COMPL 6th N/A Homemaker Own Home 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) 70 James Franklin Loudenslager Margaret McMahon notified 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1420 Haubert Street, Baltimore MD 21230 Margaret Bernadette Lay Pe 20a. METNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, Stata must Buriel 2 Cremation 3 Removal from State
1 Donation 5 Other (Specify) cemetery, crematory or other placa) March 13, 1996 Baltimore, MD Meadowridge Memorial Park Cem. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Charles L. Stevens Funeral Home, ion, or removal. 1501 E. Fort Avenue, Baltimore, MD 21230 medical 23. PART I. Enter the diseases, or complications that caused the seath. Do not enter the mode of dying, such se cerdisc or respiratory errest, shock, or heart feiture. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Finel Onset and Death the cremation, disease or condition and completely for burial, cremation DEMENTIA 3 YR resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially liet conditions, DUE TO (OR AS A CONSEQUENCE OF): prior to if any, leading to immediate cause. Enter UNDERLYING other CAUSE (Disease or injury Hygiene p DUE TO (OR AS A CONSEQUENCE OF): the attending p that initieted events resulting in deeth) LAST 10 Injury, PART if. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert 1. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL n signed by t Health and PERFORMED? AWAII ARLE PRIOR TO апу COMPLETION OF CAUSE OF DEATN? 1 | YES 2 | Q-NC Shows 1 YES 2 NO has been s Dept. of H DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) certificate h HOSPITAL: 1 | Inpetient 2 | ER/Outpetient 3 | DOA 1 - YES 2 - NO ursing Nome 5 - Residence 6 - Other (Specify) 10 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF with marked, 1 Natural 5 Pending 1 YES 2 NO BY death Investigation 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28 18 1 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be DIRECTOR: A COMPLETED 4 Homicide Item 29a. CERTIFIER

(Chack only

1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITAL D
TO THE FUNERAL D
Be filed within 72 ho
IMPORTANT: If IN (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 8 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 3/11 21776 Dr. Surya Mundra 203 E. Patapsco Avenue, Baltimore, Maryland 21225 MAR 1 3 1996 Luia Davidson-Randell

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Q 5

				Olate 0	i waiyiai		tificate of	Death	_	Reg. No.	b U	149
			1. Decedant's Name (First, Mid	ldie, Last)					2. Dete of De			. Tima of Death
	Physici /Medic		AILEEN	D.		SEEBO	)		Month MARCI	Day 1 6. 19	Yeer 96	430PM
	Examir		4a. Facility Nama (If not institut	ion, give street and nur	n <i>ber)</i>	0.000		4b. City, Town, or I				100111
			MERCY HOSP	ITAL				BALTIMO	ORE	N	I/A	
	Funeral		5. Sociel Security Number	8. Sax	7. Age (In yrs.	last birthday)	If Undar 1 Yeer	If Undar 24 Hrs.				(State or Foreign
ŀ	Director		219-36-1275 Usual Residence of Decedant	1 M 28 F	8.	7 Yrs.	Months Days	Hours Min.	AUG 2	L9, 190	) 8 MA	RYLAND
	within 72 hours after deeth with the Maryland iene. Then "natural", or items 23a or 28a-f show the Medical Exeminer must be notified at	2	10a. Stele 10b. Coun	ty	10c. Ci	ty, Town or Lo	cation					Inside City Limits
	Ne M	Funeral Director		A/N		BALI		MARYLAN	D			
	F & F	늄	10e. Street and Number				10f. Zip Code			10g. Citizan of V	What Country?	
	eth w	Ta la	600 LIGHT	STREET				1230			USA	
	items ner dee	une	11. Marital Status	Armed Fo	edent Evar in U rces?	I,S. 13. V	Was Decedant of H f Yes, specify Cubi	lispenic Origin? (S en, Maxican, Puart	pecify Yas or No o Rican, alc.)	Hac Blac	e - Amarican li ck, Whita, aic.	ndian,
20	S afte	by F	1 Navar Married 2 Ma 3 Widowed 4 Divorce	If Voc Cit	2 2 No	1	I□Yas 2☑No	Specify:		Specify	<i>'</i> :	
8	natural',	0			atas:	40.00.00					WHIT	
5	°naf	Completed	(Specify only high	ent's Education lest grade completed)		(Give	lant's Usual Occup kind of work done OO NOT use retired	during most of wor	rking	16b. Kind of B	usiness/industi	Ŋ
12	withir ene. then	E	Elamantery/Secondary (0-12									
9	Hygi her nt, I	ပိ	12TH 17. Fathar's Name (First, Middle	N/A		HON	<u>IE MAKEI</u>	18. Mother's Nen	na /Eiret Middle	Maiden Suman	HOME	
an	S E S	Be c						10.100010101010101		maroon comun	10)	
7	d Me d Me mark matic	To	JACOB LEU'.  19e. Informant's Name/Relation	INER		406 14400	- Add (Ctt		ALICE	O'N T	0	4.3
Maryland 21215-0020	2 0 0		DENTON L. SI				B OAKCRI	and Number or Ru		ORE MA		/
	Health Health Jem 27		20e. Mathod of Disposition	TEBO SK.	20h F		sition (Name of	ESI AVE	Data	20c. Location -		
Baltimore,	0 0 1		1 Buriel 2 ☐ Crametion			cemetery, crem	natory or other pie	ce)	Data	200. Location -	City or Town,	Siele
Ħ	tmer tant dury		4 Donation 5 Other		Mo		ID PARK		3/11	BALTI	MORE	MD.
Bal	pemit. Pag Department important: If eny injury o		21. Signature of Funerel Sarvio	e Licensee			. Nema and Addre	•				
	E0.2 e d		( settly.	Helle	Z	1	ARTLEY	MILLER	FUNERA	T HOME	5	21224
			25a Darri. Enter the discusse, shock, or heart failure. Li	or complications that call only ona causa on a	aused tha daat ach lina.	th. Do not anti	er the moda of digir	ig, such as cardiad	of respiratory a	riest, MORI	App	proximate 4
	Physician		V								On	sat end Deeth
	/Medical Examiner		Immediate Causa (Final disaasa or condition rasuiting In death)	ACUTE	GAST	ROINTE	ESTINAL	BLEED				
В		<u>.</u>	rasuming in Oba(ii)			or as a conseq						
	be sit	Examiner		b. DUOD	ENAL I	ULCERS	5				i.	
	and I-tran	хап	Sequantially list conditions,		Due to (d	or as a conseq	uence of):					
60,	be exictent	a E	Sequanilally list conditions, if any, leading to immadiata causa. Entar Undarlying Causa (Disease or Injury	c. PULM	ONARY	EMBOI	LUS				Ì	
68760,	ificete be executed g physiclen and es the buriel-transit	edicai	that initiated evants rasuiting in death) Last		Dua to (o	or as a consequ	uence of):					
-	E 00			d DEEP	VEIN	THROM	MBOSIS				j	
Box	death cert e ettending ed for use	Physician/M										
o.	by the de	ysic	Part II. Other significant condit	lons contributing to de	ath but not ras	uiting in the ur	ndarlying causa giv	ven in Part I.	23b. Dld	tobacco use co	ntribute to the	cause of death?
0	thet the ed by detect		ACUTE LEFT	HIP FRAC	TURE				10	Yes XXNo	3 Probabl	y 4 Unknown
ds,	8 5 8	1 by									Och Wass	and a second second
Records,	v requin	Completed								an autopsy med?	avallab	autopsy findings bla prior to alion of cause
3ec	S 80 CA	de.									of deat	h?
a F	ate pag	S							10	Yes 2000	1 ☐ Ya	is 2 No
Vital	Physician: The this certificate ral director, page	Be	25. Was case refarred to medic axaminar?						ith (Check only o	one)		
of	this of all din	2	XXVas 2□ No		npatiant 2			4 Li Nursing H	ome 5 Resid			
Ē		Certification:	27. Mannar of Death 1 ☐ Natural 5 ☐ Pand		h, Day Year)	28b. Time of Injury	28c. Injur Wor		28d. Describe	how Injury occur	red	
Division	Attending er death. ector: After by the fune	cat	XAccidant invas	I not be	14,19			Yas 2 Xio	SUBJE			OME
$\leq$		E	4 Homicida datar	mined Zoa. Flaca	of Injury - At he	oma, farm, stra v)	ael, factory, office		28f. Location (: City or To	Street end Numb vn, State)	er or Rural Ro	ute Number,
	led in particular					AT	HOME		RESII	DENCE		
	To the Hospital or with 24 hours after To the Eunser Dir completely filled in	edical	29a Certifiti 1 Certify	ing Physician: To tha I Examinar: On tha ba	best of my kno	wladga, daath tion and/or Inv	occurred at the tin	ma, data and placa	, and due to the rred at tha time.	ceusa(s) and ma	innar as stated	1. cause(s)
	S S S O	Med	- X/	and mann	ar stated.							
	To To Con	7	29b. Signature and title of certif	1. 8 N	NO		29c. Licens	a number		29d. Dela signe	u (Month, Day,	T ⊕ar)
	(),			may	1		OCMI	Ε		MARCH 1	12,199	6
	10		30. Nama and eddrass of person	-								
			J. Laron Lo				Street,	Baltim	ore, Ma	aryland	1 2120	1
	Sta		31. Dele filed (Month, Day, Yea MAR 131996	1	egistrar's Signa	itura						
	Registr	G4	MIMIL TO 1220	July alaus	JAARTO	11						

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FOR STATE REGISTRAR		STATE OF M	ARYLAN	D / DEPAR				MENTA	REG. NO.	E		
1. DECEDENT'S NAME (First,	<i>†</i> .	Slezak						MONT	OF DEATH	, l.	i4c	3. TIME OF DEATH
4. SOCIAL SECURITY NUMB		1 □ M 2 💢 F	8. AGE (In yr	rs. leat birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Month 0 6	of BIRTH h, Day, Year) 06 2	4	W . V	irginia
Church Ho	ospit				96. СПТ Ва	lti	R LOCATION OF D	EATH		9c. COUN	A OF DE	ATH
10a, STATE Md.	10b. COUNTY	N/A			alti							10d. INSIDE CITY LIMITS? 1 X YES 2 NO
100. STREET AND NUMBER 709 Sou	th Ro	binson	Stre	et		101.	21224			10g. CITIZ		HAT COUNTRY?
11. MARITAL STATUS 1 Alever Married 2 3 Widowed 4 Divo		12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	YES 2	NO			ENDENT OF HISPA city Cuban, Maxic 2 NO Speci	an, Puarto		or No-	14. RACE Bleck, Specify Whi	- American Indian, White, atc.
	DENT'S EDU- highest grade			e. DECEDENT'S (Give kind of life. Do NOT L Facto	work done use retired.)	during mo	at of working	100	Weste			ric
17. FATHER'S NAME (First, M Paul Slez							18. MOTHER'S NA Mary			Surname)		
190. INFORMANT'S NAME (7) Edward Sl		,Brother					Road E		o.,Md		220	
1   XBurial 2   Crematic 4   Donation 8   Other 21. SIGNATURE OF FUNERA	(SpecHy)		Sac	ry, cramatory or red He	art d	of Je name an har]	esus Cem D ADDRESS OF F. es S. Conk	Zei	ler &		Inc	
23. PART I. Enter the dishock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in deeth)	ert fallure.	List only one caus	se on each	line.			cinom		diac or reapi	ratory arre	ent,	Approximate interval Batweel Onset and Deat
Sequentially list condition in any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injusted initiated events resulting in deeth) LAS	diete NG ry	b. PN DUE TO	QU AS A CO	DNSEQUENCE (	DF):							Sdays
Myp	tes	Me Vitus			In the u	nderlyin			24a, WAS AN PERFOR 1 YES 2	MED3		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
DID TOBACCO U 25. WAS CASE REFERRED T EXAMINER?		HOSPITAL:		PLACE OF DE	ATH (Check		UNCERTA	N 🗆				
1 TYES 2 NO		1 Vinpatient 2  28a, DATE OF	INJURY	28b. TII	ME OF	rsing Hom 28c. INJ		1	er (Specify)	NJURY OCC	UREO	
2 Accident	Pending investigation	(Month, De	F INJURY —	At home, farm,	M atreet, lac	1 🗆 '		281, LO	CATION (Street	and Number	or Rural R	oute Number,
4 Homicide	Could not be determined	building,	atc. (Specify)						or Town, State)			
Check only												and manner as stated.
296. SIGNATURE AND TITLE	Wi	ills I	M.D.	,			D4136					(Month, Day, Year)
George E	. Wic	O COMPLETED CAUS	1.D.	(ITEM 27) (7)72	D N	out	n Broa	dus	y 2	1231		
31. DATE FILEO (Month, Day,	1996 1996	32. REGISTRA	R'S SIGNATU	JRE 00								

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State of Maryland / Department of Health and Mental Hygiene 96

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					Cer	tificate of	Death	F	leg. No.	, 0	0/101
Obvolo	ian.	Decedant's Nama (First, Middle, La	ist)					2. Data of Dea Month	th Day	Yaar	3. Time of Death
Physic /Med		MARY DELORES	SOW	A				March		996	6:20 P.N
Exami		4a. Fecility Nema (If not institution, giv	re street and number)				4b. City, Town, or	Location of Death	4c. County	of Death	
		Stella Maris Ho	spice				Towson	The state of the s		timor	re
Funeral Director		5. Social Sacurity Number 6. S 188~09~0502  Usual Rasidanca of Dacedant	Sex 7. Ag	a (In yrs. lest b	Yrs.	Months Days		8. Dete of Birth (Month, Dey Jan 8,	1919	9. Birthp Coun Peny	laca (Stete or Fore itry) ISYLVANIA
Mand Mand		10a. Stata 10b. County		10c. City, Tox	wn or Loc	ation				1	0d. Inside City Limi
Man,	ţ	Maryland		Balti	more						1 √Yas 2 □ N
r 284	Director	10e. Street and Number		1		10f. Zip Coda		1	log. Citizan of \	What Coun	itry?
h wit		625 South Wolfe S	Street			21231			United	State	2.5
deep	Funeral	11. Marital Status	12. Wes Decedant Armed Forces?	Evar in U,S.	13. W	as Decedant of	Hispanic Origin? (S ban, Mexican, Puerl	pecify Yes or No-		e - Amaric	
72 hours after deeth with the Maryland natural', or items 23a or 28s-f show lical Examinet must be not the data	by	1 ☐ Navar Marriad 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	1 Yes 2 XI If Yas, Give Yaar or Datas:	No		Tas, specify Cu  ☐ Yas 2 X No		to Hican, etc.)		ck, White, o y: Whit	
72 hours "natural",	Completed	15. Dacedent's Ed (Specify only highest gra	ducation	166	Decade	ent's Usual Occu	upation during most of wo	rkina	16b. Kind of B	usinass/Inc	dustry
d within piene. r than	npie	Elementery/Secondary (0-12)	Coilega (1-4or 5	77)			ed)	nny.			
filed with Hygiene. Ither ther	Co	8 years			Asse	mbler			Manufa		ing
8 E 0 X	Be	17. Fathar's Nama (First, Middle, Last,	)					ma (First, Middle,		10)	
should be nd Mental marked of	2	Michael Gacek						n Nesgod			
2 she and is m		19e. Informent's Name/Ralationship (	Type, Print)				et end Number or Ri				
1 end 2 Health am 27 inther tra		Joan M. Sowa					Hills Cou				
Demit. Pages 1 end 2 should Department of Health and Mer Important: If itam 27 is marke my injury or other traumstic and in 168.		20a. Mathod of Disposition 1 ☑ Burial 2 ☐ Crametion 3 ☐	Ramoval from State	cemete	ery, crem	ition (Neme of etory or other pl	,	Data	20c. Location -		
Pa men ant:		4 Donation 5 □ Other (Specif	y)	St. S	tani	slaus C	em. March	11,1996	Baltin	iore,	Maryland
permit. F Departm Importar any injur		21. Signatura of Funaral Sarvice Licer	nsee		22.	Nama end Addi	ass of Facility	11	0 1.0		
70E#9		I Salney h.	HUS		7	add-Ruc	k Funeral	nome of	vunaac	R, 11	ic.
		23a. Part1 Antar the diseasa, or com shock, or haart feilura. List only	plications that causac ona causa on each ti	the deeth. Do	not anta	r tha mode of dy	ing, such es cardie	or respiretory en	est,	curu-	Approximate Interval Between
Physician			0		_					i	Onsat and Death
/Medical Examiner		Immediata Causa (Final diseese or condition rasulting in deeth)	a CAN	JER (	7	JONG	UE			1 4	smos.
	<b>a</b>			Due to (or as a	consequ	ance of):				E L	
ted ns it	Examiner		b								
xecu end	xar	Sequantially list conditions, if any, leeding to immadiate causa. Entar Undarlying Ceuse (Disaasa or injury		Dua to (or as a	consaqu	anca of):					
rtificate be executed ng physician and set the burial-transit		causa. Entar Undartying Ceuse (Disaasa or injury that initiated evants	C								
ficete be ex physiclan ss the burial	edicai	rasulting in death) Lest		Dua to (or as a	consequ	ence of):	3 *				
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that the condition of detached								100 Y	ss 2 No	3 Prot	oably 4 Unkno
requires een sign hould be	d by							24a. Wes a	in autonsy	24b. W	are autopsy finding
v requin	Completed							perfor	med?	ave	ellable prior to impletion of causa
The law ate hes b	m								N4		daath?
ician: Th certificate rector, per		OS INC. and of an inc.						1 U Y	/\	1 L	Yes 2□No
Certi	o Be	25. Was casa refarred to medical axaminer?	Hospitei:			0	thar:	eth (Check only or			Hogni go
Physician: rthis certific ral director,	<b>-</b>	1 ☐ Yas 2 D(No 27. Manner of Death	1 ☐ tnpatia		utpatient Tima of	3LI DOA	4 U Nursing h	loma 5 ☐ Rasida			, Hospice
After fune	tion	Natural 5 Pending	(Month, De)		Injury	28c. Inju	ork? ]Yas 2□No	200. 000010011	ow injury occur	100	
or Attending after deeth. Director: After in by the fune	ertification:	3 ☐ Suicide 6 ☐ Could not be	9	Inv - At home f	arm etro			28f. Location (S	treet and Num I	her or Bure	I Poute Number
or Attending Physician: The law requires the after deeth.  Director: After this certificate has been signe in by the funeral director, page 2 should be	erti	4 ☐ Homicida detarmined	building, ato	(Specify)	aiii, stio	at, lactory, office		City or Town		noi oi riura	riodie ramber,
the Hospital hin 24 hours the Funeral npletely filled	O	29a. Certifiar Certifying Ph	velolen: To the best of	of muck nowledge	a death .	annument at the t	inne data and stans	and due to the c	(a) and m		ate d
24 h	edicai		yalcian: To the best on niner: On the basis of and manner sta	axaminetion at	nd/or inva	astigation, in my	opinion, daath occu	rred at tha tima, d	ata and place,	end dua to	tha causa(s)
To the Hospital or Attending Physician: The In thin 24 hours after deeth. To the Funeral Director; After this certificate he completely, filled in by the funeral director, page	Me	29b. Signature end titla of certifiar	aro mornion sta			29c. Licer	se number	2	9d. Dete signe	d (Month	Day, Year)
1-1-2		1000 dans	00.	01.		7	211		2/0	10.	
1.0		7 Wholes	rau	Lem	10	100	1064		2/8/	de	
10		30. Nama and addrass of person who				•	MOTO OF T	MD 010	204		
		DR. KENDALL FAULK	Was Have Bush	A TOWN	VAL	TEX KD.	, TOWSON	, MD 212	204		
Sta Registi	-	MAR 1 3 1996 Yeer)	- Contract of the Contract of	Political							

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the attending physician and completely filled in by the funeral director, page 5 should be detached filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
after death. by the funeramoval.	
thin 24 hours stely filled in imation, or re it, the med	
executed with and complete to burial, cre	
nding physicia Hygiene prior or other trau	
hat the death d by the atter and Mental my injury, o	
w requires to been signed pt. of Health 3 shows a	
CIAN: The la ertificate has the State De or Item 2	
DING PHYSI After this c death with s marked,	
L DIRECTOR 2 hours after t item 28 I	
TO THE HOSPITATO THE FUNERA DE FIED WITHIN 73	

	FOR 1 - STATE REGISTRAR	STATE OF MA			TMENT O			MENTAL HYGIEN			0,100
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH			TIME OF DEATH
		Beatri	ce Spen	cer				March 10	1996	YEAR	11:45 AM M
	4. SOCIAL SECURITY NUMBER		S. AGE (In yrs. le:	st birthday)	IF UNDER 1 Y	_	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPL	ACE (State or Foreign
	220~14~7205  9e. FACILITY NAME (If not institution, give st	1   M 2   XF	81	YRS.		AYS	HOURS MIN.			Country) West	Virginia
OR	Greenery Horizon		ty Cent	ter			imore Ci			N/A	n
5	RESIDENCE OF DECEDENT	,		T 400 CIT	Y, TOWN OR I	OCAT	ION			1 40	d. INSIDE CITY
DIRECTOR		Baltimore		10c. CI	T, TOWN OH I	LOCAL	Esse	X			LIMITS?
FUNERAL	10e. STREET AND NUMBER					101.	ZIP CODE		10g. CITIZI	EN OF WHA	T COUNTRY?
E	8620 Kelso Drive							21221	u	nited	States
5	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1						NIC ORIGIN? (Specify Ye	e or No— 1	14. RACE —	American Indian, hite, stc.
BY F	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WA		NO			2 XIXNO Specif	en, Puerto Rican, etc.) y:		Specify:	white
ED	15, DECEDENT'S EDUC		16a, DI	CEDENT'S	USUAL OCCL	JPATIO	N	16b. KIND OF BU	JSINESS/INDU	STRY	
E	(Specify only highest grade Elementary/Secondery (0-12)	College (1-4 or 5+)	Ille	ive kind of Do NOT u	work done durk se retired.)	ng mos	it of working				
COMPLET	12 Years			Home	maker			Own	Home		
S O	17. FATHER'S NAME (First, Middle, Last)			1101110			18. MOTHER'S NA	ME (First, Middle, Meide			
	Albert L. Hure						Cunt	thia M. We	050		
BE	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (S	treet e		Route Number, City or To		Code)	
2	Leonard M. Spenc	o H		1315	Ches	aco	Avenue	Rosedale	. Mari	eland	21237
	20e, METHOD OF DISPOSITION		20b. PLACE	ANDDATE	OF DISPOSITION	ON /No	me of	DATE 20c.1	OCATION C	ity or Town	State
	X Buriel 2 ☐ Cremation 3 ☐ Reme 4 ☐ Donation 5 ☐ Other (Specify)	oval from State	Cemetery, cri	ematory or o	other place)	; +h	Com 3	112/96 R	0111110	00 1	lanuland
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	1 0000	icis	22. NAI	ME AN	D ADDRESS OF FA	CILITY			
	0000							reral Home			
	- Seat 1-C	90-			792	22	Wise Aug	2. Dundal	k. Mar	ulano	1 21222
	ahock, or heart failure.  iMMEDIATE CAUSE (Final disease or condition resulting in death)				INT	Po-	ction las Dis				interval Batweer Onset and Dasti
CERTIFICATION	Sequentielly liet conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (	OR AS A CONSE	OUENCE C	NF):	ru	lar Dil	COLL STATE			
MEDICAL	PART II. Other algnificent condition    Sulface   Sulface	2 Pan	-byslo	10	NP	Ar	KDS_	1 TYES	PRMED?	AV CC Of	ERE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 A NO
AN	25. WAS CASE REFERRED TO MEDICAL	KIBUIL TO CAC			TH (Check only		UNCERIA				
PHYSICIAN:	EXAMINER?	HOSPITAL:			OTHER:						
2	1 TES 2 NO	1   Inpetient 2						8 Other (Specify)			
	1 Natural 5 Pending	28a. DATE OF I (Month, Day		28b. TII	JURY	WO	URY AT	28d. DESCRIBE HOW	INJUHY OCCI	UHED	
B	2 Accident Investigation	20- 21 425 25	101 N 175V A A A			1 🗌 1					
TED	3 Suicide 6 Could not be 4 Homicide determined	building, e	INJURY At h tc. (Specify)	ome, tarm,	street, factory	, offici		281. LOCATION (Stree City or Town, Stet		or Hural Houl	e Number,
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSI 2 MEDICAL EXAMINE										nd manner es stated.
ы Ш	29b. SIGNATURE AND TITLE OF CERTIFIE	R (					29c. LICENSE NU	MBER	29d. DATE	SIGNED_/M	onth, Day, Year)
m		XIV					DZV	1276	D 3	1118	
5	30. NAME AND ADDRESS OF PERSON WH Dr. Scalia 2900					als		Maryland	21224		
					CCC D		Julio Le,	, io cyclara	-,		
	MAR TE 30 1996 or) Ju	ha Daydon	Man philade								

#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Month STONE ZLL 1996 10.15 AM MARCH 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY
Under 24 Hrs.
Hours Min.

(Month 6. Sex 1 M 2 □ F If Under 1 Year 8. Dete of Birth (Month, Dey, 9. Birthplece (State or Foreign Country)
Pollskille, Pa 7. Age (In yrs. last birthday) Days 29 Yrs. 10b. County 10c. City, Town or Location 10d. fnside City Limits HOWARD 1 Yes 2 No 10g. Citizen of What Country? U. S.A Wes Decedent Ever in U,S. Armed Forces?
1 Yes 2 No if Yes, Give Yeer or Detes: Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 1 Never Merried 2 Merried 1 ☐ Yes 2 No 3 ☐ Widowed 4 ☑ Divorced WHITE 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry College (1-4or 5+) CHEF ESTAURANT 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumame, R. STONE GEORGE

ORWIGSBURG PA. 19961
Dete 20c. Location - City or Town, Stale

Approximete Interval Between Onset end Death

6 DAYS

3 Probably 4 Unknown

24b. Were eutopsy findings evaileble prior to completion of cause of death?

1 ☐ Yes 2 ☐ No

29d. Date signed (Month, Dey, Year)

MARCH 5, 1996

YEAR

O LITE CREMATORY MAR. 8, 1996 SCHAEFFERTOWN PA 22. Name and Address of Facility 2829 HUDSON ST

permit. Pages 1 end 2 should be filed within 72 hours after death with the Maryland Department of Health and Mentel Hygiene. Important: If Item 27 is marked other than "natural", or Hems 23s or 28=1 show any injury or other traumatic event, the Medical Examinal must be notified at Baltimore, Maryland 21215-0020

**Physician** 

/Medical

**Examiner** 

**Funeral** 

Director

GEORGE

5. Sociel Security Number

10e Stete

Director

Funeral

Completed by

Be

2

181-62-3548

Usual Residence of Decedent

Elementery/Secondary (0-12)

12

AROL

4 ☐ Donetion 5 ☐ Other (Specify) 21. Signatura of Fugeral Service Licensee

20e. Method of Disposition

19e. Informent's Neme/Reletionship (Type, Print)

1 Burial 2 Cremetion 3 Removel from Stele

STONE

**Physiclan** /Medical Examiner

Examiner To the Hospital or Attanding Physician: The law requires that the deeth certificete be executed within 4-hours after death.

Ye the Funeral Director: After this certificata has been signed by the attending physician and completely filled in by the turneral director, page 2 should be deteched for use as the burial-trensit Physician/Medical þ Be Completed 2 Medical Certification:

Division of Vital Records, P.O. Box 68760,

23a. Part1. Enter the disease, of complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory shock, or heart feiture. List only one cause on each line. BAUTO. Immediete Cause (Finel RESPIRATORY FAILURE diseese or condition resulting in deeth) Due to (or es e consequence of):

THING SAR COM A Sequentielly list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury that Initieted events resulting in deeth) Lest Due to (or es e consequence of): Pert tl. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the causs of death? 1 ☐ Yes 2 ☐ No 24e. Wes en autopsy performed? 1 Yes 2 No 25. Wes case referred to medical 26. Place of Deeth (Check only one) Hospitel: 1⊠ Inpetient 2 □ ER/Outpatient 3 □ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 5 Pending investigation 1 Neturel 1 ☐ Yes 2 ☐ No 2 Accident 3 Sulcide 6 Could not be 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide 12 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the cause(s) end menner as steted.

2 Medicat Examiner: On the bests of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end plece, and due to the cause(s) end menner stated. 29e, Certifier

29c. License number

P.O. 9136

HOPKINS HOSPITAL

20b. Plece of Disposition (Name of cemetery, cremetory or other plece)

State Registrar

31. Dete filed (Month, Day, Year)

BURIN

29b. Signeture and title of certifier

32. Registrer's Signeture

JOHNS

M.D.

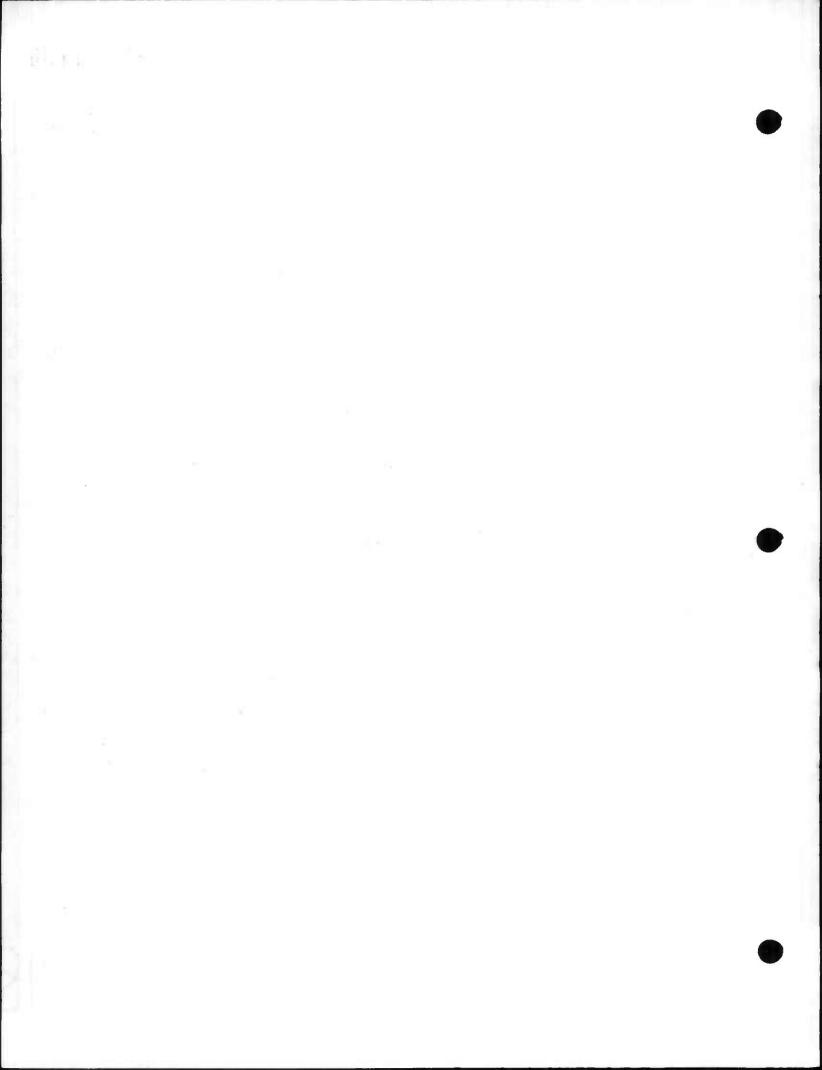
30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print)

NUCHNIYOM

MANAGES STORY We will be the second of the s Taket off the relief of the species of the principal of the second of th

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ENAL UINECTON: After this in 72 hours after death with	MPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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		9	6 07154
	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENT CERTIFICATE OF DEATH	TAL HYGIENE REG. NO.	
	EMMA LI SALAMON 199	TE OF DEATH DAY 199	3. TIME OF DEATH 2:35 A M
	10 1/1 0 10 10 10 10 10 10 10 10 10 10 10 10	TE OF BIRTH onth, Day, Year)  ONE 25, 1934	BIRTHPLACE (State or Foreign Country)
TOR	Po. FACILITY NAME (I not institution, give street and number)  North Atundel Hospital Glen Burnie  RESIDENCE OF DECEDENT	9c. COUNTY	r of DEATH re Arundel
DIRECTOR	100. STATE  100. COUNTY  100. CITY, TOWN OR LOCATION  A. A. CO.  GLEN BORAGIE		19d. INSIDE CITY LIMITS? 1 X YES 2 \( \square\) NO
FUNERAL	10a. STREET AND NUMBER  10f. ZIP CODE  21060	10g. CITIZER	N OF WHAT COUNTRY?
	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGINAL PROPERTY OF HISPANIC ORIGINAL PROPERTY OF HISPANIC ORIGINAL PROPERTY OF THE PRO		RACE — American Indian, Black, White, etc.
ED BY	3 Wildowed 4 Divorced	6b. KIND OF BUSINESS/INDUS	WHITE
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)  [III. Do NOT use retired.]  SALES ASSOCIATES	RETAIL 5.	TORE
5 111	17. FATHER'S NAME (First, Middle, Last)  OLIVER BUCHANNAN  18. MOTHER'S NAME (First MARY BE	t, Middle, Maiden Surname)	NOWN
TO BE	DALE SHIFFLETT 196. MAILING ADDRESS (Street and Number or Bural Rouse Nu	umber, City or Town, State, Zip Co N BURNIE,	MD. 210GD
	4 Donation 5 Other (Specify) ENTOMBRENT Company, crematory or other place)	ATE 20c. LOCATION — Sity	or Town, State  LD Co · HD ·
SAMILIES INC.	21. SIGNATURE OF POWERAL SERVICE LIBERSEE  ARABA L. SKARDA F.H.	2529 HUDSE	ON ST. 21224
11000	23. PART I. Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as caused the death. Do not enter the mode of dying and discussion the dying as caused the death. Do not enter the mode of dying and discussion the discussion the discussion the discussion the discussion the discussion the discussion the discussion the discussion the discussion the discussion the discussion the discussion the discussion the discussion the discussion the discussion the discussion the discussion the discussion t	erdiec or respiratory arrest	Approximete Interval Between Onset and Death
			6 MONTH
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST		6 Month
MEDICAL CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
CERTIFIC	If any, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):	PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
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BY PHYSICIAN: MEDICAL CERTIFIC	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in deeth) LAST  DIE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A	PERFORMED?  1 YES 2 NO  her (Specify)  ESCRIBE HOW INJURY OCCUR  DCATION (Street and Number or lifty or Town, State)	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
BY PHYSICIAN: MEDICAL CERTIFIC	BUE TO (OR AS A CONSEQUENCE OF):  DUE TO	PERFORMED?  1 YES 2 NO  her (Specify)  ESCRIBE HOW INJURY OCCUR  CONTROL (Street and Number or Introduced in Town, State)	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  Rural Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFIC	If any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in daeth) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A	PERFORMED?  1 YES 2 NO  her (Specify)  ESCRIBE HOW INJURY OCCUR  DCATION (Street and Number or Introduced to Town, State)  Esuse(a) and manner ea stated.  Re and place, and dua to the co	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  NO  Rural Route Number,  Buse(a) and manner es stated.  GNED (Month, Day, Year)
E COMPLETED BY PHYSICIAN: MEDICAL CERTIFIC	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in deeth) LAST  DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN  DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO THER: 1 Netural 5 Pending Investigation 26. DATE OF INJURY (Month. Day, Year)  27. MANNER OF DEATH 28. PLACE OF INJURY AT WORK? 28. DATE OF INJURY (Month. Day, Year)  28. PLACE OF INJURY AT WORK? 28. PLACE OF INJURY AT WORK? 29. Accident Investigation 28. PLACE OF INJURY AT WORK? 29. CERTIFIER (Check only one)  29. CERTIFIER (Check only one)  29. LICENSE NUMBER  290. SIGNATURE AND TITLE OF CERTIFIER	PERFORMED?  1 YES 2 NO  her (Specify)  ESCRIBE HOW INJURY OCCUR  DOCATION (Street and Number or in fry or Yown, State)  cause(a) and manner sa stated, and sand place, and dua to the cause(a) DATE SI	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  NO PRIOR Number,  Rural Route Number,  Ruse(a) and manner es stated.  GNED (Month, Day, Year)



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							C	ertific	ate of	Death		Reg. No			
	Physici	an	Decedant's Nama (First,	Middla, Li	ast)						2. Data of D Month	eath Day	v Yei		Tima of Death
	/Medic		Gerald Francis Sliwinski							March		, 199	100	2 AM	
	Examir	er	4a. Facility Nama (If not ins			er)				4b. City, Town, or Baltime			County of D		
			8013 Grayh					16.4.4	1 1 1 1						
	Funeral Director		218-48-484	5. Social Security Number 2 18 - 48 - 48 4 4 7 10 M 2 G F 7. Aga (In yrs. last birthday) 1 1 Undar 1 Yaar 1 1 Undar 24 Hrs. Months Days Hours Min. 1 1 / 0 3 / 1 9 4 7 Mary Late 1 1 / 0 3								(Stata or Foraign			
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	h the Marylan r 28a-f show notified at	20		ltim	ore		dalk								inside City Limits
	the N	ect	10e. Street and Number						Zip Code			10a Cit	izan of What		
	23e or	Funeral Director	8013 Grayhaven Rd.					21222				10g. Citizan of What Country? U.S.A.			
020	72 hours after death with the Maryland naturel', or items 23s or 28s-4 show diest Examinet must be notified at	by	11. Maritai Status 1 □ Nevar Married 2[ 3 □ Widowed 4 ὧ Dh	_	12. Was Deceda Agned Force 1 12 Yas 2 If Yas, Giva Yaar or Data	as? □ No	,S. 1			Hispanic Origin? ( an, Maxican, Pua Specify:	Specify Yas or N no Rican, atc.)	0-	14. Raca - A Black, W Specify: W	/hita, atc.	
21215-0020	ig . g	Completed	15. De (Specify only Elamentary/Secondary (		ducation rada completed) Collega (1-4	or 5+)	16a. De (G. life	cedant's U iva kind of 1. DO NO	Isual Occup work dona Tusa retire	pation during most of wi d)	orking		ind of Busina		
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land	lid be filed lental Hygie ked other lic event, th	To Be	17. Fathar's Nama (First, M Micheal J		*						ama (First, Middle abeth S				
Maryland	nd 2 shoulth and N 27 le mar	T	19a. Informant's Name/Rat Elizabeth			other		-		and Number or F					
Baltimore,	permit. Pages 1 and 2 should be filed Department of Health and Mental Hyg Important: if item 27 is marked other any injury or other traumatic event, and injury or other traumatic event, and injury or other traumatic event,		20a. Mathod of Disposition 1 ☐ Burlai 2 🛣 Cram	ation 3 [	☐Ramoval from Sta	1 4	Placa of Dis comatary, of Sape	ramatory o	or othar pla	ce) natory0	Data 3/11/96		cation - City		
alti	pemit. P Departm Importan any Injur		1   Burial 2   Cramation 3   Ramoval from Stata 4   Donation 5   Othar (Specify)   Chesapeake Crematory 0 3 / 11/9   Beltsville, MD.  21. Signature of Funagai Sarvica Licensea   22. Nama and Addrass of Facility												
m	Depa Impo any I		Robert Comment Bradley-Ashton Funeral Home, Inc.												
-			23a. Part1. Entar tha disas	se, or con	nplications that cau	sed tha daat	h. Do not	134 antar tha n	moda of dyl	ng, such as cardle	ing Rd	Dun arrast,	dalk,	Apr	21222 proximata arval Between
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7/	/Medical		Immediata Causa (Final disaasa or condition		NET	-Aste	tic	TE	CAAS	zition	al Ce	11		12	YEARS
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_	icate be executed physician and s the burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Entar Undarrying Cause (Disaasa or Injury c.												
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P.0	d by the detached	Physician/	Parti. Other eignmount of	AIOMIONE (	contributing to deat	n out not ras	uiting in the	i dildanyin	ig causa gr	ven in Part I.				Probably	
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Division	or Attended Street or In by the	Certification:	3 Sulcida 4 Homloida  6 Could not be datarmined  28a. Place of injury - At homa, farm, streat, factory, office building, atc. (Specify)  28f. Location (Streat and Number or Rural Routa City or Town, Stata)								uta Number,				
1	To the Hospital or Attending Physician: within 24 hours after death. To the Funeral Director: After this certific completely filled in by the funeral director.	edical Ce	29a. Certifiar (Check only one)	rtifying Pi dicat Exa	hystcian: To the ba miner: On the basis	s 🗗 examina	wladga, de tion and/o	h occurr	red at tha ti	ma, data and place	e, and dua to the curred at tha tima	cause(s)	and mennal	r as stated dua to tha	i. cause(s)
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			30. Nama and address of p	areon who	Completed source	death /	2201	KI /C	1			1	1 6	IRCL	-11/6
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DIVISION OF VITAL RECORDS, P.O. BOX 68760

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Ilw pa	an and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, r to bunal, cremation, or remoral.	even
precut	and c	natic
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law requires that the death certificate be executed with an hours after death. Page 6 may be retained by the hospital or attending physician.	After this certificate has been signed by the attending physician and death with the State Dept, of Health and Mental Hygiene prior to bur	is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, La 3. TIME OF DEATH 2. DATE OF DEATH 4. SOCIAL SECURITY NUMBER 5 SEY IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH BIRTHPLACE (State or Foreign 1 - M 2 5 F MARY AND So. FACILITY NAME (If not institution ob-CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR a N RESIDENCE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 X YES 2 NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 0 JSA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—H was anactiv Cuben, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried YES 2 NO BY Specify 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY tary/Secondary (0-12) College (1-4 or 5+) GRADE ELDER ComPANY MANUFACTURING 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) SCOTT EXANDER RUSIE BE (MN-UNKNOWN 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 UNICE BEVAN BALTIMORE MD METHOD OF DISPOSITION
Burlel 2 Cremetion 3 Rem 20b. PLACE AND DATE OF DISPOSITION /Name of DATE 20c. LOCATION - City or Town, State CEMETERY 2-15-94 GLEN BURNIE MD Donetion 6 - Other (Specify) 21. SIGNAPURE OF FUNERAL SERVICE LICENSEE JOSEPH H. BROWN JR FUNERAL HOME, P.A. 1913 W. BALTIMORE ST., BALTIMORE, MD.21223 23. PART I. Enjoy the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart fellure. List only one ceuse on each line. interval Betwe **IMMEDIATE CAUSE (Finel** repul future Onset and Death disease or condition resulting in death) 9/95 DUE TO (OR AS A CONSEQUENCE OF) ASCVO CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAKE CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated evente resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part !. MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY 1540 PERFORMED? 1 TYES 2 THO OF DEATH? CHE 1 YES 2 THO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 W Nursing Home 5 Residence 6 Other (Specify) 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident Investigation 3 Suicide 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28t. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide 29e. CERTIFIER 29b. SIGNATURE THE OF CERT 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) 2/12/96

LETED CAUSE OF DEATH (ITEM 27) (Type, Print)

22 REGISTRAR'S SIGNATURE

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Time of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death **Physician** /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth Examiner AVENUE 400 BALTIMORE ATON Months Deys Hours Min. 6. Data of Birth 6, 1912 9. Birthplaca (State or Foreign Country) 5. Social Sacurity Number 6. Sax 7. Aga (In yrs. lest birthday) **Funeral** 1X M 2□ F 260-10-1567A Usuel Residence of Decedent 3 Yrs. Director the Maryland 10a, Stete 10b. County 10c. City, Town or Location permit. Peges 1 and 2 should be filed within 72 hours efter death with the Marylan Department of Healith and Mental Hyglene. Important: If them 27 is marked other than "natural", or items 23a or 28a-1 show any injury or other traumatic event, the Masical Examinet must be notified at 10d. Inside City Limits 1 Yes 2 □ No BALTIMORE Director MARVLAND 10e. Street and Number 10g. Citizen of What Country? 3400 AVENUE 45A. ATON Funeral Wes Decedent Ever in U.S. Armed Forcas? Wes Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. Race - Amarican Indian, Black, Whita, atc. 11. Merital Stetus 1 ☐ Yas 2 ☐ No it Yes, Give Yaar or Detes: 1 Never Married 2 Married 1□Yes 2ŽNo Saitimore, Maryland 21215-0020 Specify: BLACK þ 3 Widowed 4 □ Divorced Completed 18e. Decedent's Usuel Occupetion (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) OREMAN 7+H GRADE 17. Fether's Name (First, Middla, Last) 18. Mother's Neme (First, Middle, Meiden Sumame) FRANK SANKS STRONG 19e. Intorment's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) CATON AVE., BALTIMORE, MD. 2/229 ARTER 3403 20b. Piece of Disposition (Neme of cemetery, cremetory or othar place) 20e. Method of Disposition CHUPCH 3-16-96 Buriai 2 ☐ Cremation 3 ☐ Removel from Stata PHENIX CITY 4 □ Donation 5 □ Other (Specify) SHADY GROVE BAPT 21. Signature of Funeral Service Licensee JOSEPH H. BROWN JR. FUNERAL HOME 1913 W. BACTIMORE ST. BACTO Md. BACTO Ma 21223 Pert1. Enter the disease, or complications that caused the deeth. Do not enter tha mode of dying, such as cardiac or respiratory errest shock, or heart feilure. List only one cause on each line. Approximata Intervai Between **Physician** /Medical tmmediate Cause (Final disaasa or condition resulting in deeth) Examiner Ma Du Son sician end burial-transit Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Last Due to (or es e consequence of): physician s the burial P.O. Box 68760. Physician/Medical 197 Due to (or as a consequence of) Pert II. Other significant conditions contributing to death but not resulting je the undarlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? been signed by should be detec 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, à 24b. Were eutopsy findings available prior to completion of cause of deeth? Completed 24e. Wes en eutopsy performed? 1 ☐ Yes 2 No 1 Yas 2 1000 certificate Attending Physician: 25. Wes case reterred to medical examiner? 26. Place of Deeth (Check only one) Hospitei: Other: 4 Nursing Home 5 Desidence 6 Other (Specify) 1 Yas 2□No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 28a. Dete of Injury (Month, Day Year) 27. Menner of Deeth Certification: 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? After 1 Natural 5 Pending 1 ☐ Yes 2 ☐ No Invastigetion 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, tectory, office building, etc. (Specify) 4 ☐ Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end place, and due to the cause(s) and menner as stated.
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29e, Certifier

To the Hospital or Attending within 24 hours effer death.
To the Funeral Director: Afte completely filled in by the fun.

State Registrar

Shawki N. Malek. M. D. 120-Sister Pierr Drive=408. Towson-Md. 21204.
31. Dete filed (Month, Day, Year) 32. Registrer's Signeture

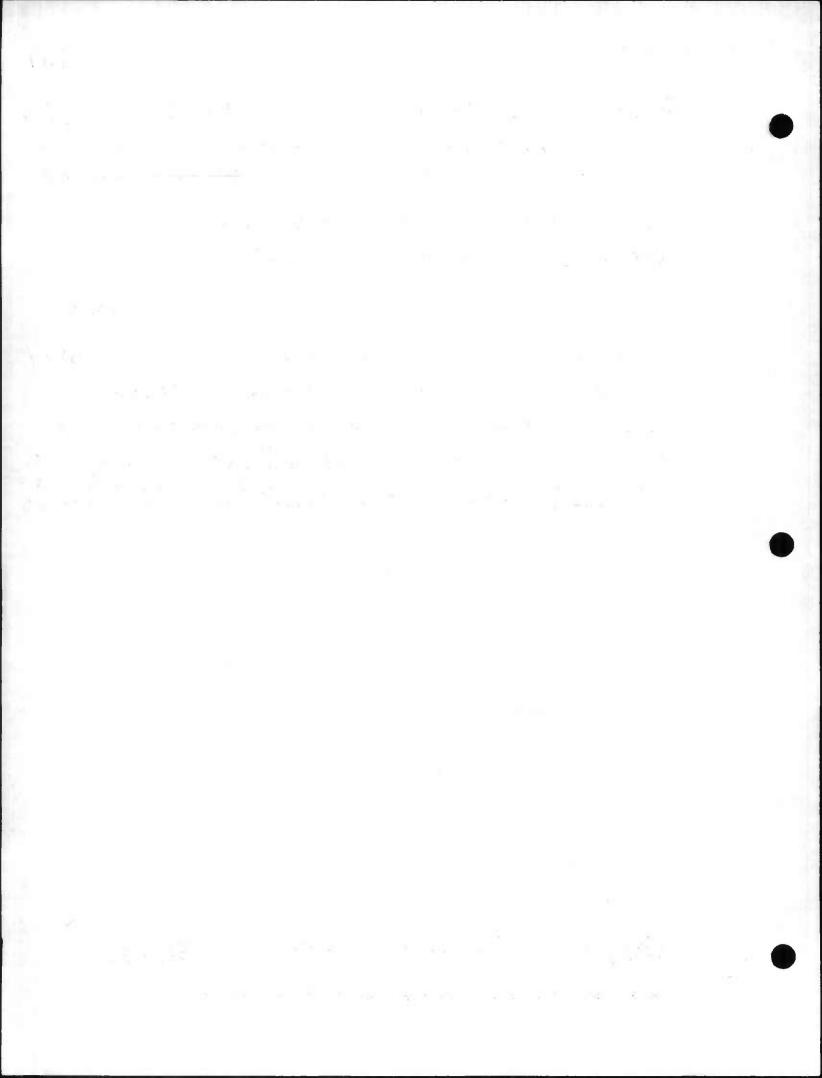
29c. Licanse number

D 17714

29d. Date signed (Month, Day, Year)

30. Neme end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

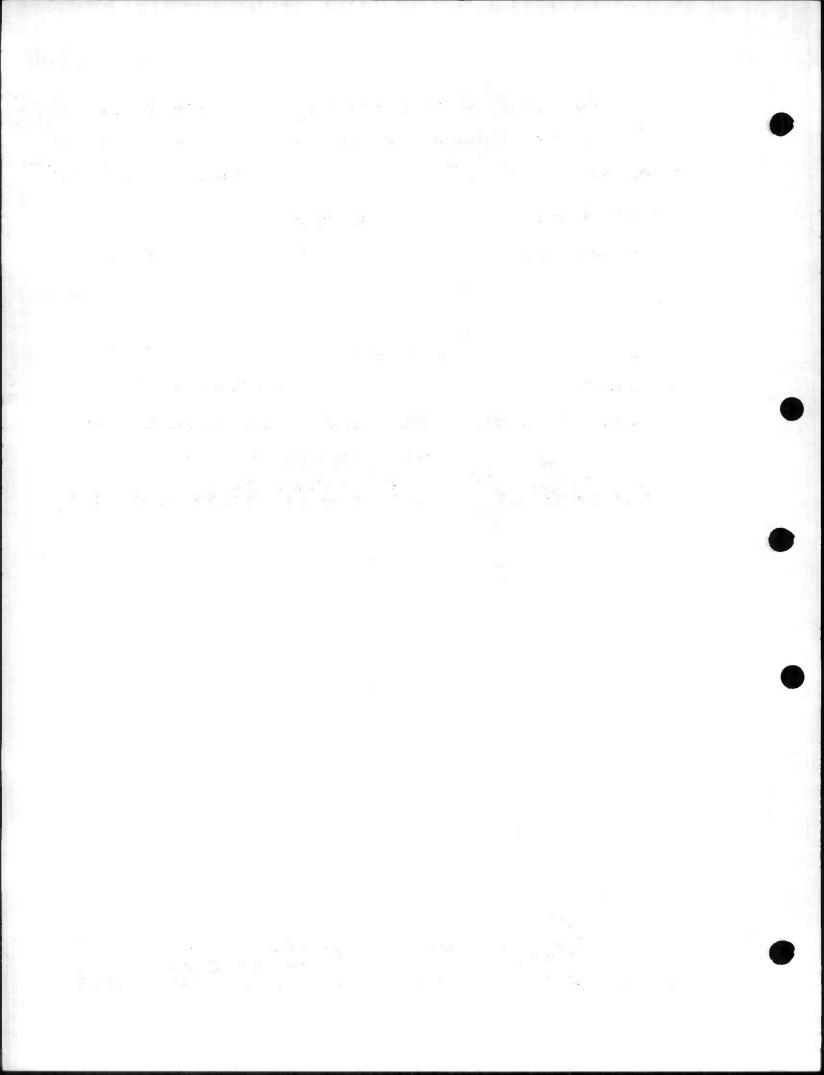
29b. Signature and title of cartifiar



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State of Maryland / Department of Health and Mental Hygiene Q &

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	Diamata i	•	1. Decedent's Name (First, Middle, La		011				2. Dete of D	eath		Time of Death
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	Examir		4a. Facility Neme (If not institution, giv	a street end number)				4b. City, Town, or I	Location of Dea	th 4c. County	of Deeth	Any
			KONTHWES	T HOSP	OITHL	CET	UTER	PAND	46156		ALTERE	are !
	Funeral		5. Social Security Number 6. S		ge (In yrs. lest b	irthday)	f Undar 1 Yaa fonths Days		8. Data of Bi (Month, D	rth ay, Year)	9. Birthplaca ( Country)	State or Foreign
	Director		235-32-3603 FEB.5								PARKERS	BURG,
	and *		Usual Residence of Decedent  10a. State 10b. County		10c. City, Tov	wn or Locat	ion				10d fn	side City Limits
	farylar se al	ō	MARYLAND BALTIN	IODE	100, 0.1,, 10.		BALTI	MODE				Yes 2 No
	the Maryla 28a-f sho	ect	10e. Street and Number	IORE			10f. Zip Code			10g. Citizen of		- X
	with we	ă	5607 PEMBROKE AVE	ENITE:								
	aeth w	era	11. Marital Status	12. Was Decedent	Ever in II S	13 Wa		21207	nacify Yes or N		S.A.	lian
21215-0020	within 72 hours after death with the Maryland ane. than "natural", or Nems 23s or 28s-f show he Modical Exemine must be notified at	by Funeral Director	1 Never Married 2 Married 3 Widowed 4 Divorced	Amed Forces?  1 Yas 2 Y If Yes, Give Year or Detes:			es, specify Cu Yes 2 ANd	Hispenic Origin? (S) ban, Maxican, Puerto Specify:	o Rican, etc.)	Specify	ck, White, etc.	
5-0	72 hours natural, dical Ex	ed	15. Decedent's Ed (Specify only highest gra	ducation	166	Deceden	t's Usuai Occu	upation a during most of wor ed)	kina	16b. Kind of B	usiness/Industry	- I V
2	ithin	Completed	Elementary/Secondary (0-12)	Coilege (1-4or	3+1			ed)	King			
		Co	12TH GRADE			HOMEM	AKER			HOME	EMAKING	
Maryland	0 7 0 5	Be	17. Fether's Nama (First, Middle, Last)					18. Mother's Nan	ne (First, Middle	a, Meiden Sumen	na)	
yla	should be nd Mental marked o	2	SAMUEL T. CREEL					HAZEL	M. SHE	ETS		
lar	d 2 should th and Mer 7 Is merke traumatic		19a. tnformant's Name/Relationship (	Type, Print)	19	b. Meiling /	Address (Stree	et end Number or Ru	ral Route Numb	ber, City or Town,	State, Zip Coda	)
	C = 6 F		MRS. ALICE A. MIR	RI (NIECE)				NION DRIV	E - McL			
ore	ges 1 a it of Hau if Item or othe		20a. Method of Disposition 1 ☐ Buriel 2 ☑ Cremetion 3 ☐	Removal from State	20b. Plece o	of Dispositi ery, cremat	on (Neme of ory or other pl	(ace)	Date	20c. Location -	City or Town, S	tate
Ë			4 □ Donetion 5 □ Other (Spec	or tomovar nom otato	HILLT	OP SE	RVICE	CORP.	3/13	TOWSON		
Baltimore,	permit. Per Department Important any Injury once.		21. Signature of Funeral Service	9 86		HUB	BARD F	ress of Fecility UNERAL HOI			0100	0
	_		23a. Part / inter the diseas or com	pilcetions that caused	the death. Do	not enter t	he mode of dy	ENS AVENU	c-BALII.	MUKE, MID arrest,	Appr	oximete
	Physician	91.4	shock or heart fellor. List only								Onse	val Between et and Death
ч	/Medical		Immediate Cause (Final disease or condition		13041	ali	R I	BOWEL	Disa	ALE	11	DANG
	Examiner		resulting in death)	е	Due to (or as a			00000	21-0	7.7365		13
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	be executed Ician and buriel-transit	edical Examiner	Sequentially list conditions.	b. ———	Due to (or as a	conseque	nca of):			· · · · · · · · · · · · · · · · · · ·		
0	an an an uniel-t	EX	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury									
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Box	attendin for use	and		d							1	
	v requires that tha death cer been signed by the attendin should be datached for use	Completed by Physician/A	Pert It. Other significant conditions of	ontributing to death b	ut not resulting	in the unde	riying cause g	iven in Pert I.	23b. Did	tobacco use co	ntribute to the o	ause of death?
P.0.	at the lby the atach	Phy	STATUS EVO	land To	- /		1 - 7		1□	Yes 2 No	3 Probably	4 Unknown
	ogned be de	by	STATUS EXP	art cor	my in	Shell	10 Co.	nuj				
Records,	requires een sign hould be	8								s an autopsy ormed?	24b. Ware au availeble	
S	law nes be	pie									ompleti of death	on of cause
Œ	The i	E O							10	Yes 2 No	1 ☐ Yas	2 No
Vital		Bec	25. Was case referred to medical					28. Place of Dea	ith (Check only	one)		
1	> 00 0	ToE	examinar?	Hospitel:	ent 2 ER/O	utpatient	3□ DOA O	ther: 4 Nursing H	ome 5 Res	idenca 6 □Oth	er (Specify)	
of	g Physia this		27. Menner of Death	28a. Date of fnju (Month, Da	ry 28b.	Tima of Injury	28c. fnje			how injury occur		
io	ath. r: Aft	atlo	1 ► Matural 5 □ Pending 2 □ Accident investigation		y roary			Yes 2 No				
Division	ar de ecto by th	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	286. Place of Ini	ury - At home, f	arm, streat	, factory, office	•	28f. Location	(Street and Numb	per or Rural Rout	e Number,
ā	a after or or or or or or or or or or or or or	Ce		building, et	c. (opecity)				Only of 10	win, Oleley		
0	To the Hespital or Attending Ph within 24 hours after death. To the Funeral Director: After th complately filled in by the funeral	edical	29e. Certifier 1 2 2 Medical Exam	ysician: To the best o	of my knowledg	e, death oc	curred at the t	time, dete and pleca	, and due to the	ceuse(s) and ma	anner es steted.	ausa (s)
	the H in 24 the F	8	оле)	ntnar: On the basis of end manner ste	eted.	id/or invesi			rred at the time	, date and placa,	and due to the c	euse(s)
	To To the most	Σ	29b. Signature end title of cartifler	2 1				nse number		29d. Date signe		
				culy	nes		01	1950>		progra	+ 9,1	996
	5		30. Nama and eddress of person who	completed cause of d	leeth (Item 23e)	(Type, Prir	nt) NE	950> Entrust	7 405	PITAL	Cent	7
_			ONLANDO B	ONTRY	U MID	/	RANDA	Ustow.	N L	ud.	21133	
1	Sta	te	31. Deta filed (Month, Dey, Year)	32. Begistr	ar's Signature							
	Registr	ar	MAR 1 3 1996 A	uhn affiliadean	MANAGE							



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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Death Month March 8,1996 **Physician** Grace Taylor Snow 10 a.m. /Medical 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Meridian, Severna Park Nursing Center Severna Park Anne Arundel 5. Sociel Security Number If Under 1 Yaar | If Undar 24 Hrs. 7. Aga (In yrs. last birthdey). Birthplace (State or Foreign Country)
 New York **Funeral** 1□ M 200 F Director 220-46-6996 Usuei Residenca of Decedent filed within 72 hours after death with the Meryland 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits na 23a or 28a-f ahor 1 Yas 2 No Director Maryland Anne Arundel Pasadena 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 8239 Forest Glen Drive 21122 U.S.A. Funeral Rems : 11. Merital Stetus 12. Was Decedent Ever in U,S. Armed Forcas? Wes Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) Rece - American Indian, Black, White, etc. 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Dates: 1 □ Navar Married 2 □ Married Baltimore, Maryland 21215-0020 6 1 ☐ Yes 2 ☑ No Specify: specify: White Completed by 3 ₩ Widowed 4 Divorced "natural", Decedent's Usual Occupation
 (Give kind of work done during most of working life. DO NOT use retired) the Medical 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Hygiane. Elementery/Secondary (0-12) College (1-4or 5+) 8 Homemaker Own Home Pages 1 end 2 should be filed nent of Health and Mentel Hygis int: If item 27 is marked other 17. Fathar's Nama (First, Middla, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Sarah McClean Samuel Taylor 2 19e. Informent's Name/Relationship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) nt of Health a if item 27 is or other tra 4304 Talbot Court Pasadena, Maryland 21122 Marsha Canupp 20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, State 14 Burlal 2 ☐ Cremation 3 ☐ Removel from State Department of Important: If any injury or Glen Haven Mem. Park March 11,1996 Glen Burnie, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signeture of Funeral Sarvica Licensee 22. Nama end Address of Facility McCully Funeral Home 3204 Mountain Road Pasadena, Maryland 21122 23a. Pand Enter the disease, or complications that content the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrast, prock, or heart failure. List only one cause on such line. Intervel Batween Onset and Death **Physician** /Medical immediata Cause (Final diseese or condition resulting in death) SEPSIS 10 DAYC Examiner Due to (or as a consequenca of): Physician/Medical Examiner SUSPECTED CHOLECYSTITIS or Attending Physician: The law requires that the death certificate be associated efter death.

Director: After this certificate has been signed by the attending physician and burial-transit Sequentially list conditions, if any, leeding to immediate cause. Enter Undarlying Ceuse (Disease or Injury that initiated events rasulting in death) Lest Due to (or as a consequenca of): Box 68760, the Due to (or as a consequenca of): 950 Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown STROKE by PERIPHERAL VASCULAR DISGASE 24e. Was an autopsy performed? 24b. Were eutopsy findings available prior to completion of cause of death? Completed paga 2 1 ☐ Yes 2 ☑ No 1 Yes Be 25. Wes case referred to medical examiner? 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 1 Yes 2 No Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 5 Residence 6 Other (Specify) funerai 27. Menner of Death 28e. Dete of Injury (Month, Dev Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? 1 ANatural 5 Pending Investigation 1 Yes 2 No 2 Accident In by the 6 Could not be determined 3 Suicide 28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide film 24 hours e helpy filled Hospital t 🖯 Certifying Physician: To the best of my knowledge, death occurred at the tima, date end placa, end due to the cause(s) and menner as stated. 29a. Certifier Medicai (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and menner stated. 29b. Signature and title of certifier 29c. Licensa numbar 29d. Dete signed (Month, Dey, Year) ATTENDING 021776 30. Name and eddress of person who completed cause of deeth (item 23a) (Type, Print) E PATANSCO AV. BAITIMORE 21229 S. MUNDRA 203 aru

**DHMH 16 Rev 6/95** 

State

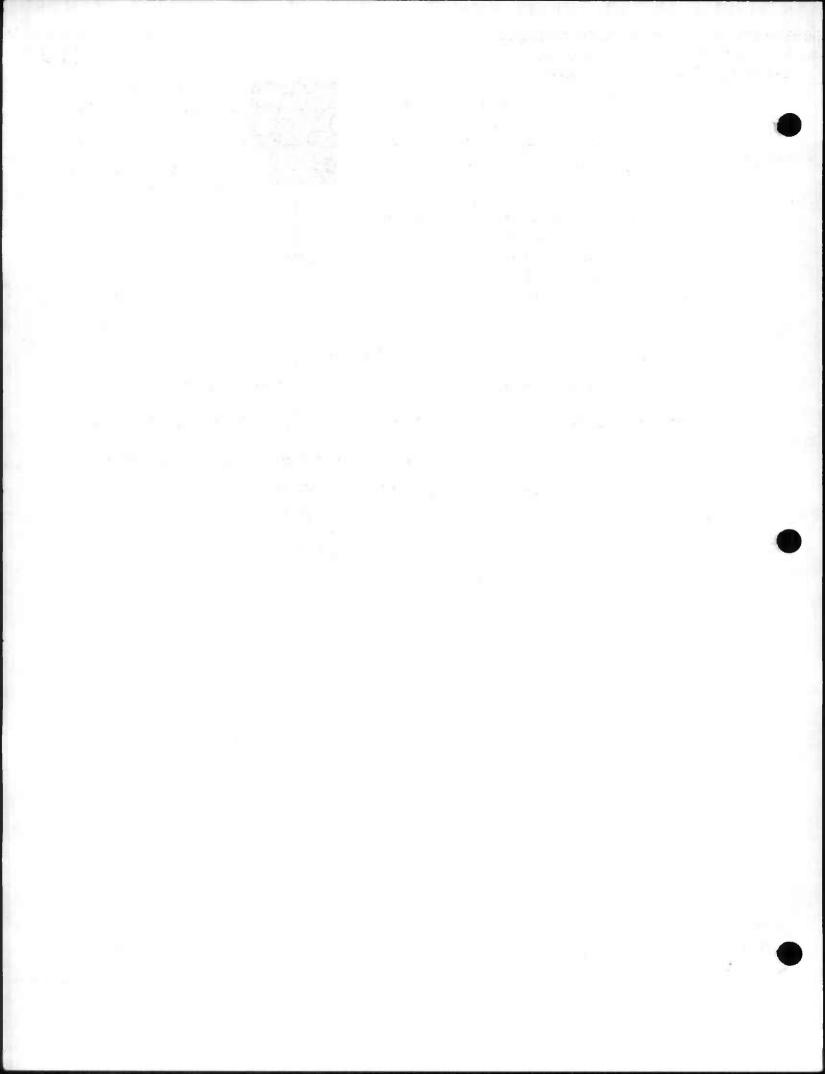
Registrar

31. Data filad (Month, Dey, Year)

1 3 1996

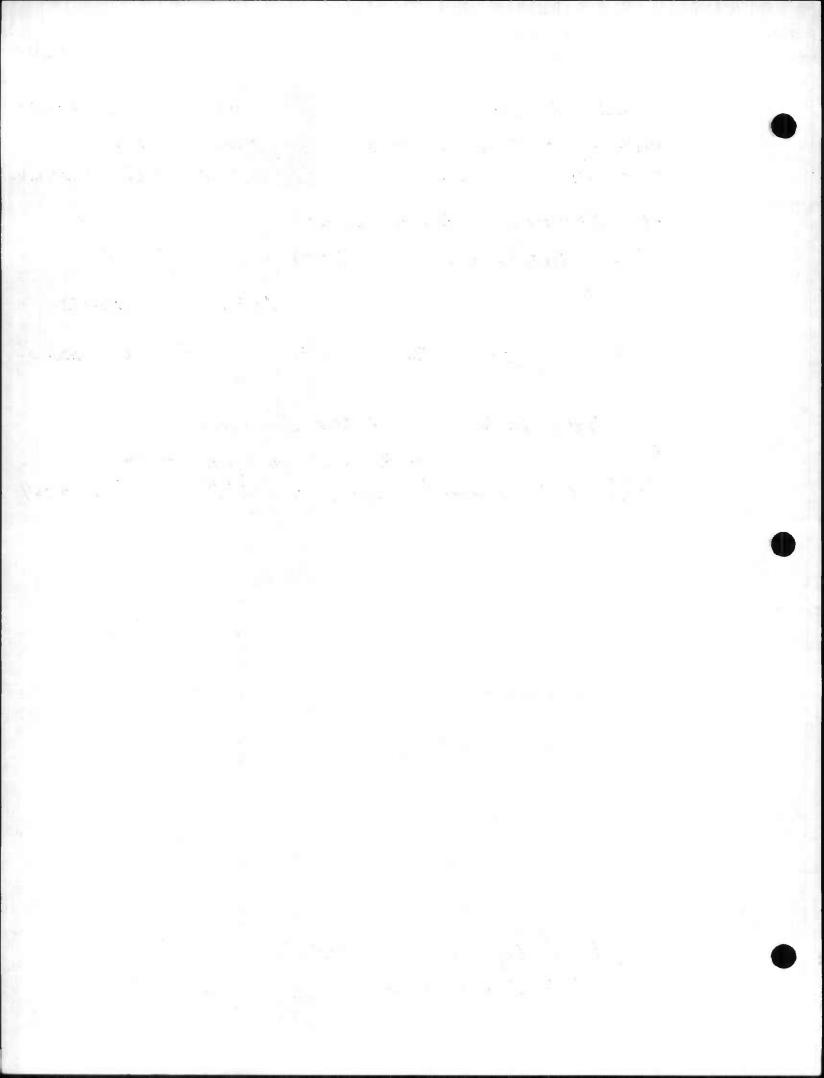
32. Registrar's Signature

alin dave or hardell



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

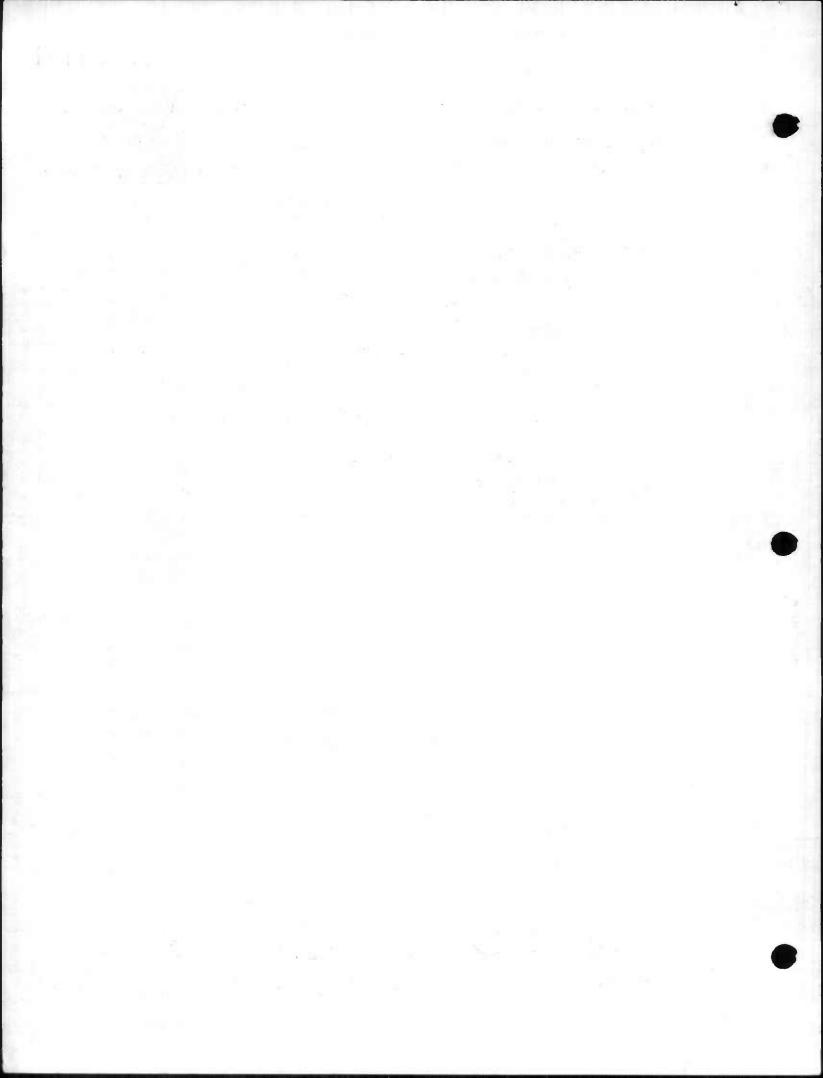
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			1. Decedent's Name (First, Middle, Last,	- , ,				2. Data of De	ath	Vana	3. Tima of Death
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L			5. Social Security Number 8. Sec	MAHLANI	Ho	SD. If Under 1 Year		YORE	/	1/A	
	Funeral Director		10-50-6349	7. Age (In yrs. I	Yrs.	Months Deys		8. Date of Bir (Month, Da JUNE	y, Ypar) 11, 1963	BROO	KLIN, N.
	hours after death with the Meryland nural', or flems 23s or 28s-f show at Examiner must be notified at		10a. State 10b. County		, Town or Loc	ation				100	d. Inside City Limits
	the Meryle 28a-f shon	ctor	FL. SEMIN	OLE WI	NIER		165				1 Yas 2 No
	vith th	Funeral Director	10e. Street end Number			10i. Zip Code			10g. Citizen of V	What Countr	y?
	math v	erai	855 LITTL	E FAWN CT			708	anife Van en Na	14 Pag	S. H.	a Indian
-	ter d	Fun	11. Merital Status 1 ☐ Never Married 2 Married	Armed Forces?	3. 13. V	Yas, specify Cub	Hispanic Origin? (Sp pan, Mexican, Puerto	Rican, etc.)	Blac	e - America ck, While, et	C.
020	urs af	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Year or Dates:	1	XYes 2□ No	Specify: CU	BAN	Specify	WH	ITE
215-0020	72	Completed	15. Decedent's Edu (Specify only highest grade	cation a complated)	16a. Deced	ent's Usual Occu	pation during most of work ed)	ina	16b. Kind of Bu	ısiness/indu	istry
121	within ene. then	mpk	Elamentary/Secondary (0-12)	College (1-4or 5+)	and the same of th				F-71	Dane	C An
d 21	Hygle thert	ပိ	17. Father's Nama (First, Middle, Last)	57	LNU	ESTIGI	18. Mother's Nem	a (First Middle			ADKIN
lan	ental red o	To Be	NORGE NUNEZ	4					moloci Camar.	,0,	
Maryland	d 2 should th and Mer 7 la marke traumatic	Ě	19a. Informani's Name/Relationship (Ty	pe, Print) TORCE N	19b. Mailin	g Address (Stree	MARTA JON		er, City or Town,	State, Zip C	code)
-			TOLEDO NORRE	NUNEZ		MARI	A Ja 85	, little :	Fawn Ct, wi	inter S	prings Fl.
ore	of Healt of Healt ittem 2 r other		20e. Method of Disposition  1 ■ Buriel 2 □ Cramation 3 □ R	20b. Pt	lece of Dispos	ition (Neme of patery or other pli	woodlawn S.	Date	20c. Location -		
Ë	artment cortant: If Injury or		4 Donetion 5 Other (Specify)	emoval from State	AHI A	EM. PAR	K MARI	12,1996	MIA	Mi, F	7.
Baltimore	parmit. Depart Import any inj		21. Signalere of Eugeral Service License	1. Skardo,	h. 5	Neme end Addre	EH.	29 HU	MiA	57 ·	. 21224
	*		23a. Pert1. Enter the diseasa, or complishock, or heert failura. List only or	cations thet caused the death	. Do not ente	r the mode of dy	Ing, such as cardiac	or raspiratory a	rresi,	1	Approximate intarval Between
	Physician /Medicai		Immediate Cause (Fine)							(	Onset and Deeth
	Examiner	Н	disaase or condition resulting in deeth)	Sepsis							1 day
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	and and -transit	Examiner	Sequentially list conditions	Due to for	as a consequ	Jence of):	-			1	years
Ó			Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying	/							
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89 x	es thet the deeth certifice igned by the ettending ph be deteched for use as th	by Physician/Med		l							
Box	eeth cettern for u	clan									
0	the d	hysi	Part II. Other significant conditions con	tributing to death but not resu	ilting in the un	derlying cause gi	iven in Part I.			ntribute to t 3 🗌 Probe	the cause of death?
Q.	s that the ined by the e deteche	y P						''	Yes 2□No	3[[F1000	bry 4/2 Offictions
of Vital Records,	= w D	bed						24a. Was	an autopsy med?	24b. Wer	e autopsy findings lable prior to
ecc		Completed						pomo		com	pletion of cause eath?
R	The ate h	S F						12	ras 2□No	1 🗆	Yes 2 No
/ita	ysician: The lew is certificate hes b director, page 2 s	Be	25. Was case referred to medical examiner?				26. Place of Deat	h (Check only o	ne)		
of	> 00 0	To	III ies ziatino		ER/Outpatient	JU DON			dence 8 Oth	11.	
u	After After Tuner	tlon	27. Mennar of Deeth  1 ☑ Natural 5 ☐ Pending  2 ☐ Accident investigation	28e. Dete of Injury (Month, Dey Year)	28b. Time of Injury	28c. Inju Wo	ork? Yas 2 No	28d. Describe	now injury occur	red	
pivision	Attending ir death. actor: After by the fune	fica	3 Sulcide 6 Could not be	28e. Placa of Injury - At ho	me. ferm. stre			28f. Location (	Street and Numb	er or Rural	Route Number.
S.	Or A Direct	erti	4 Homicide	building, etc. (Specify	)	,,		City or To	vn, State)		
Q	To the Hospita or Attending Ph within 44 boars efter death. To the Funeral Director: After th completely filled in by the funeral	Medical Certification:	29e. Certifier (Check only one)  (Check only one)	sician: To the best of my knowner: On the basis of examinati	vledge, death ion and/or Inv	occurred at the ti estigetion, in my	ime, dete end plece, oplnion, death occur	and due to the red et the time,	cause(s) and ma dete end place,	nner as sta and due to t	led. he cause(s)
-	or the	Me	29b. Signature and titla of cartifier	and manner stated.		29c. Licen	se number		29d. Date signe	d (Month, D	ay, Year)
	2		Mirchell A.	Caplin MI	0	P10	2027		3-8-	-96	
			30. Neme and address of person who co	1. 1 1/	23e) (Type, F	Print)	1100 51	0 11.	М	0	
	Sta	te	31. Date filed (Month, Dey, Year)	32. Registrar's Signat	rure of	d 21 (7	-eent, 11.	Dalfe	no-1,111	J	
	Registr		MAR 1 3 1996		Rendall						



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				Cert	tificate of Death	F	leg. No.	0 0/101
	Dhysisi	an.	Decedant's Nama (First, Middla, Last)			2. Data of Dea Month		3. Time of Death
	Physici /Medio		JAMES PRESTON	VANN		March		996 538 AM
}	Examir		4e. Facility Nama (If not institution, giva street and number)		4b. City, Tow	vn, or Location of Deeth		of Death
			Bayview Medical Center		Ba	ltimore	NI	A
	Funeral Director		5. Social Security Number 6. Sex 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	rs. lest birthday) Yrs.	If Under 1 Year If Under 2 Months Days Hours	Min. 8. Dete of Birth (Month, Day JUL . 26	Year) 1926	9. Birthplaca (Stata or Foreign Country) N. CAROLINA
			Usual Rasidance of Decedant			000.20	, 1320	THE OTHER PROPERTY.
	ylan		10a. State 10b. County 10c. (	City, Town or Loca	ation			10d. Inside City Limits
	Ma	Director	MD n/a	BALTI	IMORE			X ⊠ Yes 2 □ No
	128 128	lrec	10e. Street and Number		10f. Zip Coda		I0g. Citizen of V	Vhat Country?
	P WI		3031 ROSALIND AVENUE		21215		UNITED	STATES
020	72 hours after death with the Maryland natural, or items 23a or 28a-f show iteal Examiner route to notified at	by Funeral	11. Marital Status  1 □ Nevar Married 2 □ Married  3 △ Widowed 4 □ Divorced  12. Was Decedant Evar in Armed Forces?  1 □ Nevar Married 2 □ Married   Marrie	10	las Decedant of Hispanic Orig Yas, specify Cuban, Mexicen, Yas 2 XNo Specify:	In? (Specify Yas or No- Puarto Rican, atc.)		e - American indian, k, White, atc. : BLACK
and 21215-0020	within 72 hour ene. than "natural" the Medical Ex	Completed	15. Decedant's Education (Specify only highest greda complated)  Elamantary/Secondary (0-12)  Collaga (1-4or 5+)	(Giva ki	unt's Usuai Occupation ind of work done during most O NOT usa retired)	of working		sinass/Industry
12	A STORY		12 th	WEL	.DER		A POST OF THE REAL PROPERTY.	ious places
dand	Portan Po	To Be	17. Fathar's Nama (First, Middla, Last) HOWARD J. VANN			's Nama <i>(First, Middl</i> a, . ILLIE EDN/		*
Man	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		19a. Informant's Name/Relationship (Type, Print) ROSE JOHNSON - daughter	19b. Malling	Address (Street and Number DLSHIRE COURT			
ē,	SH E			. Piece of Disposi	ition (Name of	Data	20c. Location -	City or Town, Stata
Baltimore	4 2 2 2		Marial 2 ☐ Cremetion 3 ☐ Removel from Stata 4 ☐ Donation 5 ☐ Other (Specify)	ARRISON	FOREST VA CE	M. 3-15	OWINGS	MILLS,MD
1	ortan Injur		21. Signature of Funeral Service Licensee		Neme and Addrass of Facility		OMINGS	MILES MD
Ba	Dep Impo		Marpin & Laws		1. C. MARCHFH.		DR TH /	AVENUE
	Physician /Medical Examiner	er			imbolism - Ma			Initaryal Batween Onset end Deeth  Minutes
	law requires that the death certificate be executed as been signed by the attending physician and a 2 should be detached for use as the burial-transit	Examiner						
68760,	be ed iclan buria		Sequantially list conditions, if eny, leading to immediate causa. Enter Underlying Causa (Disaase or injury					
387	phys the	edical		(or as a conseque	ence of):			
×	ding p	5	d					
Box	ath c	lan						
P.O.	v requires that the death cer been signed by the attendir should be detached for use	Physician/	Part II. Other significant conditions contributing to death but not re	sulting in the und	darfylng causa given in Part I.	23b. Did to	obacco use cor	stribute to the cause of death?
۵.	d by detac		Inhalation/Burn I	niuv		1 🗆 Y	00 2 No	3 ☐ Probably 4 ☐ Unknown
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ec .	as b	ple					,	of death?
E .	sician: The law certificate has b director, page 2 s	Son				1 Y	as 2 No	1 ☐ Yes 2 ☐ No
ta	an: rtifica stor,	Be (	25. Was casa rafarred to medicel		28. Pleca	of Death (Check only or	na)	
Division of Vital Records,	ysic is ce direc	To	axaminar?	☐ ER/Outpatient	Others	sing Home 5 Reside		er (Specify)
0	er th		27. Manner of Death 28a. Data of Injury	28b. Tima of	28c. injury et Work?	28d. Dascribe h		
0	Aft.	Certification:	Month, Day Year)  2 Accident invastigation 1-29-96	1 100 F	M 1 Yas 2	io Hous	efire	
/18	Attended by the	T C	3 Suicida 6 Could not be 28a Piace of Injury - At	homa, farm, strae	at, factory, office	28f. Location (S	treet and Numb	er or Rural Routa Number,
á.	afte di di	ert	4 Homicida detarmined building, etc. (Spec	(tom		City or Town		nd Ave.
	To the Hospital or Attending Physician: The is within 24 hours after death.  To the Funeral Director: After this certificate ha completely filled in by the funeral director, page	edical C	29a. Certifiar (Check only  2 Medicat Examiner: On the basis of axamin	nowledga, daath o	occurred at tha time, dete end	place, end dua to tha c	ausa(s) and ma	nnar as stated.
-	the the	Med	and manner stated.					
	5 ± € 0		29b. Signature and title of certifiar		29c. Licansa number	2	,	(Month, Day, Year)
		,	July 11. Jish	m	N1281		3/9	196
	15+	'( [	30. Nama and address of person who complated cause of deeth (Ite	am 23e) (Type, Pr	Bay via	w Med	. Ct	Balto Mr
	Sta	te	31. Dete filed (Month, Day, Year)	natura			2	

DHMH 16 Ray 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Deta of Deeth 3. Time of Deeth Month Year MARIF WILSON MARCH 8:45 44 1996 10 4e. Fecility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Medical Balto 5. Social Security Number If Undar 1 Yaar | If Undar 24 Hrs. 7. Aga (In yrs. last birthday) 6. Sex 8. Deta of Birth (Month, Dey, Year) Birthplaca (Steta or Foreign Country) 1□ M 20 F Deys 215-14-8369 Yrs. March 10, 1905 Usual Residence of Decedent 10a. State 10c. City, Town or Location 10d. Inside City Limits Howard Columbia 1 Yes 2 No 10e. Street end Numbar 10f. Zip Code 10g. Citizen of Whet Country? U.S.A. 6633 Drive 21046 Deneca 12. Wes Decedent Evar in U,S. Armed Forces? 1 ☐ Yes 2 D No If Yes, Giva Yeer or Detes: Wes Decedent of Hispanic Orlgin? (Specify Yes or No-If Yas, specify Cuben, Mexican, Puerto Rican, atc.) 14. Reca - American Indian, Bleck, White, atc. 11. Marital Status 1 ☐ Nevar Married 2 ☐ Married 1 Yas 2 No Specify: Black Specify: 3 Widowed 4 □ Divorced 15. Decedant's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired). 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 12 4 Worker L. mortin Glen Line 17. Fathar's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surneme) 2mall wood ennis nomas 19e. Intorment's Neme/Reletionship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Jane. J. 6636 Dr. Columbia, md 21046 ams-nece Seneca 20e. Method of Disposition

Buriel 2 Cremetion 3 Ramoval from State 20b. Plece of Disposition (Nema of gemetery, cremetory or other place) 20c/Location - City or Town, Stete Dete 3/15/94 athedra Donetion 5 Other (Specify) 21. Signature of Funeral Service Lightsee 22. Nama end Address of Fecility
Mach L. H-West Shimpson 4300 wabash Ave 23e. Par. Enter the disease, or comblications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, shurt, or haart fellura. List only one cause on each line. Approximate Interval Between Onset and Deeth Immediate Cause (Fine) PNUEMONIA with SEPSIS 2 days disaase or condition resulting in deeth) Due to (or es e consequence ot) Sequentially list conditions, if any, leeding to immediate causa. Entar Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last Due to (or es e consequence ot): Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably ♣Q\*Unknown ALLIDENT CEREBRO-VASCULAR 24b. Were eutopsy tindings available prior to completion of cause of deeth? 24a. Wes an autopsy performed? HEART 1 Tyes 2 No 25. Wes case reterred to medical exeminer? 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1/2 Inpatient 2 ER/Outpetient 3 DOA

**Physician** /Medical Examiner The lew requires that the death certificate be executed

altimore, Maryland

Peges 1 and 2 should be nent of Health and Mental int: If item 27 is marked or

**Physician** 

/Medical

**Examiner** 

Director

Funeral

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Completed

Be

**Funeral** 

Director

physician and s the burial-transit signed by the e after death.

Director: After this certifica

Division of Vital Records, P.O. Box 68760,

Physician/Medical þ Be 2

ARTERIOSCLEROTIC

1 Yes 20 No 27. Manner of Death 1 Netural

2 Accident

3 Sulcide

4 Homicide

5 Pending investigation

28e. Deta of Injury (Month, Dey Year) 6 Could not be determined 28e. Pleca of Injury - At home, term, street, factory, office building, etc. (Specify)

28b. Time of

28c. Injury et Work? 1 ☐ Yes 2 ☐ No 28d. Describe how injury occurred

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination end/or invastigation, in my opinion, deeth occurred at the time, dete and piaca, end due to the cause(s) end menner steted.

28f. Location (Street end Number or Rural Route Number, City or Town, Steta)

29b. Signature end title of certifier?

29c. Licanse number

29d. Data signed (Month, Dey, Year)

29e. Certifier

Medical

MD.

23360

MARCH 10 1996

30. Name and address of person who completed cause of death (Item 23a) (Type, Print) diberty Medicul Lenez SUDHIR. D. PATEL. 2600 diberty Rd. 13A2TO. MD. 24215

31. Deta tiled (Month, Day, Year) MAR 1 3 1996

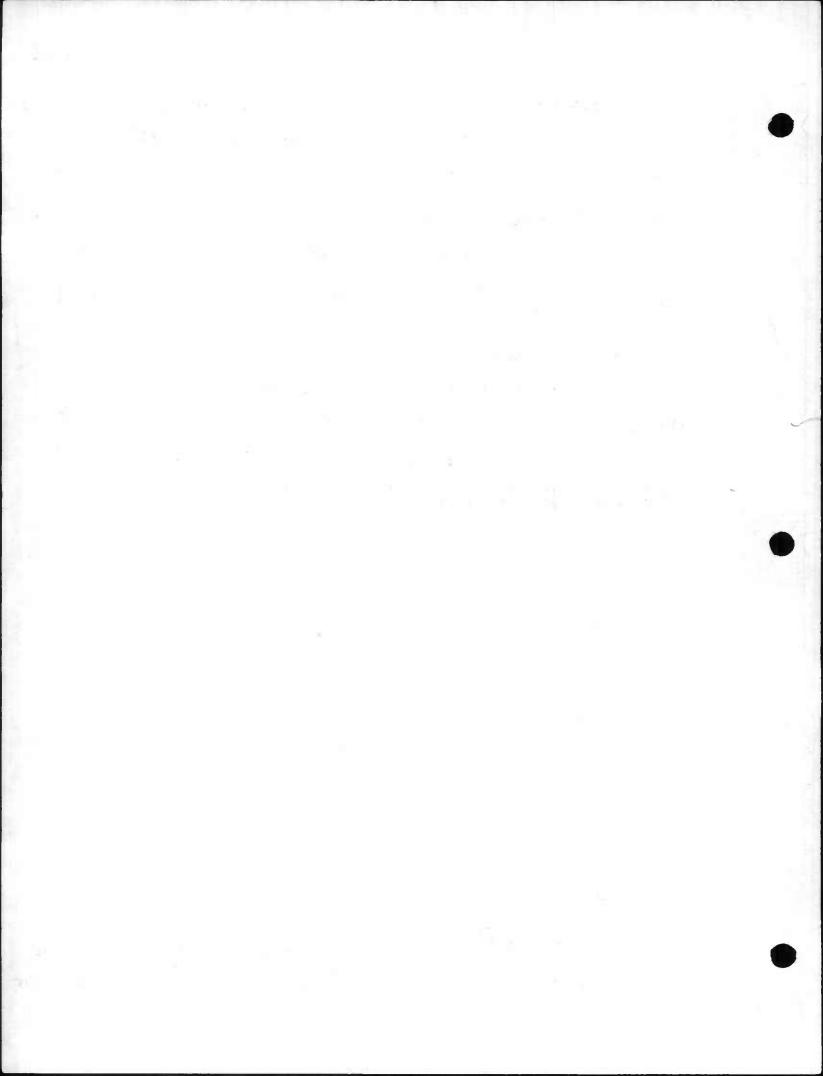
32. Registrer's Signature

**DHMH 16 Rev 6/95** 

Registrar

To the Hospital within 24 hours a To the Funeral Completely filled Hospital



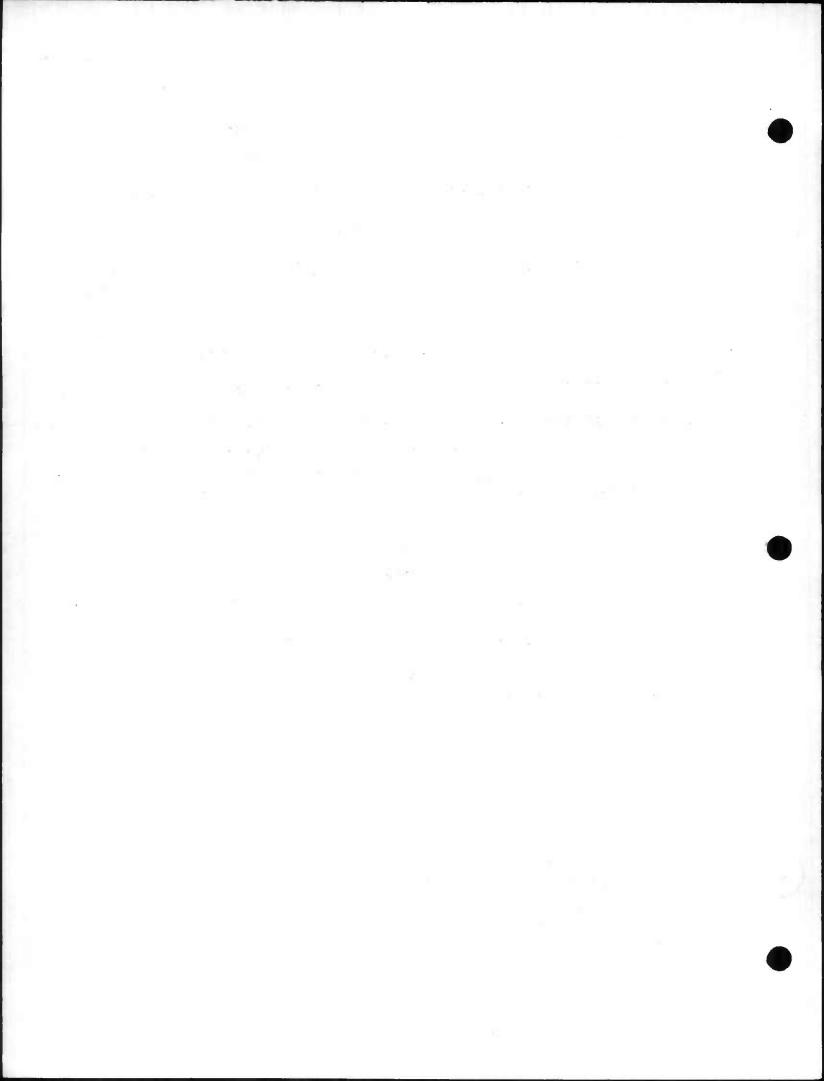


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DIVISION OF VITAL RECORDS,	-
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		1. DECEDENT'S NAME (First	t, Middle, Last)									2. DATE OF DEATH			3. TIME OF DEA	ATH
		James P.	Willi	ams								March 2	199	6 (	0215	A
		4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In			NDER 1 Y	$\overline{}$	IF UNDER		7. DATE OF BIRTH (Month, Day, Year)		B. BIRTHE Country	LACE (State or F	Foreign
ъ		067-12-85	8 0	14 M 2   F	71		YRS. MONT	HIS D	AYS	HOURS	MIN.	01-28-19	25	NY		
should	_	9a. FACILITY NAME (If not in					9b.	CITY, TO	WN O	R LOCATI	ON OF D	EATH	9c. COU	NTY OF DE	ATH	
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1.	ECT	10a. STATE	10b. COUNT	Υ		11	10c. CITY, TO	WN OR L	LOCATI	ION		-			10d. INSIDE CIT	ſγ
Pag.	DIRE	MD.	A.A.				Annap	001	is						t YES 2 K	) NO
burial-transit permit. Pages	RAL	10e. STREET AND NUMBER							101.	ZIP COD	E		10g. CIT	ZEN OF W	HAT COUNTRY?	
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rial-tr	FUNE	11. MARITAL STATUS t Never Married 2	4400400	t2. WAS DECEDER	NT EVER IN U	U.S. ARME	D					NIC ORIGIN? (Specify Youn, Puerto Rican, etc.)	a or No-	t4. RACE Black,	- American Ind White, etc.	den,
the bu	B	3 Widowed 4 Dive		IF YES, GIVE	WAR OR DAT	ES				2 X NO			- 1	Specify	White	<u> </u>
as	ED	15. DEC	CEDENT'S EDU	CATION	1		DENT'S USU/					16b. KIND OF B	JSINESS/INC	DUSTRY		
or us	<u> </u>	(Specify on Elementary/Secondary (	ly highest grade 6-12)	College (1-4 or 5	+)	(Give life, Do	kind of work of NOT use reti	lone duri red.)	ng mos	st of working	ng					
hed fi	OMPL			+4		De	tecti	ve				Police	Dep	artn	nent	
detach once.	Į į	17. FATHER'S NAME (First, A			_					18. MOT	HER'S NA	AME (First, Middle, Maide	n Surneme)			
d be	BE (	Wallace W		ms						Sus	an	Hurley				
5 should notified	2	19a, INFORMANT'S NAME (	.,									Route Number, City or To				
page 5 should be detached for use as the notified at once.		Barbara W									eon	ta, NY.				-
ector, p		20a. METHOD OF DISPOSIT		oval Irom Stata			DO DATE OF DIS				0	1	OCATION —			
direc		21. SIGNATURE OF FUNERAL SERVICE LICENSEE    A   Donation 5   Other (Specify)   Cemetery, cremetory or other place)														
completely filled in by the funeral director, fall, cremation, or removal.		WOM.	20 7	1/2/				5te	erl	ling	As	hton Fun on Ave.	eral	Hon	ne, In	C.
oval.		1- Cook		jacos										•		
or remova medical		23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heert failure. List only one cause on each line.  IMMEDIATE CAUSE (Final													Batwee	
tion, o		IMMEDIATE CAUSE (Fill disease or condition	nal	Anith	1 1	0 \ 10	-n A	40	ec:	-					Onset an	nd Deat
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y the attended Mental	AP											Pert i. 24s. WAS A	N AUTOPSY	24b.	WERE AUTOPSY	
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certificate has not the State Dep	SICIAN:	25. WAS CASE REFERRED TEXAMINER?	TO MEDICAL	HOSPITAL:			OF DEATH (C	HER:	y one)							
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fter this c eath with marked,	0		Pending		Day, Year)	'	28b. TIME OF INJURY		WO	URY AT RK? (ES 2 [	- NO	28d. DESCRIBE HOW	INJURY OC	CURED		
After death s mar	ВУ	2 Accident 3 Sulcide	Investigation	28e. PLACE	OF INJURY -	- At home	, ferm, street					281. LOCATION (Stree	t and Numbe	r or Rural A	oute Number.	
after d	밀	4 Homicide	Could not be determined	building	, etc. (Specif)	(y)						City or Town, Stat				
DIRECTOR: After this hours after death with item 28 is market	빌	29a. CERTIFIER 1 CER	TIFYING PHYS	ICIAN: To the best of	of my knowle	doe, death	occurred at	the time	date	and place	and du	to the cause(s) and m	anner se ete	tad		
7 2 F	COMPL	000)										time, date and place,			and manner as	stated.
TO THE FUNERA be filed within 7 iMPORTANT: 1	S I	296 SIGNATURE AND TITLE									ENSE NU		_		(Month, Day, Year	
MPO file	m (	jan n	1.04	Land	Sen,	M	10			D	12	255	13	-8	- 96	
	일	NAME AND ADDRESS O	F PERSON WI	O COMPLETED CAL	JSE OF DEAT	TH (ITEM 2	27) (Type, Print	")				· · · · · · · · · · · · · · · · · · ·			. ~	
		GARY M. I	RHA	edson, r	1.0.1	04 F	-OLBES	57	26	ET.	ANN	APOLIS, M	· 7· 9	140,	/	
		31. OATE FILED (Month, Day,			AR'S SIGNAT	TURE	1-1			1		7				
		MAR 1 3	1996	Julia Da	udson-	Randa	2									
				_											Charles at a	40.0

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



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Ŧ	H	M P
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending phys	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
2	2	8

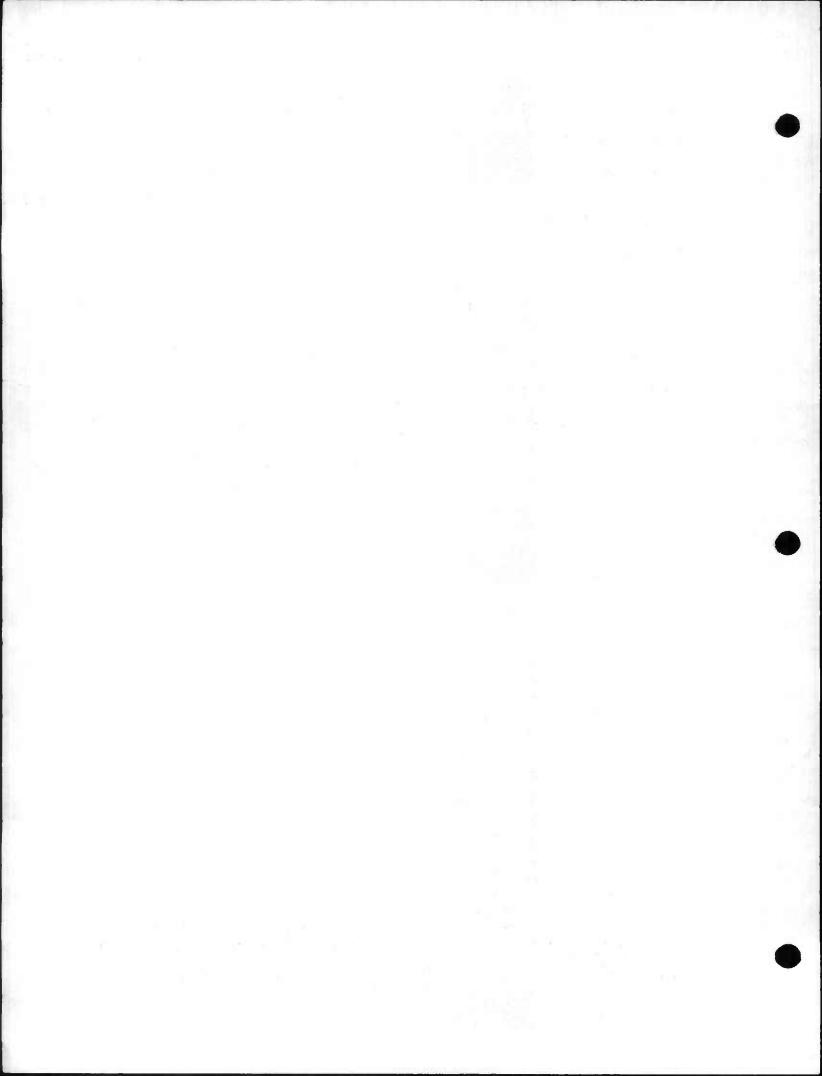
	FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYGIR				
	1. DECEDENT'S NAME (First, Middle, Last)	MARIE JOS Hatie Wenke	EPHINE V	VENKER		2. DATE OF DEATH MONTH March 1		year 3:55 PM M		
	4. SOCIAL SECURITY NUMBER 214-12-2754	1 - M 2 1 79	n yrs. lest birthdey) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Feb. 1,	1917	BIRTHPLACE (State or Foreign Country) Maryland		
0 B	98. FACILITY NAME (If not institution, give str 1739 Portship Rod RESIDENCE OF DECEMENT			Dund	alk	ATH		timore		
DIRECTOR	100. STATE 10b. COUNTY Maryland	Baltimore		Y, TOWN OR LOCAT	ION	Dundalk		10d. INSIDE CITY LIMITS? t  YES 2 NO		
FUNERAL	100. STREET AND NUMBER  1739 Portship Ro	n of what country?								
BY	The specific of the specific									
PLETED	15. OECEDENT'S EDUCATION (Specify only highest grade completed)  Elamentary/Secondary (0-12)  8 Years  17. FATHER'S NAME (First, Middle, Lest)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  Supervisor  18. MOTHER'S NAME (First, Middle, Meiden Surmame)									
	17. FATHER'S NAME (First, Middle, Lest)  Michael Nawrock	i			1000 0000000000000000000000000000000000	ne (First, Middle, Meichine Kaze	len Sumame)			
TO BE	10. MAILING ACCRECACIONAL CONTROL OF THE CONTROL OF									
20b. PLACE AND DATE OF DISPOSITION 1 Q Burtel 2 Cremation 3 Removal from State 4 Donetton 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematary or other place)  Sacred Ht. of Mary Cem. 3/14/96 Baltimore,										
22. NAME AND ADDRESS OF FACILITY Duda-Ruck Funeral Home of Dundalk, In 7922 Wise Ave. Dundalk. Maryland 21										
	IMMEDIATE CAUSE (Finsi	omplicátions that caused List only one cause on ea	onary ar	rest						
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Chronic re	nal fail conseduence o on	ure F):						
MEDICAL C	PART II. Other significent conditions	contributing to deeth b	ut not resulting	In the underlying	g ceuse given in	PERI	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
AN: M	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25, WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)									
PHYSICIAN:	EXAMINER?  1 YES 2 X NO  HOSPITAL: 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 X Residence 6 Other (Specify)									
BY PH	27. MANNER OF DEATH  1 X Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)		M 1	PRK? YES 2 NO	28d. DESCRIBE HO	W INJURY OCCU	RED		
E :	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, ferm,	street, factory, offic		28f. LOCATION (Str. City or Town, St		r Rural Route Number,		
COMPLET	anal	CIAN: To the best of my knowless: On the basis of examination						i. cause(a) and manner as stated.		
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	y, M.D.			29c. LICENSE NUN D12052		111	SIGNED (Month, Day, Year) 11/1996		
	J.B. Zachary J				2 Ctr. Rn	1208 Balt	imore,	MD 21224		

MAR 1 3 1996

DHMH-18 Rev 1/89

State of Maryland / Department of Health and Mental Hygiene

		•	tem#27 IIIm g155 5/15/90 ag petr	Certificate of Death	Reg.	No.	
			1. Decedent's Neme (First, Middle, Last)		2. Dete of Deeth		3. Time of Deeth
	Physic		VERNON VINCENT	WALATKA, SR.	Month	Dey Yeer ( 199	
5	/Medi Exami		4e. Fecility Neme (If not institution, give street and number)	4b. City, Town, or Lo		4c. County of Dea	
7			322 IMLA STREET	BALT	MONE	NIA	
	Funeral		5. Sociel Security Number 6. Sex, 7. Age (In yrs. la	st birthday) If Under 1 Yeer If Under 24 Hrs.  Months Deys Hours Min.	8. Dete of Birth (Month, Dey, Ye	9. Bi	rthplece (Stete or Foreign
	Director		215-12-2824 19M 20F 74	Yrs. Months Deys Hours Min.	04/2	2/ M.	rthplece (State or Foreign ountry) ARYLAND
	p ,	1	Usuel Residence of Decedent	-			
	anyla shov	-	Al /	Town or Location			10d. inside City Limits 1  Yes 2 No
	Se M	5		DLJIMONE			
	vith th	급	10e. Street end Number	10f. Zip Code	10g.	Citizen of Whet C	332
	72 hours after death with the Maryland netural, or items 23a or 28a-f show deal Examinet must be netitled at	Funeral Director	322 IMLA STREET	21224		U,S,A	
	er de men	L.	11. Maritel Stetus  12. Wes Decedent Ever in U,S Armed Forces?	13. Wes Decedent of Hispenic Origin? (Sp If Yes, specify Cuben, Mexican, Puerto	ecify Yes or No- Rican, etc.)	14. Reca - Am Bleck, Whi	
20	ns aff	by F	1 Never Married 2 Merried 1 Yes 2 No If Yes, Give 3 Widowed 4 Divorced Yeer or Detes: ₩ ₩	1 Yes 2 No Specify:		Specify: W	HITE
21215-0020	tura f	8	15. Decedent's Education	18a. Decedent's Usuel Occupetion	161	o. Kind of Business	
15	n n	Completed	(Specify only highest grade completed)	(Give kind of work done during most of work life. DO NOT use retired)	ing	7. Killia 01 003111030	a made only
212	within jiene. The Med	E O	Elementery/Secondery (0-12) Coilege (1-4or 5+)	LETTER CARRIE	en 3	POSTO	FFICE
	Hygie other	BeC	17. Fether's Neme (First, Middle, Last)		e (First, Middle, Mei	den Sumame)	
a	Mental Mental arked o	ToB	VINCENT WALATKA	MAR	1 ULC	HINSK	1
Maryland	S S E E		19e. Informent's Neme/Reletionship (Type, Print)	19b. Meiling Address (Street end Number or Run			
M	1 and 2 Health a em 27 is		MARIANC, WALATKA, WIFE	322 IMLA ST. 1	BALTO h	10.2.	1224
ore				ce of Disposition (Neme of netery, cremetory or other place)	Dete 20c	. Location - City o	Town, State
Ĕ	Pages nent of I unt: If its iry or o			RED HEALT OF JESUS	3-9-96	Du.	NDALKIMA.
altimore	permit. Page Department of Important: If any Injury or once.		21. Signeture of Funerei Service Licensee	22. Name and Address of Facility CHANLES 5 - 2			
0	88558		Charles D. Gerler	6224 EASTERNI			
			23a. Pert1. Enter the disease, or complications that caused the death. shock, or heart feiture. List only one cause on each line.			SD LIV.	Approximate
N	Physician						interval Between Onset and Death
7	/Medical		immediate Couse (Final disease or condition	LECIOMA			6 Mo
	Examiner		resulting in death)  e. / Due to (or or or or or or or or or or or or or o	FECIONA  se e consequence of):  TO ST			
-	<b>₽</b> ₩	ie l	1187365	1087			
	be executed sician and burial-transit	Examiner	Sequentielly list conditions, If eny, leading to immediate	s e consequence of):			
60,	cian cian burla		Cause. Enter Underlying Couse (Disease or Injury				
68760,	phys s the	Medical	thet initieted events resulting in deeth) Last Due to (or a	s e consequence of):			
×	ing e	/Me	d				1
Bo	attendin for use	Physician					
0	that the de led by the a detached t	Jys	Pert II. Other significant conditions contributing to death but not result				e to the cause of death?
Α,	es that igned b	by P	CARONANY ANTENY		1 Yes	2 □/No 3 □ F	Probably 4 Unknown
Records,	The law requires that the ste has been signed by the page 2 should be detache	D D	Contono-VAIWIA		24e. Was en e		Were autopsy findings
00	w require been si	jet			performed	17	eveilable prior to completion of cause of deeth?
	The law ate has page 2	Completed	CENERNO-VALENIA	ACCIUENT	1 ☐ Yes	and No	1 Tes 2 No
tal		BeC	25. Wes case referred to medicat		h (Check only one)	M-140	1 169 5 140
of Vital		To B	examiner?  1 Yea 2 No Hospitel: 1 Inpatient 2 E	Other	me 5 Sesidence	a 8 DOther (Spi	acify)
0	E 5 8		27. Menner of Deeth 28e. Dete of Injury 2		28d. Describe how i		
Ö	Attending or death.	atic	2 Accident investigation	M 1 Yes 2 No			
Division	or Attendation of the Court of	Certification:	3 ☐ Suicide 6 ☐ Could not be determined 28e. Pleca of injury - At hom building, etc. (Specify)	e, farm, street, fectory, office	28f. Location (Stree City or Town, S		lural Route Number,
	Ital or rai Dir lied in				•		
	To the Hospital or A within 24 hours after To the Funeral Direct Completely lilled in b	edical	29e. Certifier (Check only (C	edge, deeth occurred et the time, dete end plece, n and/or Investigetion, in my opinion, deeth occurr	end due to the cause red et the time, dete	e(s) and menner a	s stated. e to the cause(s)
	the the	Med	one) end menner steted.	20a Lianna adibar	204-	Total aliend (Man	th Day Veed
	F 1 5 8	_	29b. Signeture end title of certifier  ASSO	29c. License number  (10) 73/0		Date signed (Mon	G, Dey, Tear)
	1			M.D MO 7310	, -	17 1	U
			30. Name and add an appearson who completed cause of deeth (item 2	30+(Type, Print)	12 BM	us he	d 21237
	Ch	to	the Destanting of the Co. March.		1		, ,
	Sta Registr		MAR 1 3 1996	clear Rendell			



DIRECTOR

FUNERAL

BY

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COMPL

2

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

29b. SIGNATURE AND TITLE OF CERTIFIER

MAR 1 3 1996

christia, MD.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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	Pages		
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNEFALL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If hem 28 is marked or item 23 shows any injury or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME /First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 96 ANN WOOD PEARL 0042 march 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTNPLACE (State or Foreign 4. SOCIAL SECURITY NUMBER 5. SEX MONTHS DAYS HOURS MIN. 1 M 2 2 F 36 MAY 02, 1959 PENNSYLVANIA 213-76-4701 Sa, FACILITY NAME (If not institution, give street end number 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATN DEATON NURSING HOME BALTIMORE CITY N/A RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 19c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 X YES 2 NO MARYLAND N/A BALTIMORE CITY 10s. STREET AND NUMBER 101. ZIP CODE tog. CITIZEN OF WHAT COUNTRY? 217 SOUTH SPRING COURT 21231 USA. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or Not4. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 if yes, specify Cuben, Mexicen, Puerto Rican, etc.) 1 Never Married 2 Married 1 YES 2 NO Specify: 3 Widowed 4 Divorced BLACK 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5 +) 10th GRADE UNEMPLOYED N/A 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Sumame) PEARSEL THOMPSON MARY PRAYLOW 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) LILLIE 833 W. PRATT STREET, APT.#310, BALTIMORE, MD.21201 THOMPSON 20g, METNOD OF DISPOSITION
1 (X Burlei 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE 3-15-96 . ZION CEMETERY 4 Donation 5 Other (Specify) BALTIMORE, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY JOSEPH H. BROWN JR. FUNERAL HOME, P.A. Slow 1913 W. BALTIMORE ST., BALTIMORE, MD. 21223 PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Interval Between shock, or heart fallure. List only one cause on each line Onset and Death IMMEDIATE CAUSE (Finel disease or condition Encephalopatry Mary resulting in death) dependence H(ohno Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in daeth) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MAR ARLE PRIOR TO History brain. Respirator mjury COMPLETION OF CAUSE 1 TES 2 NO failure 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 🗷 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 NO npatient 2 - ER/Outpatient 3 - DOA 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26b. TIME OF INJURY 26d. DESCRIBE HOW INJURY OCCURED 1 Netural M 1 YES 2 NO Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be 4 Nomicide 29e. CERTIFIER (Check only 1 DECERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(s) and manner se stated.

29c. LICENSE NUMBER

D 34974

Attending physician

564 ARU MEITTA, MD 5865 Robert Oliver pl.#121, columbia, MDZ1045

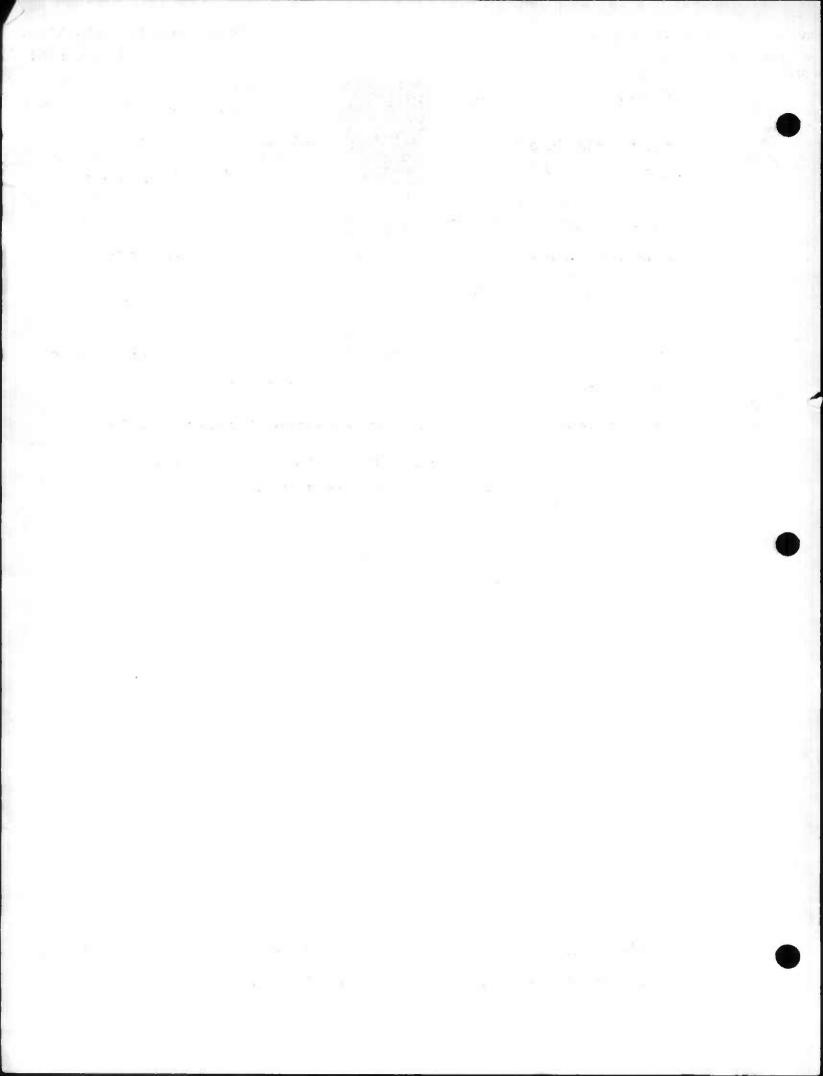
DHMH-16 Rev 1/89

29d. DATE SIGNED (Month. Dev. Year)

March 11. 1996

State of Maryland / Department of Health and Mental Hygiene

					Ce	ertifica	te of	Death			Reg. t	ło.			
Physi /Med		Decedent's Name (First, Middle, Last ROOSEVELT	Sf)	ATES						2. Dete of Month		nay 10, 1	Year L996	3. Time of Dea 09:40 A	
Exam		4e. Facility Neme (If not institution, give Union Memorial Ho		mber)				4b. City, To		cation of De	ath 4	lc. County	of Death		
Funera Directo		5. Sociel Security Number 6. S		7. Age (In yr. 56	s. last birthda Yrs.	(y) If Under Months	Deys		24 Hrs. Min.	8. Dete of I	Birth Day, Yea	(r)		ece (State or Fo y) Inia	reign
Maryland P-f show	tor	10e. State 10b. County  Maryland N/A			ity, Town or								10	d. Inside City Li	1
or 28	Director	10e. Street and Number					p Code				10g. 0	Citizen of	What Counti	y?	
ith will	ai	634 Bartlett Aver	nue			2	21218	3			1	Unite	ed Sta	tes	
1 2121 5-0020  ed within 72 hours after death with the Manyland tygiens.  In than "natural", or items 23s or 28s-f show in the Medical Examiner must be notified at	by Funerai	11. Marital Status  1 ☐ Never Married 2 ☑ Married  3 ☐ Widowed 4 ☐ Divorced	12. Wes Dece Armed Fo 1 Tes If Yes, Giv Year or D	/0	U,S. 13	. Wes Dece If Yes, spe 1 \( \text{Yes} \)			gin? (Spe n, Puerto	ecify Yes or ( Rican, etc.)	Vo-	Bla	ce - America ck, White, e	lc.	
2 hou	b b	15. Decedent's Ed	ucation		16a. Dec	edent's Usu	al Occup	petion			16b.		usiness/Indu		
21215-0020 d within 72 hours aft plene. r than "netural", or the Medical Exern	Completed	(Specify only highest grades) Elementary/Secondary (0-12) 6th	College (1	1-4or 5+)	(Giv	e kind of we DO NOT i abore	ork done ise retire	during most d)	t of worki	ng				ttling	Co
C Dallied	To Be C	17. Father's Name (First, Middle, Last) Edward Yates				.00010				(First, Midd				ccing	co.
	-	19a. Informant's Name/Relationship (7	ype, Print)		19b. Ma	ling Addres	s (Street	end Numbe	er or Rura	I Route Nun	ber, City	or Town	Stete, Zip (	Code)	
~~		Catherine Yates			634	Bart1	ett	Avenu	e, B	altimo	ore,	MD 2	21218		
altimore, mit. Peges partment of Heap portent: If Item 2 y Injury or other co.		20a. Method of Disposition 1 Burial 2 ☐ Cremation 3 ☐	Domoval from		Plece of Disp cemetery, cri	osition (Na ematory or	me of other ple	ce)		Date	20c.	Location -	City or Tow	m, State	
Peges ment of h ant: If the		4 Donation 5 Other (Specify	)	Zi	on Bar	tist	Chur	ch Ce	m. 3	-16	Ads	sit,	Virgi	nia	
Baltimore, pemil. Peges 1s. Department of he important: if item any injury or othe		21. Signeture of Funeral Service Licen:	see	_	N	22. Name a	Addre	ess of Facility	ome						
40560		Karem V	N. 1	loce	_ ]	101 E	. No	orth A	venu	e, Bal	Ltimo	ore,	MD 21	202	
		23a. Part1. Enter the disease, or comp shock, or heart failure. List only	olications that cone cause on e	aused the dea	th. Do not e	nter the mo	de of dyle	ng, such as	cardiac o	r respiretory	errest,			Approximate nterval Between	1
Physician /Medical	1	Immediete Cause (Final		ΝΛ.										Onset and Death	1
Examiner		disease or condition resulting in death)	a	Met	ituteu	C	١-,	nny	Cn	145				2 word	4
	ē ē			Due to	or as a cons	equence ot)	:	_							
ecuted and -transit	Examiner	Sequentially list conditions,	b. ————	Due to (	or as a conse	equenca of)				<u> </u>					
50, be ext	1	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury	c										i		
OX 68/60, certificate be executed nding physician and use as the bunal-transit	//Medical	that Initiated events resulting in death) Lest	d	Due to (	or as a conse	quence of):									
									_						
the d	Physician	Part it. Other significant conditions co	ntributing to de	eath but not re	suiting in the	underlying (	ause giv	ven in Part I.						he cause of de	
that ned be deta	by Pi									1.8	Yes	2□ No	3 Proba	ibly 4 ☐ Unki	nown
Hecords, P.O. Bo e law requires that the death has been signed by the atter ge 2 should be detached for	Completed t										es en aut formed?		avail	autopsy tindin able prior to pletion ot cause eath?	
The The page	E O									10	Yes	2 No	10	Yes 2□ No	
ysiclan: The	Be (	25. Wes case reterred to medical examiner?						26. Plece	ot Death	(Check only	one)				
Physic this co	1º	1 ☐ Yes 2 📉 No		-	ER/Outpation			4 LI NUI	rsing Hon	ne 5 🗆 Re	sidenca	6 □Oth	er (Specify)		
Ing P	ion:	27. Manner of Deeth  1 Netural 5 Pending	28a. Date of (Monte	ot Injury h, Day Year)	28b. Time Injury		28c. Injur Wor			28d. Describ	e how in	ury occur	red		
thend death death death tor: /	icat	2 Accident investigation 3 Sulcide 6 Could not be	OO- Disease	of follows As to		М		Yes 2 N		06 1	(0)	- 181 1			
DIVISION tal or Attending rs efter death. al Director: After	Certification:	4 ☐ Homicide determined	buildir	of Injury - At h	fy)	treet, tactor	y, oπice		2	City or T	own, Sta	te)	er or murai i	Poute Number,	
To the Hospital or Attending Physician: within 24 hours effer death. To the Funeral Director: After this certifical completely filled in by the funeral director.	edical	29a. Certifier (Check only one)  1 Certifying Phy 2 Medical Exami	stolan: To the Iner: On the ba and mann	isis of examina	owledge, dea ation and/or i	th occurred nvestigation	et the tir	me, date end plnion, deat	d plece, e h occurre	end due to the	e cause( e, date a	s) end ma nd place,	and due to t	he cause(s)	
To t	Σ	29b. Signeture and title of certifier				29		e number			29d. D		d (Month, De		
5		30. Neme and address of person who co	ompleted cause	e of death (Ite	n 23e) (Tvno	Print)	7	५०४ ड	34			Ĺ	Noch	12,1996	,
		407-7 301	St P.	JA A	(3	mitim	ore,	MD	212	-02					
	ate	31. Date tiled (Month, Day, Year)		egistrar's Sign											
Regist	rar	MAR 1 3 1996	in although	arvianta	Ц										



			Decedent's Nama (First, Middla, L.)		1arylar			of Health a	and Mental H	Reg. No.	96	07168
	Physic /Med		CATHERINE	R. ZEHFU					MARCH	9, 19		02:10 P.
	Exami Funeral	ner		HOSPITAL	ga (In yrs.	iast birthday	If Undar 1	GLEN B		ANNI		h DEL COUNTY hplaca (Stata or Foreig untry)
	Director		2 1 2 - 4 8 - 2 9 9 1 Usuel Rasidance of Decedant	1 M 2 F	94	Yrs.	Months	Days Hours	05/30	Birth Day, Year) 0/1901	PA	untry)
	Merylen a-f show	ctor	MD Anne Ar	undel		ty, Town or L saden						10d. Insida City Limite 1 ☐ Yes 2 ☐ No
	h with the	Funeral Director	10e. Street end Number 23 Milburn Cir	cle			10f. Zip (	Coda 122		10g. Chiza	n of What Co	untry?
020	72 hours after deeth with the Meryland natural, or flems 23a or 28a-f show deal Examiner must be notified at	by	11. Marital Status 1 ☐ Never Married 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	1 Tyas 2 TANO				nt of Hispenic Orig y Cuben, Maxican, No Specify:	in? (Specify Yas or Puarto Rican, etc.)		Race - Amer Bieck, White pecify: Wh	e, etc.
21215-0020	within ene. than	Completed	15. Decedant's I (Specify only highast g Elamentary/Secondery (0-12)	Education rada complated) Collega (1-4or	5+)	Ł.	dant's Usual kind of work DO NOT usa naker	Occupation done during most retired)	of working	16b. Kind	ot Businass/I	ndustry
Maryland	d la b	To Be	17. Fathar's Nama (First, Middla, Las Leo Augustine	•					rs Nama <i>(First, Midd</i> rlotte I		imame)	
	TEND	ľ	19a. Informant's Name/Ralationship Philippa W. Pe		augh	19b. Mail	ing Addrass (	Street and Number	ror Rural Routa Nur nover Rd	nber, City or T	own, Stata, Z	town, MD
Baltimore,	S - 2		20a. Method of Disposition  1 Burial 2 Cramation 3 4 Donation 5 Other (Special Control of Control o	□Ramoval from State	20b.	Placa of Disponentery, cra dens	osition (Name	of ar place)	Data 03/13/96	20c. Loca	tion - City or 1	Town, Stata
Balt	permit. Pege Department of Important: If any Injury or once.		21. Signature of Funeral Service Lice	Haile	7	B1 2 1	2. Name end adle L34 W:	Address of Facility 7 - Ashtor 1110w Sy	n Funera pring Rd	l Hom . Bal	e, In	c. D 21222
	Physician		23a. Part1. Enter the disease, or con shock, or heart feilure. List only	mplications that cause y ona causa on aach	ed the dae	th. Do not en	tar tha mode	of dying, such aa o	cardiec or raspiratory	arrest,	24	Approximate Interval Between Onset end Deeth
	/Medical Examiner		Immediata Causa (Final disease or condition rasulting in death)	a Ca	S_A Dua to (	or as a conse	quance of):	arres	S		1	MINS.
	cuted nd transit	Examiner	Sequentially list conditions,	ь.	Dua to (c	V L	quance ot):	10 -				10 488
,092	te be executed ysician and ne buriel-transit	Ical Ex	Sequantially list conditions, if any, leading to immadiata cause. Entar Undarlying Cause (Disassa or Injury that initiated avants	c	Due to (c	P D	uance of):					10 yvs
Box 68	death certificat e attending phy d for use as th	an/Med	rasulting in death) Last	1 d	1	ren	1 1					Jyrs
P.O.	that the ed by the detache	by Physician/Med	Part II. Other algnificant conditions	contributing to death	-	1	indarlying cal	use given in Pert f.		Id tobacco us	-	to the cause of death
Records,	e law requires hes been signing 2 should be	Completed b							24a. W	as an autopsy rformed?	8	Wara autopsy findings available prior to complation of cause of death?
Vital B	는 흥절	0	25. Was case rafarred to medical					28 Placa	of Death (Check on	Yes 2 4	10 1	Yaa 2010
>	Physician: this certific	0	axaminar?	Hospital:	ient 2	ER/Outpatle	nt 3 DOA	Other	sing Homa 5 Re		Other (Spe	rify)
ion of	and Physical	rtification: T	27. Manner of Death  1 Natural 5 Pending 2 Accidant invastigation	28a. Data of Inj (Month, D.	ury	28b. Time of Injury		c. Injury at Work?	28d. Dascrib	e how injury o		**************************************
ivision	r Attendition that death	rtifice	3 Sulcida 8 Couid not datarmina		njury - At h	oma, farm, st	raat, tactory,	office	28t. Location City or 7	n (Street and f Town, Stata)	Vumber or Ru	ral Routa Number,

State Registrar

Medical Certification

29b. Signetura and tilla of certitian

29a. Certifiar (Check only one)

30. Nama and address of person who completed causa of daath (Itam 23a) (Type, Print) MUSTAFA C. OZ, 31. Data tilad (Month, Day Year) MAR 1 3 1996 M.D. 273-B PENINSULA FARM ROAD ARNOLD, MARYLAND 21012

Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner es stated.

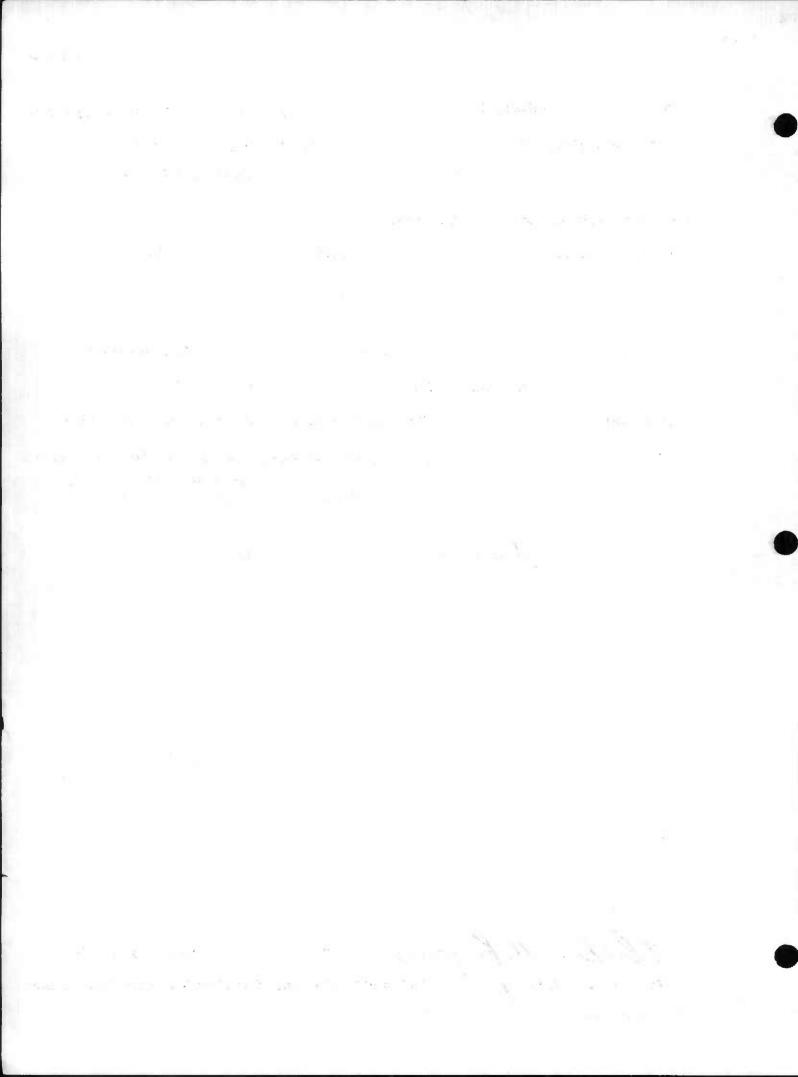
| Medical Examiner: On the basic of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29c. License number

29d. Dete signed (Month, Day, Year)

State of Maryland / Department of Health and Mental Hygiene

						C	ertific	ate of	Death	7		Reg. No.			
			1. Decedent's Nama (First, Midd	le, Last)							2. Data of De	ath		3. Time o	of Death
п	Physic		LOUIS	FREDE	RTCK				**** * * * * * * * * * * * * * * * * *	_	Month	Day	Year		
9	/Medi		4a. Facility Name (If not institution						ULAU 4b. City. To		MARCH ocation of Daath	1 1 4c. County	1996	9:5	3P.M
J.	Exami	ner			Ø				,	, 0		N/			
_		-	HARBOR HOSPIT  5. Social Security Number	6. Sex		one lenes bileste e	h. J. H. I.	ndar 1 Yaar	BAL	TIM(	ORE				
	Funeral		215 40 2721	1.XIM 2□1		yrs. last birthd Yrs	Mont		Hours	Min.	8. Data of Bir (Month, Da	y, Year)	9. Birthp	laca (Stata try)	or Foraign
	Director		Usuai Residence of Decedant		)					1	March .	31,1943	Mar	yland	
	Pu		10a. State 10b. County	,	10c	City, Town o	r I ocation						4	Od. inside (	Site 4 Impite
	ah o	2	161000										1		2 No
	N 98 1	Sch	-	Arundel		Baltim								1 1 1 1 1 1	263190
	5 g	Director	10e. Street and Number				10f.	Zip Code				10g. Citizen of V		try?	
	23a		704 Church St	reet				2122	25			U.S			
	be filed within 72 hours efter death with the Meryland tial Hyglene. d other than "naturel", or items 23a or 28a-f ahow event, the Medical Examiner must be recitied at	Funerai	11. Marital Status	12. Was D	ecedent Ever i	n U,S. 1	3. Was De	ecedent of H	lispanic Or	rigin? (Sp	ecify Yes or No Rican, atc.)	- 14. Rac	e - Americ		
0	or it		1 ☐ Navar Married 2 Mar.	ried 1 TY	s 2 X No			s 2. INo			riioan, ato.)				
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21215-0020	2 h	Completed	15. Deceder	t's Education	-0	16a. De	cedent's U	Isual Occup	oation			16b. Kind of Bu	siness/inc	lustry	
2	ul ul	pie	(Specify only higha Elamantary/Secondary (0-12)	1	e (1-4or 5+)	(G III	e. DO NO	work done T use retired	auring mo: d)	st of work	ing				
7	filed within Hyglene. Ither than	E O	9th	Colleg	e (1401 34)		Paint	er				Self e	mploy	red	
9	Hygid offher omt,		17. Father's Nama (First, Middle,	Last)					18. Moth	ar's Nam	e (First, Middle,	Maidan Sumam	a)		
a	d be ental	o Be		Harry	Zu1au	if Sr.				Ma	adelene	Tawney			
Maryland	should be nd Menta marked imatic ev	2	19a. informant's Name/Relations				nilino Adde	nan (Etrant	and Atumb	or or Du	ml Davida Alumb	er, City or Town,		Codel	
<u>8</u>	12 s h en 7 is trau		Lisa Dial	mp (Type, Fint)				rch St				e, Maryl		-	
a)	teatheath 2				00				rreer	De					
more,	M ke		20a. Method of Disposition 1 ☑ Buriai 2 ☐ Cremation	3 □Removal fro		<li>b. Place of Di cemetary, i</li>	crematory (	or othar place	ce)	1	Date	20c. Location -			
Ξ	Pa ment: ury		4 ☐ Donation 5 ☐ Other (S		(	Glen Ha	ven N	Memori	ial Pa	ark	3/14/96	Glen B	burnie	e, Mai	ryland
a	permit. Pages 1 and 2 should by Department of Health and Menta Important: If Item 27 is marked any injury or other traumatic evonce.		21. Signatura of Funeral Service	Licensee	•			and Addre				Funeral	Home	P.A.	
m	88E 58		Make Du	7		1.	4001	Ritch	ie H	iahwa		imore,			
			23a, Part1. Enter the disease	complications the	at caused the d	-				_	_		!	Approxima	ite
	Dhusisian		23a. Part1. Enter the disease shock, or heart failure.	one causa o	n each ilne.							1401		intarvai Be Onsat and	tween
	Physician / /Medical		Immediate Cause (Final	1	/ !	1 1	. (	0 1		1	0.			0710414	- D - G - G - G - G - G - G - G - G - G
	Examiner		disaase or condition resulting in death)	a. Av	tenos (	lest	ف (	enchio-	rescu	Ser	Diren	e	1		
		-	The state of the s			o (or as a con							1		
	D #	i		<b>-</b> b											
	certificata be executed iding physician end ise es the burial-transit	Examiner	Sequentially list conditions, if any, leading to immediata		Due t	o (or as a con	sequence	of):							
Ö,	e ex		cause. Enter Undarlying Cause (Disease or injury										- 1		
68760,	ata b nysic	edicai	that initiated events resulting in death) Last	c	Dua to	o (or as a con:	sequence o	of):							
	ng ph	Jec	tooditing in doutiny East												
ŏ	endir r use	M/ue		d									+		
D.	res that the deeth is signed by the attent be detached for u	Physician	Part ii. Other significant condition	one contributing to	death but not	resulting in th	e underlvin	ng cause giv	en in Part	i.	23b. Did 1	lobacco uee cor	ntribute to	the cause	of death?
Ö	The law requires that the ite has been signed by the bage 2 should be detache	thy						.,		**	10		3 □ Prot		Unknown
J.	that the	by P									'''	20 100	3 FIOL	adiy -y	Cikilowii
8	uires ig bi										24a Was	an autopsy	24b. We	re autopsy	findings
Ö	v require been si should I	Completed										rmed?	ava	Illabia prior	to
ě	has pe 2	du									hard	uchon	of c	death?	
	The la	3									101	res 2 No	10	Yas 2	No
rtal Records,	icien: Th	Be	25. Was case referred to medical examiner?						28. Plac	e of Deat	h (Check only o	ne)	1		
	9 8	၉	1 XYas 2 No	Hospital:	☐ inpatient 2	2 □ <b>X</b> ER/Outpa	tient 3	DOA Oth	ar: 4 N	ursing Ho	ma 5 Resid	denca 8 Oth	ar (Specify	·)	
0	P 900		27. Manner of Death		te of injury	28b. Tim		28c. injur Wor				now Injury occurr		·	
0	F 12	tio	1 Natural 5 Pendin 2 Accident investig	9	lonth, Day Year	r) injur	y M		Yes 2	No					
8	1165	Certification:	3 ☐ Sulcide 6 ☐ Couid		ace of Injury - A	t home, farm.	street, fac	tory, offica		-	28f. Location (S	Streat and Numb	er or Rura	Route Nui	nber.
<u> </u>	Para	Ta	4 ☐ Homicide	bu	ilding, atc. (Sp.	ecify)	011001, 100	,			City or Tov				
_	papital hours uneral ly filled		29a. Certifier 1□ Certifyin	- Dhuelelen Te	No. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	lancidades de									
	Hospital 24 hours Funeral itely filled	edical		g Physician: To the Examiner: On the	besis of exam	knowledge, de Ination and/or	r investigat	ion, in my o	ne, date ar pinion, des	nd piaca, ath occuri	ed at the time,	cause(s) and ma date and piace, a	nner as st and due to	ated. the cause(	s)
	To the How within 24 h To the Fun completery	Me			anner stated.			00a liaaa			-	004 0-1	1 10 1	2 W1	
	5 ± 5 €	100	29b. Signature and title of certifie		W			29c. Licens	1000mber			29d. Date signed	ı (Month, l	Jay, Year)	
	1 -1		Leverton	i U.	Kuns	gara	0	0.0	C.M.E	Ξ.		MARCH	12,1	996	
	Ц		30. Name and address of person	who completed co	ause of death	tem 23a) (Typ	oe, Print)								
	'		THEODORE	M.Kin	P	11:	l Pei	nn St	reet	t, B	altimo	re, Ma	ryla	and 2	1201
	Sta	te	31. Date filed (Month, Day, Year)	2.1. PM	. Registrar	gnature									
	Registr		MAR 1 3 1996	Junana	March-No	TIPHES									



State of Maryland / Department of Health and Mental Hygiene 96 07 170

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Die	ıysici	20	1. Decedent's Nam	ne (First, Middie	e, Last)								2. Date of Month	Death Da	v	Year	3. Tima	of Death
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	camin		4a. Facility Name (	(If not institution	, give street end n	um <i>ber)</i>				41	b. City, T	own, or Lo	ocation of De		. County			
			Anne A	Arunde1	Medical	Cen	ter				Ann	apo1	is		Ann€	e Arun	ndel	
Fur	neral		5. Social Security I	Number	8. Sex	7. Ag	e (In yrs. last bi	rthday)	If Under			r 24 Hrs.	8. Date of I	Birth		9. Birthple	ace (State	or Foreign
	ctor		171-22-79	971	1X M 2□ F	66		Yrs.	Months	Days	Hours	Min.	April	2.7 1	929	Penns	ny) svlva	nia
v			Usual Residence of															
ylan	#		10a. Stete	10b. County			10c. City, Tow	n or Lo	cation							10	d. inside	City Limits
Na I	filed	to	MD	Anne .	Arunde1		A	nna	polis								1 ☐ Ye	s MXNo
h the	DOL	rec	10e. Street and Nu	ımber					10f. Zip (	Code				10g. Cit	izen of V	Vhet Count	ry?	
wit 3a o	Į.	0	2705 Ju	dson P1	ace					2140	1			II-n i		State	• •	
72 hours after death with the Maryland naturel", or terms 23s or 28s-f show	the Medical Examiner must be notified at	Funeral Director	11. Maritel Stetus		12. Wes De	cedent (	Ever in U.S.	13. \	Was Decede	ent of His	spanic O	rlain? (Sp	ecify Yes or			o La Le		
fter f	in	F	1 ☐ Never Man	ried 2000 Marri	ed 1X Wes	Forces?	ło				n, Mexica	in, Puerto	ecify Yes or Rican, etc.)			k, White, e		
as a	X		3 Widowed		If Yes, G Year or	ive Dates:K	orea	'	Yes 2	X) No	Specify	<i>/</i> :			Specify:	White	e	
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5	feed	olet		cify only highes	t grade compieted	,		(Give	kind of work	done d	luring mo	st of work	ing				,	
within ene.	25	E	Elementary/Second	ondery (0-12)	College	(1-4or 5			nicat					Aer	conai	ıtica	1 Res	searc
3 F	event,		17. Father'a Name	(First, Middle, I	Last)		00	/ 1111111111111111111111111111111111111					e (First, Midd					
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Heelth Hem 27	Sec.			. Alder			20b. Plece o				Tace	AIIII	-	_	-			
일 등 등	9		20e. Method of Dis		3 □Removal from	State	cem ete	ry, cren	netory or oth	e or her piace	ө)	į	Date	20c. Lo	ocation -	City or Tow	vn, Stete	
Peg	Injury			5 Other (Sp		7	Cedar	Hil	1 Mem	oria	al Pa	rk 2	/26/96	Har	nove	r Twp	, PA	
permit. Pege Department of Important: If	any in		21. Signature of Fo	dneral Service L	icanspe	/	11/1						M. Ta					, Inc
20 E	eny Suc			1 8	X / / X		11	14	7 Duk	e of	E G10	ouces	ter St	. Anr	napo.	lis,	MD 2	1401
			23a. Pert1. Enter t shock, or hea	the disease, or	complications that	caused	the death. Do	not ente	er the mode	of dvino	a. such a	s cardlac	or respirator	arrest.			Approxima	ate
Physic	nian l		shock, or hea	art failure. List	only one eause on	each lin	10.										Approximation of the Approxima	
/Med			Immediate Ceuse	(Finel			1/		G1	2							51	111/
Exam	iner		disease or condition resulting in death)	on	a		V	(								- 1	510	11.0
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De e			Sequentially list co if eny, leading to in cause. Enter Unde Cause (Disease or	ertying Injury	c											i		
cate phys	the	<b>VMedical</b>	that initieted events resulting in death)	5		(	Due to (or as a	consequ	uence of):							į		
certificate be executed ding physician and	28 98 8	Me			d											ĺ		
		lan														1		
that the death	hed	Physician	Part II. Other signif	ficant condition	ns contributing to	death bu	it not resulting I	n the ur	nderlyling ca	use give	n In Part	I.	23b. D	d tobacco	use con	tribute to	the cause	of death
thet the	Jetec			P	FFB								11	Yea 2	□ No	3 Probe	ably 45	Unknow
8 6	2	P																
requires been sign	should	Completed		CI	An or	S KA	4 10	Am.	An					as an autopromed?	osy	avel	re autopsy liable prior	rto
3 00	OI I	pe				- /-	1	1 1 0	1.07								pletion of eath?	cause
0 5	page	6											10	Yes 2	No	10	Yes 2	□No
ician: The certificate		0	25. Was case refer	rred to medical							28. Piac	e of Deat	h (Check onl	v one)				
Physician: this certific	director,	To B	exeminer?	No	Hospital:	Inpatie	nt 20 ER/O	ıtnatien	t 3 DO/	Othe	APT		me 5□Re		B □Oth	or (Specify)		
Phys			27. Manner of Deat		28a. Date	of Injur	y 28b.	Time of		c. Injury Work			28d. Describ					
ding i	fu	흥	1 Netural 2 ☐ Accident	5 Pending investig		nth, Day	Year)	njury	м		? ∕es 2 [	] No						
or Attending after deeth. Director: Afte	y the	Certification:	3 Suicide	6 ☐ Could n	ot be	a of Inju	ry - At home, fa	rm etre			200		281. Location	(Street ar	ad Numb	er or Rurel	Route Nu	mher
or A Direc	i.	Ta la	4 Homicide	determi			. (Specify)	iiii, sut	ou, lactory,	OIIIOO				own, State		0. 0. 110.0.	. 10010 710	1100.
pital ours	iii eq		29a. Certifier	400h-414.4-	Dhualatan Tash		4 1 1 1											
the Hospital hin 24 hours the Funeral	completely filled in by the funeral	edicai	(Check only one)	2 Medical E	Physician: To the k xaminer: On the b	oesis of	examination en	d/or Inv	estigation, i	n my op	e, date a Inion, de	nd place, ath occurr	and due to the ed at the tim	ne cause(s) e, dete enc	and mai place, a	nnar as sta ind due to t	ited. the cause	(s)
To the Within 2	mple	Mec		title of hartifier	and mar	nner sta	ted.		200	License	number			and Da	to alamas	A de la contre D	lau Vaarl	
P & P	8	- 1	A A A	title of certifier	20	4				-		28				(Month, D		
			In	and &	020	20				1 2	17	0		re	5	269	6	
			30, Name and addr	ess of person w	vho completed a	se of de	ath (Item 23a)	(Туре, І	Print)	0.6	- 1	^	STE		Λ.			
			MICH	MEL	J. Lark	EVA	MM	600	NRM	160	1.1	INE	2 TE	120	1400	UAPU	-11.	
	Stat	e	31. Date filed (Mon			-	r's Signeture	^			-							
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DHMH 16 Rev 6/95

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TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be neitified at once.
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E	THE C	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	PO

1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPART			MENTAL	HYGIENE REG. NO.			
1. DECEDENT'S NAME (First, Middle Theodore Ha	nsel Alexander				2. DATE O	eb 23,	1996	3. TIME OF DEATH 7:52 P M	
4. SOCIAL SECURITY NUMBER 217-10-7015	5. SEX 1 M 2 F		F UNDER 1 YEAR HONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE 0 (Month, Sep	Day: Year)	.918	BIRTNPLACE (State or Foreign Country)  MD	
9e. FACILITY NAME (If not institution 17610 MCMULI	EN HIGHWAY		RAWLI	NGS	EATH		9c. COUNTY ALL	OF DEATH EGANY	
	Allegany		TOWN OR LOCA Wlings	TION				10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
100. STREET AND NUMBER	en Highway			101, ZIP CODE 10g. CITIZEN OF W USA					
11. MARITAL STATUS 1 Never Merried 2 Merrie 3 Widowed 4 Divorced	12. WAS DECEDENT EVER	S 2 NO	If yes, sp	ENDENT OF HISPAR ecity Cuben, Mexica 2 X NO Specifi	n, Puerto Ri		or No.— 14.	RACE — American Indian, Black, White, atc. Specify: White	
15. DECEDENT (Specify only higher Elementary/Secondary (0-12)	"S EDUCATION st grade completed) College (1-4 or 5+)	life. Do NOT use	rk done during mo retired.)	st of working	16b.	KIND OF BUSI		RY	
12		Retire	ed Coni	ng Dept.		Text:			
17. FATNER'S NAME (First, Middle, L				16. MOTNER'S NA					
Stanley A		19b. MAR ING A	DDRESS (Street	AITTY		sfield		<b>10</b> 1	
Theodore E.		0b. PLACE AND DATE OF		alk Aven	DATE			or Town, State	
1 Burial 2 Cremation 3	Ramoval from State	emetery cremetory or other	er niecel		1		aVale,		
21. SIGNATURE OF FUNERAL SERV		Restlawn	22. NAME A	ND ADDRESS OF FA	CILITY			2.23	
+ games	7 Scan	sell	Cumi	rpelli Froerland,	MD	21502			
23. PART / Enter the disease shock, or hasn't fi IMMEDIATE CAUSE (Final disease or condition resulting in death)	es, or complications that cause on allure. List only one cause on Arteri	each line.  Osclerotic			ch aa card	ac or reapir	atory arrest	Approximate interval Betwee Onest and Deel 20 yrs	
Sequantisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	bDUE TO (OR AS	S A CONSEQUENCE OF)  S A CONSEQUENCE OF)	:						
	PERFORMED?							24b. WERE AUTOPSY FINDING ANAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATN?  1 YES 2 NO	
	ONTRIBUTE TO CAUSE		NO [	UNCERTAI	ИП				
25. WAS CASE REFERRED TO MED	HOSPITAL:	26. PLACE OF DEATH	OTHER:	V.					
1 YES 2 NO	1   Inpatient 2   ER/O			ne 5/ARaeldence	-				
1 Natural 6 Pendir	gation	r) INJU	M 1 🗆	JURY AT DRK? YES 2 NO		CRIBE HOW IN			
3 Suicide 6 Could 4 Homicide determ	not be building, etc. (S	IRY — At home, farm, st pecify)	reet, factory, offi	:0		ATION (Street a or Town, State)	nd Number or	Rural Route Number,	
(Oriects Oring	G PNYSICIAN: To the best of my kn EXAMINER: On the beels of examina							euee(a) and manner as stated.	
296 SIGNATURE AND TITLE OF C	parieigh			29c. LICENSE NU D09157			≥ PE	3 23, 1996	
Dr. Paul Sno	SON WHO COMPLETED CAUSE OF DW, M.D., 124 V	DEATH (ITEM 27) (Type, I	Print) treet;	Cumberla	nd, M	D 215	02		
31. DATE FILED (Month, Day, Year) FEB 2 7	1996 Jalea Sau	GNATURE RANKE							

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ALTENDING	DIRECTOR: After this c	A le
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SPIA	NERAL Nic 72	- LN

	FOR STATE REGISTRAR	STATE OF MAR	RYLAND / DEPA CERTII			EALTH AND DEATH	MENTAL	HYGIEN REG. NO.	E	,	01112
	1. DECEOENT'S NAME (First, Middle, Last)							OF DEATH			. TIME OF DEATH
		AMS					FEBRU	ARY 2	3 1996	EAR	6:23 PM M
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE (	OF BIRTH Day, Year)	8.	BIRTHPL Country)	ACE (State or Foreign
	192-24-1387   1 x M 2   F   64   YRS.   MONTHS   DAYS   HOURS   MIN.   DEC 11 1931									BIRTHPL Country)	PA.
~	9a. FACILITY NAME (If not institution, give str	eet and number)		9b. CITY	, TOWN O	R LOCATION OF D	EATH		9c. COUNTY	OF DEA	ТН
Ö	13421 SCOFIELD ROAD N.E. FLINTSTONE ALLEGAN RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY  10c. CITY, TOWN OR LOCATION										1X
EC											Dd. INSIDE CITY
DIRECTOR	MARYLAND ALLEGANY FLINTSTONE  10e. STREET AND NUMBER  10f. ZIP CODE  10g. CITIZEN OF WH  13421 SCOFIED ROAD N.E.  21530  11. MARITAL STATUS 1 Never Married 2 Married  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 MO  11. Married 12 Married  12. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Maxican, Puarto Rican, etc.)  14. RACE-Black, 15. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Maxican, Puarto Rican, etc.)										LIMITS?
FUNERAL										S.A.	
5										RACE -	- American Indian.
BY F											WHITE
ا ۵	3 Widowed 4 Divorced						- 1				
ELE	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16a. DECEOENT'S	work done			16b.	KIND OF BUS	INESS/INDUS	RY	
וה	Elementary/Secondary (0-12)	College (1-4 or 5+)	IIIE A DIT NO		A 77 TO	COMPTET	011 115	AMTNO	ANTO A	TD (	OMPTON ON
COMPL	17. FATHER'S NAME (First, Middle, Lest)		HEATING	AND	AIK	16. MOTHER'S NA				IR C	CONDITION
ပ္သ	WALTER ADAMS								Surname)		
00	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G AOORESS	(Street an	LILLIA d Number or Rural			State 7in Co.	fal	
2	HANK ADAMS		13421			ROAD N					530
	20a. METHOD OF DISPOSITION		20b. PLACE AND DATE	OF DISPOS	ITION (Nam	ne of	DATE	200 100			
	20b. PLACE AND DATE of DISPOSITION (Name of 4 Donation \$ 0 Other (Specify)										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
	De Z	March				T-ADAMS				MAT	SZT ANTS
T	23. PART I. Enter the diseases, or co	omplications that car	used the death. Do	not enter	the mod	CATUR S	th as cerdi	ec or respir	ekland	MAR	Approximate
	snock, or neart feiture. List only one ceuse on each line.										Interval Between Onset and Death
Ì	disease or condition resulting in death)	ARTERIO	SCLEROTI	C HEA	ART D	ISEASE					UNKNOWN
	readiting in death)	OUE TO (OR	AS A CONSEQUENCE O	OF):							
Z	Sequentially list conditions, b.										
HILLCATION	if sny, leeding to immediate	DUE TO (OR /	AS A CONSEQUENCE O	OF):							
3	CAUSE (Disease or Injury	OHE TO (OR	AS A CONSEQUENCE O	MEN.							
	that initiated events resulting in death) LAST	00E 10 (OK )	AS A CONSEQUENCE C	т).							i
ا 5	d.										1
À	PART II. Other significant conditions	contributing to deat	th but not resulting	In the un	derlying	ceuse given in	Part I.	24a. WAS AN		- 141	ERE AUTOPSY FINDINGS RAILABLE PRIOR TO
MEDIC	C.O.P.D. HYP	ERTENSION_	POST CVA					1   YES 2		CC	OMPLETION OF CAUSE F DEATH?
				~/						1	☐ YE\$ 2 ☐ NO
PHTSICIAN:	DID TOBACCO USE CONTR	IBUTE TO CAUSE		ES Z		UNCERTAIL	ИП				
3		HOSPITAL:	26. PLACE OF OEA	OTHER		1					
2	1/ YES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 ER/0			ing Home		8 Other				
- 10	1 Netural 5 Pending	(Month, Day, Ye		JURY	WOR	K?	28d. DESC	TRIBE HOW IN	JURY OCCUR	0	
5	2 Accident Investigation 3 Suicide & Could not be	26s. PLACE OF INJ	URY — At home, farm,	street, fact		.5 2 110	281 LOCA	TION (Street a	nd Number or F	humi Brud	n Number
	4 Homicide 6 Could not be determined	building, etc. (	Specify)				City o	Town, State)		orer riour	11077000,
ן נ	29a. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of my k	nowledge death occur	and at the ti	ma data a			43			
JMPL	(Check only MEDICAL EXAMINER	On the beals of examin	ation and/or investigati	on, in my o	me, deta a pinion, des	nd prace, and due oth occured at the	time, data s	e(a) and mani and place, and	ner as stated.	use/s) er	od menner as steled
3	NO. SIGNATURE AND TALE OF CENTIFIER					29c. LICENSE NUI					
H H	Mul hom					D 09159			FEB		1006
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF	DEATH (ITEM 27) (Type	n, Print)					FED	40,	1330
	DR PAUL SNOW 12	4 WEST 3rd	STREET C	UMBER	RIAND	MARVI.A	ND	21502	2		
	31. DATE FILEO (Month, Day, Year).	_ 32. REGISTRANGS.S	IGRATURE P	I		IMMIDA		21301			
1	MAR 0 1 199	DI James and	CAMPAGE AND AND AND AND AND AND AND AND AND AND	2							

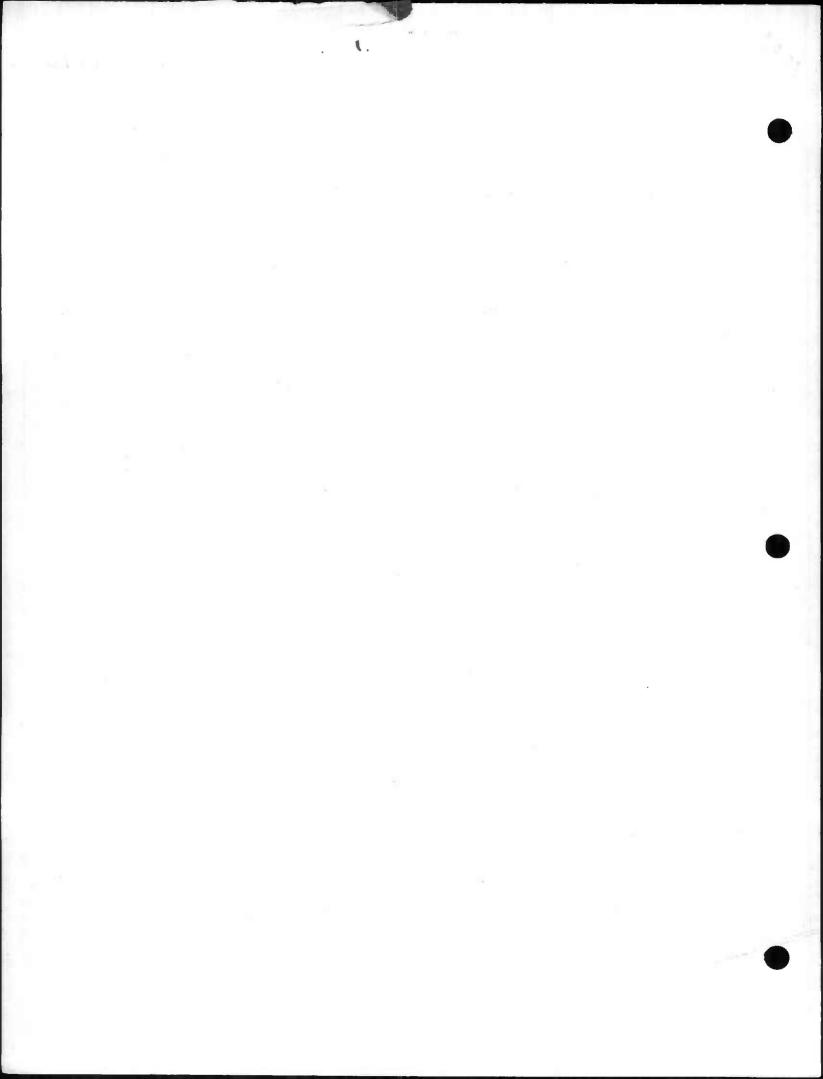
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat. cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once. TO RE COMPLETED BY FINEBAL DIRECTOR BALTIMORE, MARYLAND 21215-0020 TO BE COMPLETED BY PHYSICIAN MEDICAL CERTIFICATION

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
,	1. DECEDENT'S NAME (First, Middle, Last) (nmn)		nder	son			MONTH DAY YEAR				
	4. SOCIAL SECURITY NUMBER 557-10-4806		(In yrs. lest birthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Co	RTNPLACE (State or Foreign puntry)			
ŀ	9a. FACILITY NAME (If not institution, give :	1	/ Ins.	9b. CITY, TOWN	OR LOCATION OF D	April 16,	1918   Ok   9c. county o				
5	Fallston Genera				allston			ford			
5	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT		I 404 017	Y. TOWN OR LOCA			1141				
		rford	100. 04	_	Air			10d, INSIDE CITY LIMITS?  1 YES 2 NO			
	10e. STREET AND NUMBER	TIOIG			H. ZIP CODE		10g. CITIZEN C	OF WHAT COUNTRY?			
	713 Prospect Mi	ll Rd.			21015	5	US	SA			
	11. MARITAL STATUS  1 Never Married 2 X Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 X YES IF YES, GIVE WAR OR D	2 NO	It yes, s		NIC ORIGIN? (Specify Yea an, Puerto Rican, etc.) 'y'	В	ACE — American Indian, Black, Whita, atc.			
3	15. DECEDENT'S EDU (Specify only highest grade	ICATION	16a. DECEDENT'S	USUAL OCCUPAT	ION	16b. KIND OF BUS	SINESS/INDUSTR	Y			
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ilfe. Do NOT L	se retired.)							
	12 17. FATNER'S NAME (First, Middle, Last)		Offic	e Coord		Utilit		& Electric			
3		lerson				Edna Sm					
	19a. INFORMANT'S NAME (Type/Print)				and Number or Rural	Route Number, City or Tow.	n, Stata, Zip Code				
-	Edna Anderson		713 P	rospect	Mill Rd.	, Bel Air,	Md. 21	.015			
	20a. METNOD OF DISPOSITION 1 X Burial 2 Cremation 3 Ran	novel from State cen	D. PLACE AND DATE	other place!			CATION — City o				
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI		ardens o		Cemetery  ND ADDRESS OF F	2-24-96	Baltimo	ore, Md.			
	1	K MILLO	1 +			Comas III F		•			
-	23. PART i. Enter the diseasea, or	complications that cause	d the death Do			y Rd., Abi		MD 21009			
	ehock, or heart fellure. IMMEDIATE CAUSE (Final	List only one cause on e	ech ilne.		out or aying, out		alory arroad,	Interval Between Onset and Death			
	disease or condition resulting in death)	. Ucute	Muy ?	archial e	lufaretu	m		2 hrs			
	,	DUE TO (OR AS	DUE TO (OR AS A CONSEQUENCE OF):								
5	Sequentially liet conditions,  DUE TO (OR AS A SONSEOUENCE OF):										
5	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	. Ischer	mi Can	divinyor	cetter			4-200			
	that initiated events	DUE TO (OR AS	A CONSEQUENCE O	PF):							
	Total ting in death) CAST	d									
	PART II. Other significant condition			in the underlyle	ng ceuse given in	Pert I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
	Jenul Failu	VIII.	DVT			1 _ YES 2		COMPLETION OF CAUSE OF DEATH?			
	UUMU \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	nuclus /	E DEATH V	rs ET NO F	7 IIII I AFRICA			1 TYES 2 NO			
	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL	T CAUSE C		TH (Check only one		иПІ					
	EXAMINER?	HOSPITAL:	patient 3 🗆 DOA	OTHER:	me 5 🗆 Raaldence	8 Other (Specify)					
	27. MANNER OF DEATN	28a. DATE OF INJURY (Month, Day, Year)	28b. TII	ME OF 28c, IN	JURY AT ORK?	26d. DESCRIBE NOW I	NJURY OCCURED	D			
	1 Pending     Accident Investigation			M 1 🗆	YES 2 NO						
	3 Suicida 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, atc. (Spe	f — At home, term, cify)	atreet, factory, off	Ca	28t. LOCATION (Street and City or Town, State)	and Number or Ru	irel Route Number,			
	29a. CERTIFIER 1 CERTIFYING PNYS	MCIAN: To the heat of my know	dedge death oncu-	and at the time of	a and plane and de-						
		BICIAN: To the best of my know ER: On the basis of examination						se(s) and manner as stated.			
	296. SIGNATURE AND TITLE OF CERTIFIE		ſ		29c. LICENSE NU			NED (Month, Day, Year)			
	1. pur	allow	w)		0023	1843	> Tens	Ermy 21,1991			
-	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF DE									
	21. DATE FILED (Month, Day, Year)	LOOF R	DUC IT	RING R	D 1	UH निगाउ	m	<b>\</b>			
		32. REGISTRAR'S SIGN	orReveall								
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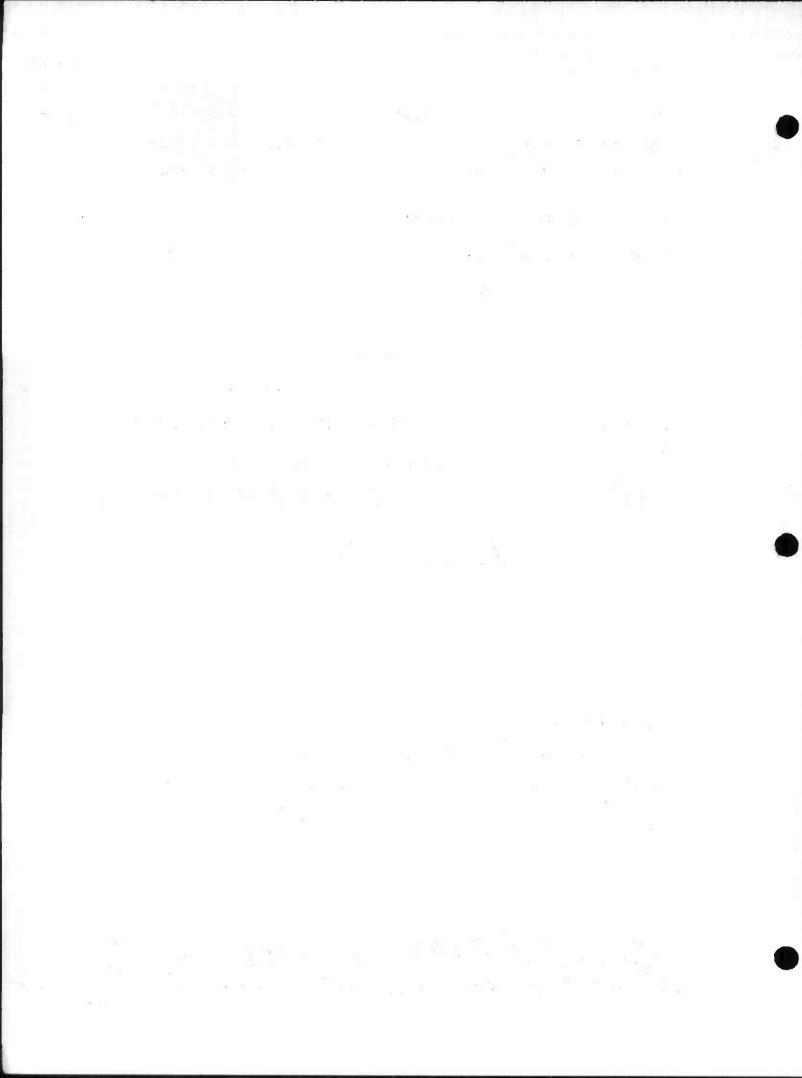
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SPITAL OR ATTENDING I	NERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur

	nded #1, 3/1/96, Ji for 1 - state registrar	STATE OF M	IARYĹAND / CE	DEPAR	TMENT OF H	EALTH AND	MENTAL HYGIEN					
	1. DECEMENT'S NAME (First, Middle, Last) AUBERY LAM	AR	ALLE				2. DATE OF DEATH MONTH	YE/ 27, 199	6 6 5 5 40			
	4. SOCIAL SECURITY NUMBER 493.14.5477	5. SEX	6. AGE (In yrs. last		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. B	HRTHPLACE (State or Foreign country)			
should	9a. FACILITY NAME (If not institution, give	Λ .			9b. CITY, TOWN C	OR LOCATION OF DI	AUG.2, 19	9c. COUNTY	LAHOMA OF DEATH			
1. 2. 3.	Vindobona Nursing Home Braddock Heights Frederick RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. WINDE CITY											
permit. Pages 1.		erick			TY, TOWN OR LOCATION  REDERICK  1 NO Y							
rial-transit perm	100. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF WHAT COUNTE 21701 U.S.A.											
BY the bu	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	MED	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yea, specify Cuban, Maxican, Puerto Rican, atc.)  1 ☐ YES 2▼] NO Specify:  1. □ YES 2▼] NO Specify:								
d for use as	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	completed) College (1-4 or 5 +	(Gi	Do NOT us		st of working	16b. KIND OF BU					
o detached in once.	17. FATHER'S NAME (First, Middle, Last)	+2	IND	USTR	LAL SPEC		ME (First, Middle, Maider		THE NAVY			
5 should be notified at	ROBERT LOUIS AL  19a. INFORMANT'S NAME (Type/Print)	LEN	196	. MAILING	ADDRESS (Street a		DOUTEY  Route Number, City or Tov	vn, State, Zip Code	o)			
be no	CATHERINE E. AL				BUCKTHOR		FREDERICK.	MD. 2]				
director, per must	1 X Buriel 2 □ Cremation 3 □ Ren 4 □ Donation 5 □ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE □		PARK	LAWN	MEM. PA	RK		KVILLE	MD.			
the funeral dir	· Auch	W feter	D				N.W. WASHI					
ompletely filled in by the cremover community the community the medical	23. PART t. Efter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, in the shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Direct for Manual Cause of the mode of dying, such as cardiac or respiratory arrest, in the mode of dying, such as carrest, in the mode of dying, arrest, in the mode of dying, arrest											
fing physician and co tygiene prior to burial other traumatic	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  D. CYC GWWSLU (A > ACL) N = Y = Y = Y = Y = Y = Y = Y = Y = Y =											
AL Me	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b, WERE AUTOPS											
	DID TOBACCO USE CONT	RIBUTE TO CA			S NO C	UNCERTAI	NX		1 YES 2 NO			
State State	EXAMINER?  1 YES 2 NO	HOSPITAL:			OTHER:	ne 5 🗆 Rasidenca	8 Other (Specify)					
With With	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, Di		28b. TIM	JURY WO	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURE	ED			
after de 28 ls	3 Suicide 6 Could not be datarmined	26a. PLACE Of building,	F INJURY — At ho atc. (Specify)	me, term,	atreet, factory, offic	ia.	281. LOCATION (Street City or Town, State		ural Routa Number,			
H E E I	29a. CERTIFIER (Check only one)  2 I CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.											
70 - 0	2 MEDICAL EXAMIN	296. BIGNATURE AND SUTLE OF CENTIFIER  29c. LICENSE NUMBER  137178  29d. DATE SIGNED (Month, Day, Year)  29d. 29d. 29d. 29d. 29d. 29d. 29d. 29d.										
TO THE FUNERAL DIR be filed within 72 hou IMPORTANT: If Item TO BE COMPLE	29b. BIGNATURE AND SCILE OF CENTIFIE	~ My					18					
70 - 0	2 MEDICAL EXAMIN	HO COMPLETED CAUS					78	> 2.				

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State of Maryland / Department of Health and Mental Hygiene

						Cei	rtificat	e of	Death		F	eg. No.			
			1. Decedent's Name (First, Middla, L	ast)							2. Deta of Dea	th		3. Tima of Death	
	Physici		Abraham		7	11077					Feb 24.	Dey 1996	Yaar	9:59 Pm	
	/Medic Examir		4a. Facility Name (If not institution, g	ive street and number	) A	110y_			4b. City, To	wn, or L	ocation of Death		y of Deeth	19:59 PM	_
	Exami		Manor Care Pot	omac					Potom	ac		Monte	gomer	W	
-	Funeral				x 7. Age (In vrs. last birthday) If Under 1 Yaar If Under 24 Hrs.						8. Data of Birth		7	Y plece (Stete or Foreign	_
п	Director		579-32-7246	150M 2□ F	M 2□ F 86 Yrs. Months Days Hours Min.						OCT 20	1909	New	York	A
			Usual Residence of Dacedent												
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	M T	to	MD Montgo	mery	Poto	mac								1 X Yes 2 □ No	
	r 28	Director	10e. Street and Number				10f. Zip	Code			1	0g. Citizen of	What Cou	ntry?	
	3a o		10714 Potomac	Tennis La	ne		20	854				USA			
	72 hours efter death with the Manyend neturs!; or itema 23s or 28s-1 show dical Examiner must be notified at	neral	11. Meritel Stetus	12. Wes Decedan	Evar In U,S.	13. \	Vas Daced	ent of I	lispanic Ori	gin? (Sp	ecify Yes or No- Rican, atc.)		ca - Americ		-
0	offer in	Fun	1 Nevar Married 2 Married	Armed Forces			_			i, Puarto	Rican, atc.)		ck, White,		
21215-0020	ers er	by	3 ◯ Widowed 4 □ Divorced	If Yas, Giva Yaer or Detes:			1 ☐ Yes	2 CXCNo	Specify:			Specil	y: Whi	te	
2-0	72 ho	Completed	15. Decedent's i	Education	1	6a. Deced	dent's Usua	Occup	pation	t of work		16b. Kind of E	Jusiness/In	dustry	_
21	Pan Pan	pie	(Specify only highest g Elementery/Secondery (0-12)	College (1-4or	5+)	life. L	DO NOT us	e retire	during most	OF WORK	ing				
21	filed within Hygiene. ther than "	NO.		1		Me	ercha	nt				Reta	il		
B	e filed al Hygi other vent, ii	Be (	17. Fethar's Neme (First, Middle, Las	t)					18. Mothe	r's Nem	e (First, Middle,	Me <i>iden Sum</i> ei	ma)		
/la	should be fund Mental by marked of urmatic eve	To	Samuel Alloy						Est	her	Katz				
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	alth 27		Martin Alloy			11677	7 Dai	nvi]	lle Dr	. Ro	ckville	MD 20	852		
ore	of He		20e. Method of Disposition	7-	com	e ot Dispo	sition (Ner	na of thar ple	ce)		Dete	20c. Location	- City or To	own, State	
Ĕ	Pag nent int: H		1 ☐ Buriel 2 ☐ Crametion 3 4 ☐ Donation 5 ☐ Other (Spec		)			,					Hil	Hill, MD	
altimore,	permit. Pages 1 end 2 Department of Health a Important: If Item 27 is any Injury or other trai		21. Signeture of Fuderal Servica Lice	ensee					ss of Fecilit		•				-
m	Depariment on Irrapo		4/1/10						_		cal Dire				
	_		23a. Pert1. Enter the disease, or conshock, or heart tallium. List only	nplications that cause	d the death. I	Do not ente	91_Refer the mod	OCK e of dyl	ng, such as	Pike cardiac	Rockvi or respiratory arr	lle MD	_2085	Approximate	
1	Physician	0.3	Shock, or neart talleam. List only	y one cause on eech	ina.								i	Intervat Between Onset end Deeth	1
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o,	an ar		Sequentially list conditions, if any, leading to immadiate causa. Enter Underlying												ı
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	the atter	Physician/	Pert II. Other significant conditions	contributing to deeth I	out not resultin	ng in the ur	ndarlying c	ause gi	ven in Pert I		23b. Dld to	bacco uee co	ontribute t	o the cause of death?	-
P.0	by th	h/	Dinhat				, -	- 5			1 🗆 Y	es 2000	3 □ Pro	bably 4 Unknown	n
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of	P tra	n: T	27. Menne of Death	28a. Dete of Inju	-	b. Tima of	-	8c. Inju Wo			28d. Describe h			,,	
Division	Attending In death.	atio	1 Naturel 5 ☐ Pending 2 ☐ Accident Investigeti		sy rear)	Injury	М		Yes 2	No					
Vis	f or Attendent efter deat Director:	ific	3 ☐ Suicide 6 ☐ Could not determine	4   28a. Placa of in	jury - At home	, farm, stre	eet, fectory	, offica			28t. Location (S	treet end Num	ber or Run	el Route Number,	-
Ö	s efter	Certification:	4   Honicida	building, e	tc. (Specify)						City or Tow	1, 3(8(8)			
	To the Hospital or Att within 24 hours efter of To the Funeral Direct completely filled in by			hysician: To the best											
	n 24 n 24 ne FL	edical	(Check only 2 Medical Exa	miner: On the basis of end mennar si	axeminetion teted.	end/or Inv	estigetion,	in my o	opinion, dea	th occur	ad et the time, d	ete end place	, end due to	o the ceuse(s)	
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	. ^		30. Neme and addrass of person who	complated causa of	daath (Item 23	Ba) (Type, I	Print)		• • •	-/-	1	1	~	10	
	10		James J.	Fost		U.D		53	-30	W	ix Av	Chev	Ch	ASC 2081	5
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	Registr	ar	FEB 2 8 19	16 July do	incres.	physical									



retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 death. Page 6 may be Pages 1, 2, 3 should

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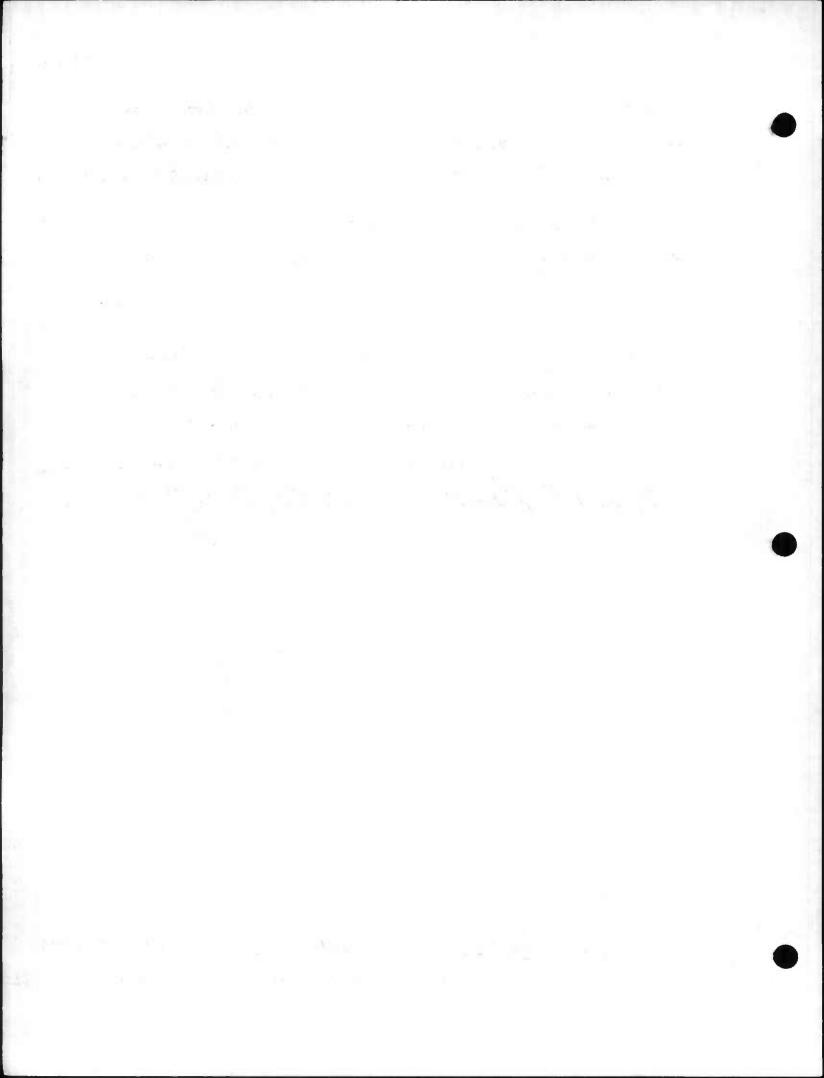
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Robert Duane Andrews February 1996 6:20 A M 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday, 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR 6. BIRTHPLACE (State or Foreign DAYS HOURS 1 X M 2 | F 218-20-0800 70 January 15 192 Kansas 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Medbridge Nursing Home Wheaton Montgomery RESIDENCE OF DECEDENT 10a STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Silver Spring 1 YES 2 XNO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 12605 Epping Road 20906 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yea, specify Cuban, Maxican, Puerto Rican, atc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 TYES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Married 1 TES 2 NO Specify: В Specify: White 3 Widowed 4 Divorced WWII 1945-1946 COMPLETED 15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) Federal Government N.I.H. 12 Operating Engineer 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) 76 Lionel Willet Andrews BE Irene Hudgins notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Louise C. Andrews 12605 Epping Road Silver Spring, Maryland Pe 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must 1 Buriel 2 X Cremation 3 Ra 4 Donation 5 Other (Specify) Gemetery, cremetary or other piecel Metropolitan Crematory 2/25/96 Alexandria, Virgina examiner 21. SIONATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Francis J. Collins Funeral Home 500 University Blvd. West Silver Spring, Maryland 20901 medicai 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, only ona cause on each line shock, or haert fallure, Lia Interval Between IMMEDIATE CAUSE (Final **Onset and Death** the disease or condition resulting in death) Sepsis several day event, DUE TO (OR AS A CONSEQUENCE OF): osteomyelitis 4 week traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 injury. PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY MEDICAL 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? Dialilles. sen Cerel vescular PERFORMED? disease shows any 1 WES 2 NO malnutrition 1 YES 2 NO PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO MY UNCERTAIN 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: QTHER:
4 Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) tlant 2 - ER/Outpatient 3 - DOA 10 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d, OESCRIBE HOW INJURY OCCURED marked. 1. Natural 5 Pending 1 YES 2 NO BY 2 Accident trivestigation 3 Sulcide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 is 8 4 Homicide COMPLET If item 29e. CERTIFIER

(Check aniv. 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, date and place, and due to the cause(e) and manner es stated. TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On instion and/or investigation, in my opinion, death occured at the time, data and place, and dua to the cause(s) and manner as stated. 296, SIGNATURE AND TITLE OF CERTIFIES 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Yes llemi Feb 25, 1996 142518 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ROCKULLE Gur CHABUBOUI. PIKE 11119 ROCKVILLE MD20852 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

State of Maryland / Department of Health and Mental Hygiene 96 07177

						Certific	cate of	Death		Reg. No.	, ,		
	Diam'r.		1. Decedent's Nema (First, Middle, Last)	)					2. Deta of De Month	ath Day	Year	3. Time	e of Death
	Physici /Medi		CHARLES H. ABEL	.L					FEBRUAR			2:	00 PM
¥	Examir		4a. Facility Nema (if not institution, giva	street and number)				4b. City, Town	, or Location of Deat	h 4c. County	of Deeth		
			Washington Adventi	st Nursing	Home				a Park	Mont	gomer	су	
	Funeral Director		5. Sociel Security Number 6. Set 1218-54-4570  Usuel Residence of Decedent	7.44	In yrs. iest birt.	Yrs. If L	Indar 1 Yaar nths Deys		Hrs. 8. Dete of Bir (Month, De Aug. 17	th ly. Year) 7,1907	9. Birthpl Coun Washi	lace (Ster try) Lngto	n, DC
	Maryland f ahow	tor	10e. Stete 10b. County  Maryland Montgom		Oc. City, Town	or Location					10		e City Limits
	the noti	Director	10e. Street and Number	iely	SIIV	-	f. Zip Code			10g. Citizen of	What Coun	ntrv?	
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Maryland 21215-0020	d within 72 hours after deeth with the Maryland jiene. I than "natural", or itema 23a or 28a-f ahow than Madical Examiner must be notified at	by Funeral	11. Maritel Stetus  1 Nevar Merried 2 Married  3 Widowed 4 Divorcad	12. Wes Decedent Eve Armed Forcas? 1 ☑ Yas 2 ☐ No If Yes, Give Yaer or Datas: ₩			specify Cut		? (Specify Yas or No uarto Rican, atc.)	14. Race - American India Black, White, atc.  Specify:  White			
5-0	72 ho	Completed	15. Decedent's Educ (Specify only highast grade	cation	16a.	Decedent's	Usuel Occu	petion	l working	16b. Kind of B	usiness/inc	dustry	
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pu	12 should be filed within h and Mentel Hygiene. r la marked other than ' traumatic event, un Me	Be	17. Fether's Neme (First, Middle, Last)					18. Mothar's	Neme (First, Middle	, Me <i>ide</i> n Sumen	10)		
3	Men Men	2	Stewart George Abe						e Virginia		- bad		
Ma	d 2 should th and Mer 7 la marke traumatic		19a. Intorment's Neme/Reletionship (Type	pe, Print)			,		r Rurai Route Numb				
	1 and leelti em 27		Lloyd T. Clark  20a. Method of Disposition		20b. Plece of			Lane,	Silver Spi				
Baltimore,	permit. Peges 1 and 2 Department of Heelth a Important: If item 27 is any injury or other tra QDGs.		1 ② Buriel 2 □ Cremetion 3 □ R 4 □ Donation 5 □ Other (Specify)	Removei from Stete	cemater	y, crametor	or other pie		2/29/96	20c. Location			
Balt	Departing International Contro		21. Signatura of Funerel Sarvice License	98	OLESSON AS	22. Nan	na and Addr	ess of Fecility	ins Funera				
			nobert C.	Kame		500	Unive	ersity I	31vd.W., S	Silver S	pring	, MD	
			23a. Part1. Enter tha diseese, or compli- shock, or haart feilura. List only on	cetions that caused the se ceuse on each lina.	e down. Don	ot entar the	moda of dy	ing, such as car	rdiac or respiratory a	rrest,		Approxin	Between
Ť	Physician /Medical		tmmedlete Cause (Finel		P		4				1	-0.00	nd Deeth
ſ	Examiner		disassa or condition resulting in deeth)		Inel	LMO	nia	-				10	cey
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	nsit n	듵	_ b	)			1						
o,	e execu an and inel-tra	Examiner	Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	Du	e to (or es a c	onsequence	of):				i		
68760,	ertificate be executed ing physician and e as the buriel-transit	Medical	that initieted events resulting in death) Last	Dur	a to (or as e o	onsequance	of):						
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<b>eco</b>	law requires	Completed		g					pend	rmed?	con	aliable pri mpletion o death?	
	The I	S							10	Yas 20 No	10	Yas 2	≥□ No
/ita	ysician: The is certificate director, pag	Be	25. Wes case referred to medical examiner?					26. Place of	Deeth (Check only	one)			
5		2	1 □ Yas 20 No	lospitai: 1  Inpatient	2 ☐ ER/Out	tpatient 3[	DOA Ot	her: 4 Nursi	ng Homa 5 □ Rasi	danca 6 □Oth	er (Specify	v)	
E C	fier t	on:	27. Manner of Deeth  1. Neturat 5 ☐ Panding	28a. Dete of Injury (Month, Dey Yo	ear) 28b. Ti	njury		ork?	28d. Describe	how injury occur	red		
Division	al or Attending Physis after death. Il Director: After this od in by the funeral d	Certification:	2 Accident investigetion 3 Suicida 6 Could not ba 4 Homicida datermined	28e. Plece of Injury building, etc. (\$	- At home, fer Specify)	m, street, te		]Yes 2□No	28f. Location ( City or To	Street and Numb wn, Steta)	er or Rura	l Route N	lumber,
	To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by	edical C	29e. Certifiar (Check only one) 1 Certifying Phys 2 Medical Examin	sician: To the best of m ner: On the basis of ex end mennar steted	aminetion end	daeth occu	rred at tha ti atlon, in my	ima, data and p opinion, deeth o	lece, and dua to tha	cause(s) and me deta and pleca,	annar as st	ated.	e(s)
	o the o the ompk	<b>*</b>					29c. Lican	se number		29d. Dete signe	d (Month. I	Day, Yea	r)
	X \		J. Olivel	Ilour my			D	425	18	Feb	27	7,19	396.
1	51'		30. Name and address of person who con	mplated cause of deetl	h (Item 23e) (	Type, Print)	ville	= Pit	ev, Ro	CKUIL	us,	MO	20852
	Sta	te	31. Dete filed (Month, Par Ber 2 8 1	996 32. Registrer's	Signeture	Rosdal							



MARYLAND 21215-0020

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

Richard Donald Armiger

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DAYS 1 🔯 M 2 🗌 F HOURS 578-07-7084 88 YRS. July 23, permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN RECTOR Wilson Health Care Center Gaithersburg RESIDENCE OF DECEDENT 10a STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION Gaithersburg ō Maryland Montgomery FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE burial-transit 301 Russell Avenue #408 20877 after death. Page 6 may be retained by the hospital or attending physician. by the funeral director, page 5 should be detached for use as the burial-tran 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerlo Rican, etc.) 1 YES 2 NO Specify: BY 3 🔯 Widowed 4 🗌 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade ETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondery (0-12) College (1-4 or 5+) COMPL 5+ Picker X-Ray Corporation Sales Manager once. 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) to Eleanor Ward Leach Benjamin Franklin Armiger BE notified a 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Susan Popescu 5901 Landon Lane, Bethesda, MD 20817 9 20a. METNOD OF DISPOSITION
1 □ Burial 2 XXCremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must Metropolitan Crematory 2/23/96 Alexandria, Virginia 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DeVol Funeral Home Tichaell 10 East Deer Park Drive Gaithersburg, MD 20877 filled in by the figon, or removal. the medical 23. PART /. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or haart failure. List only one cause on each line. IMMEDIATE CAUSE (Final cremation, within 24 Frank Farly disesse or condition resulting in death) entw event, DUE TO (OR AN A CONSEQUENCE OF) and com burial, ( executed other traumatic CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): 2 If any, leading to immediata cause. Enter UNDERLYING been signed by the attending physician of, or Health and Mental Hygiene prior to 2 certificate CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events. resulting in death) LAST 0 Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY PERFORMED? that -Varcu la accident any 1 - YES 2 NO Shows requires s certificate has been th the State Dept. ( DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN O UNCERTAIN I PHYSICIAN: MP 23 26. PLACE OF DEATN (Check only one) 25. WAS CASE REFERRED TO MEDICAL Item EXAMINER? HOSPITAL OTHER: Inpetient 2 - ER/Outpetient 3 - DOA PHYSICIAN: Nursing Nome 5 Residence 8 Other (Specify) 0 28e. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK? 27. MANNER OF DEATH 28d. DESCRIBE NOW INJURY OCCURED marked, DIRECTOR: After this c hours after death with 1 Natural 2 Accident 5 Pending investigation 1 YES 2 NO BY OR ATTENDING 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 90 8 Could not be COMPLETED 4 Nomicide 28 tem CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. TO THE HOSPITAL OF THE FUNERAL D DE filed within 72 ho (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and memora a stated. 29b. SKINATURE AND TITLE OF CERTURE ra 020311 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 410 31. DATE FILED (Month, Day, Year)

Studier Rarlall

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 

IF UNDER 1 YEAR IF UNDER 24 HRS.

6. AGE (In yrs. last birthday)

96 07178

3. TIME OF OEATH

1 X YES 2 NO

White

Approximata

Interval Between Onset and Death

month

24b. WERE AUTOPSY FINDINGS

COMPLETION OF CAUSE OF DEATH?

1 YES 2 NO

29d. DATE SIGNED (Month, Day, Year)

23

WAILABLE PRIOR

6. BIRTHPLACE (State or Foreign

3:30am

1996

9c. COUNTY OF DEATH

Montgomery

1907 Pennsylvania

United States

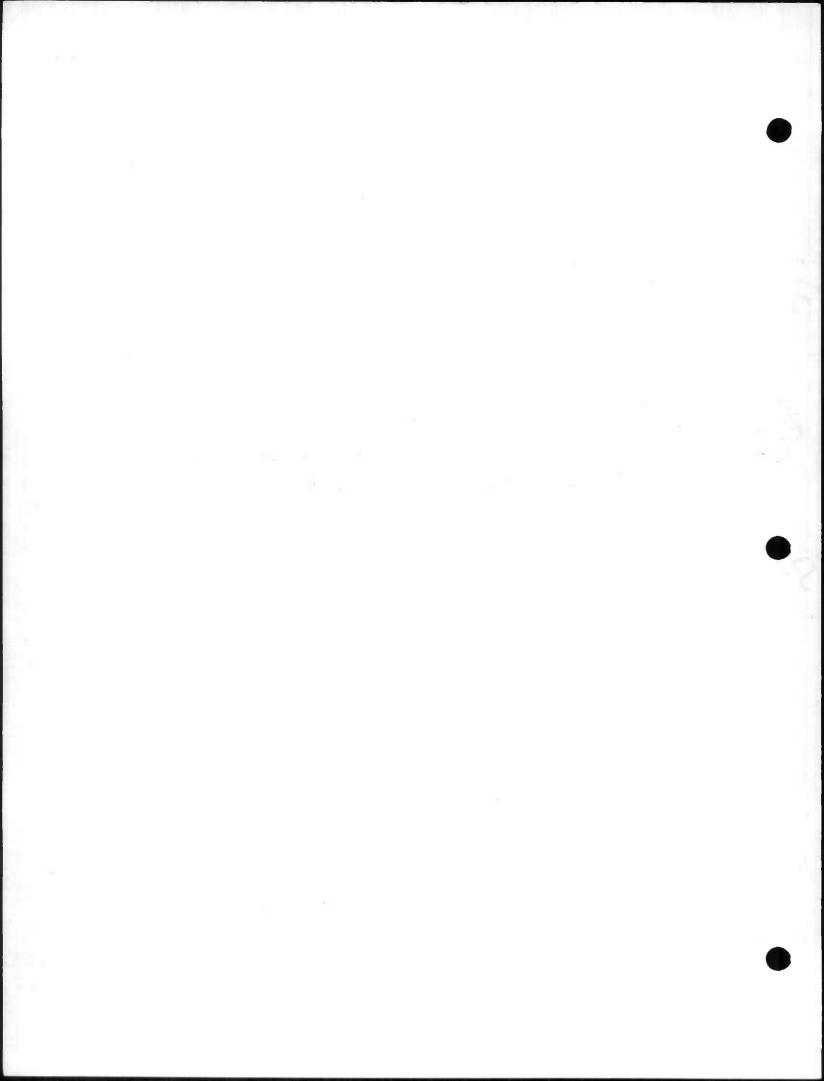
14. RACE — American Indian, Black, White, etc.

REG. NO.

February 23,

2. DATE OF DEATH

7. DATE OF BIRTH



3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign

7:40

WHITTE

Approximata

interval Between

**Onset and Death** 

240

> 5 YRS

> 5 YRS

AM

YEAR

996

REG. NO.

24

2. DATE OF DEATH

FEB.

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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7. DATE OF BIRTH (Month, Day, Year 1 🗆 M 2 😿 F DAYS HOURS MIN 083-03-9739 FEB. 22,190 NEW YORK permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give atreet and number) 9h CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR MANOR CARE NURSING HOME POTOMAC MONTGOMERY 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD. MONTGOMERY POTOMAC 1 X YES 2 NO FUNERAL 10a. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 101. ZIP COOE 10909 20854 BROAD GREEN TERR. funeral director, page 5 should be detached for use as the burial-transit U.S.A. hours after death, Page 6 may be retained by the hospital or attending physician, 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES ZY NO Specify: 1 Never Married 2 Married Specify: BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION. 16h KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) HOMEMAKER AT HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at LOUIS NIEBERG MINNIE GOLDBERG BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Boute Number City of Yourn, State, Zip Code) 2 PETER H. ARON SAME AS TTEM #10 pe 20s. METHOD OF DISPOSITION
1 □ Burlet 2 □ Cremation 3 □ Removal from State
4 □ Donation 5 □ Other (Specify) 20h PLACE AND DATE OF DISPOSITION /Name of 20c. LOCATION — City or Town, State DATE Must CHAMBERS CREMATORY 2/26 RIVERDALE. MD. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY W. W. CHAMBERS CO. INC., SILVER SPRING, MD. M00091 filled in by the fullon, or removal. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel the disesse or condition cremation, MYOCARDIAL INFARCTION completely resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF): prior to burial, HIATAL HERNIA CERTIFICATION and Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): the attending physician Mental Hygiene prior to cause. Enter UNDERLYING CAUSE (Disease or Injury OSTEOPOROSIS or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST DEMENTTA Injury, PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL een signed by the of Health and N shows any 1 YES 2 - NO OF DEATH? 1 - YES 2 1 NO peen has be Dept. c DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN X PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) Item the State **EXAMINER?** this certificate HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Specify) 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 10 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED with 28 is marked, INJURY 1 X Natural 5 Pending 1 YES 2 NO BY Investigation 2 Accident death After 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number City or Yourn State) 8 Could not be determined COMPLETED DIRECTOR hours after 4 Homicide Tem 8 29a. CERTIFIER (Check only one)

Approximately and physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. THE HOSPITAL OF THE FUNERAL DIFFER WITHIN 72 ho Ξ 2 
MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. MPORTANT 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d DATE SIGNED (Month Day Year) BE 6 MM . FEB. 24. 2 9 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) SWAROOP M.D. RAO 50 W. EDMONSTON DR., ROCKVILLE, MD. 31. DATE FILED (Month, Day, FEB 27 32. REGISTRAR'S SIGNATURE POWER SIGNATURE

ARON

6. AGE (In yrs. last birthday)

E.

5 SEX

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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State of Maryland / Department of Health and Mental Hygiene 96 07 | 80

						Ce	rtificate of	Death	7	Be	eg. No.			
			1. Decedent's Nama (First, Middle	, Last)						2. Data of Deat			3. Tima of Deat	
	Physician					Bradford				February	$\frac{25}{25}$ , 1	996	7:32 A.	
Y	/Medi Exami		4a. Facility Nama (If not institution					4b. City, To	own, or Lo	cation of Deeth	4c. County			
	Exami	1161	26275 Worte	n Lynch	Road	Worton			ton		Kent			
-	Funeral		5. Social Security Number	6. Sax	7. Age (In yrs. la	st birthday	) If Undar 1 Yeer			8. Deta of Birth (Month, Day,		9 Birthr	lace (State or Fore	
п	Director		213-28-2814	1□ M 2□ <b>X</b> F	66	Yrs.	Months Days	Hours	Min.			Cour	place (State or Fore	
Н			Usuel Rasidance of Decedant							March 20, 1929 Virginia				
	/land		10a. Stata 10b. County		10c. City,	Town or L	ocation					1	Od. Inside City Lim	
	Man 4	ō	Maryland Ke	ent	Wor	ton							1 ☐ Yes 2 💢	
	death with the Maryland	9	10e. Street and Number				10f. Zip Coda			1	Og. Citizen of	What Cour	ntry?	
		0	26275 Worton Lynch Road				216	78			USA			
		era	11. Maritel Status	12. Wes Decedent Evar In U.S		. 13.		Hispanic Origin? (Specify Yes or					an Indian	
	items incrms	2	1 ☐ Navar Merried 2 ☑ Marri	Armed F			If Yas, specity Cut	oan, Maxica	n, Puarto	Rican, etc.)		ck, Whita,		
21215-0020	72 hours after netural', or ite	by Funeral Director	3 □ Widowed 4 □ Divorced	if Yas, G Yaar or	ilver -		1 ☐ Yas 2 ☐No Specify: Specify:					White		
ö	72 hours		15. Decedant		Datas.	16a Dece	edant's Usual Occu	netion			16b. Kind of B	usingee/In	dueto	
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12	o filed within at Hygiene.	Ĕ	Elemantary/Secondery (0-12)	Collega	(1-4or 5+) 4		lousewi fe	,				-		
	Hygin de de de de de de de de de de de de de	Ö	17. Fathar's Nama (First, Middla, I	ast)				18. Moth	ar's Nama	(First, Middla, A	Aaidan Suman	ne)		
an	Mental Mental arked o	Be	Arthur Roy		10				nk			,		
7	ges 1 and 2 should be filed to Health end Mental Hyg If Nem 27 Is marked othe or other traumatic event,	2	19a. fnformant's Neme/Ralations		25	10h 14-11	ing Addrass (Stree			of Donato Mirash co	Oh T.	O4-4- 7/-	0-40	
Maryland	d 2 sho th end 7 is me traum		Basil Bradford	,	isband		75 Worto							
	Heali Heali Her		20a, Mathod of Disposition				osition (Nama of	11 11911	011 100		20c. Location			
Baltimore,	permit. Peges 1 and 2 Department of Health e Important: If Nem 27 is any Injury or other tra		1 Surial 2 ☐ Crametion	3 Ramovai fron	Stata Cer	matary, cre	matory or other ple		_ 1					
Ei.	Lant:	10 3	4 ☐Donation 5 ☐ Other (Sp		St.	Jame	es Cemete	ry	Feb	27,1996	Mon	kton,	ND.	
Sal	Departition Departiment Important In		21. Signature of Funeral Service L	ioensee			2. Name end Addr larrison			I Elmono	1 Homo			
ш	20599		Dauson	tote	onas	2	112 South	Talb	of St	t. St.	Michae	ls. M	D. 21663	
			23a. Part1. Entar the diseesa, or	complications that	caused tha daath.	Do not an	itar tha moda of dy	ing, such as	s cardiac d	or respiretory erro	ast,	1	Approximete Intervel Batween	
1	Physician		SHOOK, OF HOME MINUTO. ELSE	Jily Olia Gause Oli	oodi ma.							1	Onset and Death	
2	/Medical		Immediata Causa (Final diseese or condition	1.1	1176- 0	312 South Talbot St., St. I sused the death. Do not enter the mode of dying, such as cardiac or respiretory erresch line.  NG CANCER  Due to (or as a consequence of):		1	4 mo.					
	Examiner		rasulting in death)	a									9 MO.	
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	or ansit	Examiner	accidentation and the contraction	b	Dua to (or a		**************************************							
'n,	exec n an	Exa	Sequantially list conditions, if any, laading to immediate cause. Enter Underlying Cause (Disease or Injury		Dua to (or a	as a conse	querice or).					į		
68760,	ertificete be executed ling physician and sa es the burial-transit	Medical	Cause (Diseasa or Injury that initiated evants	c	Due to ton							-		
89	ficet phy s the	Ď	rasulting in death) Lest		Due to (or e	es e consa	quanca or):	anca of):						
×	eath certif attending for usa ea	3	d											
Bo	death e atten	Physician									Transfer and			
o	the d	iysi	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.						I.		23b. Did tobacco use contribute to the cause of death?			
P.0	that tha ed by th detache	P								1 Yes 2 No 3 Probably 4 Unknown				
Records,	8 58	i by								04 111	The same !	0.4h 14/	nea autonou fin din a	
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Œ	The ate h	Completed								1 □ Ye	s 2 No	1[	Yas 20 No	
Vital		Be (	25. Was casa refarred to medical					26. Plec	a of Deeth	(Check only on	θ)			
<b>&gt;</b>	0.0	To I	axaminer? 1 ☐ Yes 2 ☐ No	Hospital:	Inpatient 2 E	R/Outpetie	int 3 DOA	har: 4 N	ursing Ho	me 5 Aeside	nce 8 Oth	nar (Specif	v)	
of	Physe Physical dispersion of		27. Manner of Death	28a. Deta	of injury 2	28b. Tima o				28d. Dascribe how injury occurred				
Division	Attending or deeth.  actor: After by the fune	Certification:	1 1 1 1 1 2 1 Netural 5 □ Panding 2 □ Accidant invastig		nth, Day Year)	Injury	ry Work? M 1 ☐ Yes 2 ☐ No							
15	Attendir deeth	E C	3 ☐ Sulcida 6 ☐ Could n	ned Zoa. Plac	e of Injury - At horr	ne, farm, st	treet, factory, office					ber or Rura	al Routa Number,	
ă	o bland	ert	4 ☐ Homicida datarmi	building, etc. (Specify)  City or Town, State)										
	To the Hospital or Attending I within 24 hours after deeth.  To the Funeral Director: After completaly filled in by the fune.		29a. Certifier 1 Certifying	Physician: To th	a best of my knowl	edge, deet	th occurred et tha t	ima, data ai	nd place.	and dua to the cr	usa(s) and m	annar as s	tated.	
	Hod 24 h	edical	(Check only 2 Medical E	xaminer: On the	basis of axaminatio	on and/or in	nvastigation, in my	opinion, da	eth occurr	ed et the time, de	ate end plece,	and dua to	tha causa(s)	
	ithin o th	Me	29b. Signatura and title of cartifiar			-	29c. Licen	sa number		2	9d. Deta signe	d (Month,	Day, Year)	
	F 3 F 8		1744	None	chus		N	1158	7		2/2	1.10	1	
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			30. Nema and addrass of person v					Yla a . A		11/III)	91690			
			Helen A. No				r Road, (	neste	rtow	II, ND.,	21020			
	Sta		31. Dete filad (Month, Day, Year)	9 0 1000	Registrar's Signatu	ra ,	Rod 11							
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L DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending phy	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bur	ath	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
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AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. BEGISTRATES SIGNATURE

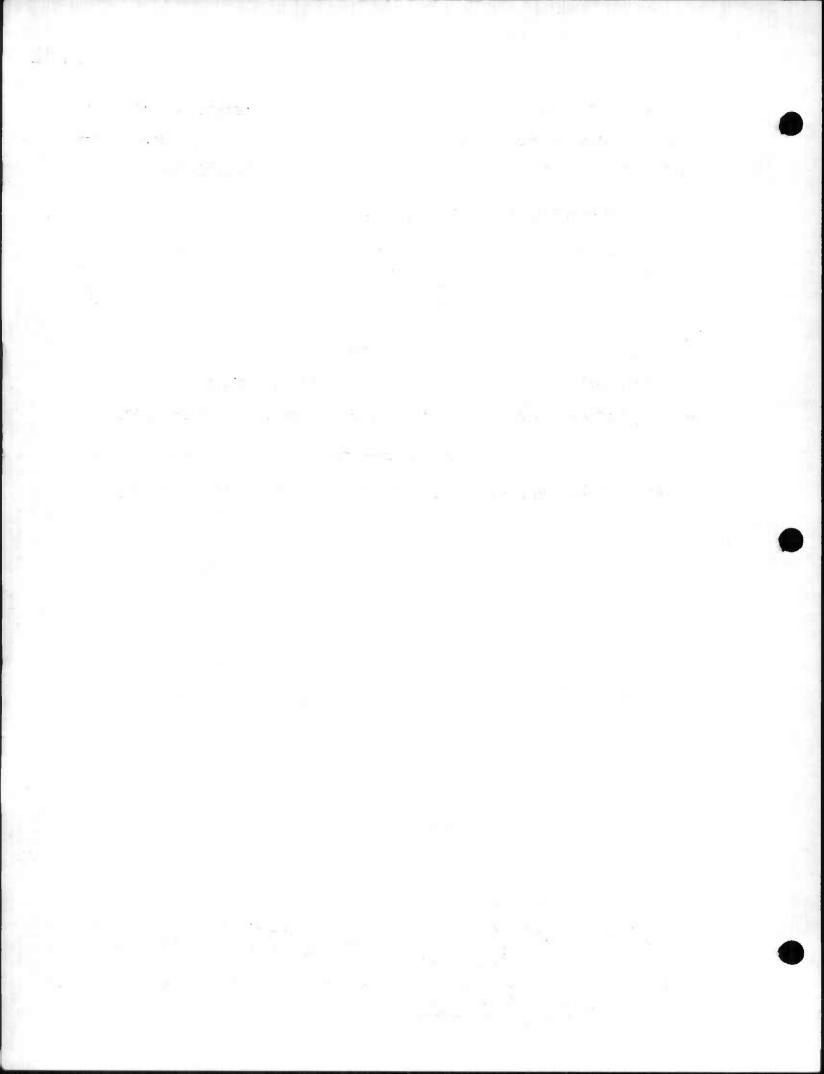
FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY 3. TIME OF OFATH YEAR Helena M. Bernstein February 24 1996 11:20A 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 1 M 2 XXF 75 579-18-6964 Feb 14 1921 Washington, 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Anne Arundel Medical Center Annapolis Anne Arundel RESIDENCE OF DECEDENT 10b. COUNT 10c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY MD Anne Arundel 1 TES 2 YNO Annapolis FUNERAL 10e. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1208 Hampton Road 21401 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-II yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 1 Never Merried 2 Merried 1 TYES 2 NO Specify BY 3 💢 Widowed 4 🔲 Divorced White ETED 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 12 Receptionist Office Worker once. 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ Robert E. Jones BE Bertha A. Mayhew notified 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 12431 Uncle Charlie's Spur Dunkirk, MD 20754 Henry J. Bernstein, Jr. ě 20s. METHOD OF DISPOSITION 20c. LOCATION - City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of must Buriel 2 Cremation 3 R Hillerest Momorial Gardens 2/27/96 Annapolis, Maryland SIGNATURE OF FUNERAL SERVICE LICENSEE 22 NAME AND ADDRESS OF FACILITY Ohn M. Taylor Funeral Home 147 Duke of Gloucester St. Annapolis, MD 23. PASS. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line. Interval Batween Onset and Death IMMEDIATE CAUSE (Final ardiac e H disease or condition\_ reaulting in death) DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING other CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated eventa resulting in death) LAST 0 PART II. Other aignificent conditione contributing to deeth but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL obstructive Dulmona PERFORMED? AVAILABLE PRIOR TO amy COMPLETION OF CAUSE 1 | YES 2 23 shows 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO □ UNCERTAIN □ PHYSICIAN: 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL Hem EXAMINER? HOSPITAL:
1 | Inpetient 2 | SR/Outpetient 3 | DOA OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 YES 2 ND 6 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK?

1 YES 2 NO 27. MANNER OF DEATH 26d, DESCRIBE HOW INJURY OCCURED marked. Natural
2 Accident 5 Pending investigation BY 28e. PLACE OF INJURY — Al home, ferm, street, factory, office building, atc. (Specify) 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 69 8 Could not be COMPLETED 4 Homicide 28 Hem 29a. CERTIFIER DERTIFYING PHYSICIAN: To the best of my knowledgs, death occurred at the time, data and place, and due to the cause(a) and menner as stated. TO THE HOSPITAL
TO THE FUNERAL I
be filed within 72 h
IMPORTANT: It is 2 MEDICAL EXAMINER: On the investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated BE

## Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

					Certifica	te of	Death		Reg. No.		110	
Physici	ian	1. Decedent's Name (First, Middle, Las	st)					2. Date of D	Peath Day	3. T	ime of Death	
/Medic		Kevin Clinto		_				Februa	ry 27		:07 AM	
Examir	ner	4a. Facility Name (If not institution, give				- 1		or Location of Dea		y of Death		
		Magnolia Gardens 5. Sociel Security Number 6. S			internal If Hod	er 1 Year	Lanham If Under 24 H	re la p		ce George		
Funeral Director			ex 7. Age	(In yrs. last b	Yrs. Months			lrs. 8. Date of B in. // Month 19	71964	9. Birthplace (S Country) New Yor	State or Fore K	
M 18	16	10e. State 10b. County		10c. City, Tox	wn or Location					10d. Ins	ide City Lim	
28a-f eh	ector	MD Prince G	Seorges	Capit	al Heigh						Yes 2X	
23a or	Funeral Director	10e. Street and Number 5937 Applegarth E	Place			743			USA	What Country?		
be filed within 72 hours after death with the Maryland the Hydione.  Id other than "netural", or items 23a or 28a-f ehow event, the Medical Examiner must be notified at		11. Marital Stetus  1 □ Never Married 2 □ Married  3 □ Widowed 4 ☒ Divorced	12. Was Decedent Ev Armed Forces? 1 XYes 2 No If Yes, Give Year or Dates:			edent of Hecify Cubs	lispenic Origin? an, Mexican, Pu Specify:	(Specify Yes or Nerto Rican, etc.)	Io- 14. Re Bla Specifi	ce - American Ind ick, White, etc.	lan,	
netu	etec	15. Decedent's Ed (Specify only highest gra	fucetion de completed)	168	a. Decedent's Us	ual Occup	ation	vorkina	16b. Kind of E	Business/Industry		
than	Completed	Elementary/Secondary (0-12)	College (1-4or 5+	U	'iiio. DO NOT Inemploye		during most of v i)		None			
Hygi other	BeC	17. Father's Neme (First, Middle, Last)		1			18. Mother's N	leme (First, Middl	e, Meiden Sume	me)		
marked other marked other imatic event,	To B	William Boyd					Joan E	. Little				
T of		19a. Informant's Name/Relationship (1 Judy Boyd (former	Type, Print) Wife)					Rural Route Num per Marl		, State, Zip Code) 20772	)	
nent of Healt ant: If item 2 ury or other		20a. Method of Disposition 1 ☐ Burlel 2 又Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify	of Disposition (Neme of ery, cremetory or other place)  ppolitan Crematory			Date 20c. Location - City or Town, State 2/28 Alexandria VA			ate			
Department of Important: If it any injury or once.		21. Signature of Funeral Service Licen	_		Adven	t Fur		Crematic	n Servi	ces		
		23a. Part1. Enter the disease, or comp shock, or heart failure. List only		he death. Do	Annapo not enter the mo	OLIS ode of dylr	MD 2140 g, such as cerd	iac or respiratory	arrest,	Appro	oximate al Between	
hysician /Medical xaminer	ier	Immediate Cause (Finel disease or condition resulting in death)	a. CAA	17.1	consequence of		est			Onse	t and Death	
physician end s the burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying										
0 6	Medical	Cause (Disease or Injury that Initiated events resulting in death) Last	d	ue to (or as a	consequence of	):						
he ettendii	Physician/	Part II. Other significant conditions co	ontributing to death but	not resulting	in the underlying	ceuse giv	en in Part I.	23b. Die	d tobacco use co	ontribute to the c	suse of de	
igned by the e	by Phy							- 10	Yes 2 No	3 Probably	4 Unkr	
s been s 2 should	Completed t								s an autopsy formed?	24b. Were aut available completic of death?	prior to on of cause	
pag	ပိ							1	Yes 2 No	1 ☐ Yes	2□ No	
s certificate director, pa	Be	25. Wes case referred to medical examiner?	Hospital:			046	API .	eath (Check only				
this aldi	n: To	27. Manner of Death	1 ☐ Inpatient  28a. Date of Injury (Month, Day)		-	28c. Injur	4 LY NUISING	Home 5 Res	sidence 6 Ot how Injury occu			
r death. ector: After by the fune	catio	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be			М	1 🗆	Yes 2 □ No	200 1	Location (Street and Number or Rural Route Number,			
s after deat of Director: ed in by the	Certification:	4 Homicide determined	28e. Plece of Injury bullding, etc.	y - At home, f (Specify)	arm, street, facto	ory, office			(Street and Num own, Stete)	ber of Hural Houte	e Number,	
within 24 hours after death.  To the Funeral Director: After completely filled in by the fune	edicai (	29a. Certifier (Check only one) 1 ☐ Certifying Phy	ysician: To the best of liner: On the basis of e and mariner state	xamination at	e, deeth occurred nd/or Investigatio	d at the tin n, in my o	ne, dete and ple plnion, death oc	ce, end due to the courred at the time	e cause(s) and m	enner as stated. , and due to the ce	ouse(s)	
	Me	29b. Signature and title of certifier	///		25	9c. Licens	e number DC	-11103	29d. Date sign	ed (Month, Dey, Y	'ear)	
vithin To the	~ )								1 1			
within 2 To the comple	~	30. Name end address of person who o	/ (_			MD	- D306	,04	02/28/	1996		



Peter Graze, MD.,
31. DATE FILED (Month, Day, Year)
02/12/96

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within hours after death. Page 6 may be retained by the hospital or attending physician.	10 HF FUNEMAL UHECTOR: After this certaincale has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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				3	0 0/103						
		PARTMENT OF HEALTH AND FIFICATE OF DEATH	MENTAL HYGIEN REG. NO								
	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH	MAY Y	3. TIME OF DEATH						
	Stuart Malcolm Brownell		Feb. 8	1996	5:30 A M						
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birth		7. DATE OF BIRTH (Month, Day, Year)	0.	BIRTHPLACE (State or Foreign Country)						
	410-64-1409 1XXM 2   F   69 Y	RS. MONTHS DAYS HOURS MIN.	Aug. 28, 1		Florida						
	9e. FACILITY NAME (If not institution, give street and number)	9b. CITY, TOWN OR LOCATION OF I	DEATH	9c. COUNTY							
6	400 Bay Drive	Stevensville	9	Quee	n Anne's						
<u>[</u>	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY 10c	CITY, TOWN OR LOCATION			10d. INSIDE CITY						
DIRECTOR		tevensville			LIMITS?						
	10e. STREET AND NUMBER	10f, ZIP CODE		100. CITIZEN	1 VES 2 NO						
FUNERAL	400 Bay Drive	21666		U.S							
S	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED	13. WAS DECENDENT OF HISPA	NIC ORIGIN? (Specify Ye		. RACE — American Indian.						
BY F	1 Never Merried 2 Systemed FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	If yes, specify Cuben, Mexic 1 ☐ YES 2 → NO Spec			Black, White, etc.						
ED B	1 1948				SpecHy: White						
E	(Specify only highest grade completed) (Give kir	NT'S USUAL OCCUPATION of of work done during most of working IOT use retired.)	16b. KIND OF BU	SINESS/INDUS	TRY						
1 2	1 2 College (1-4 or 5+) Nava	1 Personnel	U.S.	Navy							
COMPLET	17. FATHER'S NAME (First, Middle, Last)	ram Support	AME (First, Middle, Malden	(Cumpma)							
	Claude Lewis Brownell		orie Hele	,	hasco						
BE	190. INFORMANT'S NAME (Type/Print) (Daughter) 19b. MA	ILING ADDRESS (Street and Number or Rural									
2	(Daughter)	9 Horseshoe Cou									
	20s. METHOD OF DISPOSITION	ATE OF DISPOSITION (Name of	OATE 20c. LC								
	200. Feb. 16, 1996  Arlington, National  Are 200. Electron - Gity or fown, State  200. Technologic or other place)  Arlington, National										
1	21. SIGNATURE OF FUNERAL BERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Fellows, Helfenbein 8										
- 1	Newnam Funeral Home, P.A.										
	23. PART i. Enter the diseases, or complications that caused the death.	Do not enter the mode of dying, au	ch as cardlec or reep	iratory arrest	. Approximate						
	ahock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel	^			Interval Between Onset and Death						
	disease or condition a. Swall cell	lung can	cent		70000						
	DUE TO (OR AS A CONSEQUEN	CE OF):									
NO NO	Sequentially list conditions, b.	DE 00									
AT	If any, leading to immediate cause. Enter UNDERLYING	GE OF):									
임	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE	CE OF):									
CERTIFICATION	resulting in death) LAST										
	DAUT is Other significant conditions contributes to death at the										
N S	PART II. Other algorificent conditions contributing to death but not result	ing in the underlying cause given in	Part i. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO						
i i	11.80	my arrease	1 🗆 YES 2	NO	OF DEATH?						
Σ	DID TOPACCO HEE CONTRIBUTE TO CAME OF PEACE			,	1 TES 2 NO						
A		YES NO UNCERTAL  DEATH (Check only one)	и 🗆 📗								
PHYSICIAN: MEDICAL	EXAMINER?  1	OTHER:									
H	27. MANNER OF OEATH 28e. OATE OF INJURY 28b	TIME OF 26c, INJURY AT	8 U Other (Specify)  26d. DESCRIBE HOW I	NJURY OCCUR	FD						
ВУ Р											
	1 286 PLACE OF IN ILIPY At home form about feature office.										
	4 Homicide determined City or Town, State)										
P.	29e. CERTIFIER (Check only (Ch	ccurred at the time, date end piece, end du	e to the cause(a) and me	nner ee stated.							
COMPLETED	one) 2 MEDICAL EXAMINER: On the beele of exemination end/or invest				suse(e) end manner ee stated.						
ш	2NL SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NU	MBER	29d. DATE SI	GNED (Month, Day, Year)						
0 8	references are mo	10163	364	▶ Fe	b.9,1996						
유	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27)	(Type, Print)		-							

, 900 Bestgate Rd. Suite 300 Annapolis, Md. 21401 32 REGISTRAR'S SIGNATURE

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. 96-1225-045 State of Maryland / Department of Health and Mental Hygiene ITEMS: 2. 23 PART I, 27, 29d, Certificate of Death PER MED FILM G-733 3/22/96 t.t . Decedent's Nema (First, Middle, Last) 2. Data of Death 3. Time of Deeth Dey 5 **Physician** Month Year LAUREN MARCH -1996 BENTON /Medical 8:05 PM 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO 8. Dete of Birth (Month, Day, Year) DEC. 7,1995 If Under 1 Year 5. Social Security Number If Under 24 Hrs. Birthplece (Steta or Foreign Country)
 MD 7. Age (In yrs. last birthday) **Funeral** 1□ M 2√2 F Hours Min Yrs. Director Usual Rasidence of Decedent the Maryland 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits "netural", or Itema 23a or 28a-f ahow edical Examiner munt be notified at Director 1 ☐ Yes 2 No MD. WICOMICO SALISBURY 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? death with Funeral U.S.A.

14. Race - American Indien,
Black, White, etc. 6473 COBBLESTONE COURT 21801 12. Was Decedent Evar in U.S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuben, Mexican, Puarto Rican, etc.) filed within 72 hours after 1 Never Married 2 Married 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Detas: Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☐ XNo Specify: þ Specify 3 ☐ Widowed 4 ☐ Divorced WHITE Completed the Medical Decedent's Usuel Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry nd Mentel Hygiene. marked other than Elemantary/Secondery (0-12) College (1-4or 5+) N-ANEVER WORKED traumatic event, 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Peges 1 and 2 should be nent of Health end Mentel WILLIAM V. BENTON, JR. SUSAN BRITTINGHAM 19e. informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Steta, Zip Code) 9 permit. Peges 1 end 2 a Department of Health er Important: If Item 27 Ia any Injury or other trau 6473 COBBLESTONE COURT, SALISBURY, MARYLAND 21801 MR & MRS WILLIAM V. BENTON, JR. 20b. Pieca of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stata 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removel from State
4 ☐ Donetion 5 ☐ Other (Spacify) PARSONS CEMETERY 3/8 SALISBURY, MD. 21. Signature of Funerel Service Licensee 22. Nama and Address of Fecility uala BOUNDS FUNERAL HOME, SALISBURY, MARYLAND 21804 2 Penti. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrest, shock, or heart feilura. List only one cause on each line. Approximete Intervel Betwe Onset and Death **Physician** /Medical Immediate Cause (Final SUDDEN INFANT DEATH SYNDROME disaase or condition resulting in death) **Examiner** Due to (or as a consequence of) Physician/Medical Examiner The law requires that the death certificate be executed the buriel-trensit Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events Due to (or es e consequence ot): Box 68760. thet Initieted events resulting In death) Last Due to (or as e consequence of): US9 85 P.O. I Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Records, by page 2 should 24b. Were autopsy findings availabla prior to completion of cause of deeth? Completed 24a. Was an eutopsy performad? certificate 2□ No of Vital or Attending Physician: director, Be 25. Wes case reterred to medical 26. Plece of Deeth (Check only one) Hospitei: 1 Inpatient TXXes 2□ No Other: 4 Nursing Home 5 Rasidence 6 Other (Specity) 2 2X ER/Outpetlent 3□ DOA After this in by the funeral 27. Menner of Deeth 28a. Dete of injury (Month, Day Year) Certification: 28b. Time of 28d. Describe how Injury occurred 28c. injury et Work? Division 5 Pending Investigation 1 XXNeturel Injury 1 Yes 2 No 24 hours after death. Funeral Director: A 2 Accident 6 Could not be determined 3 ☐ Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 28e. Plece of Injury - At home, term, street, tactory, office building, etc. (Specify) 4 Homicide the Hospital Certifying Physician: To the best of my knowledge, deeth occurred at tha time, date end plece, end due to the cause(s) and menner as stated.

Certifying Physician: To the basts of my knowledge, deeth occurred at the time, date and plece, and due to the cause(s) and mannar stated. 29a. Certifier Medical completely (Check of within 2 29b. Signature A nd title of certifier 29c. License number 29d. Data signed (Month, Day, Year) O.C.M.E. MARCH -3 1996 30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print) + RONLOC 111 Penn Street, Baltimore, Maryland 21201 31. Dete tiled (Month, Day, Year) State MAR 1 2 Registrar

An	mended #1, 2/23/96	6, M.W.O.	Howard	Co.					(	96	0718	35
	FOR STATE REGISTRAR	STATE OF M			TMENT OF			MENTAL HYGIEN REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last	)	BROMEY /	Broi	nerv			2. DATE OF DEATH MONTH D	AY JOO	YEAR	3. TIME OF DEATH	
- 53	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest		IF UNDER 1 YEAR	R IF UNDER	R 24 HRS	FEB 20	199		0640 PLACE (State or Fore	AM
	220-60-3809	1 😾 M 2 🗆 F	43	YRS.	MONTHS DAY	-	MIN.	(Month, Day, Year) July 21,1		Country	sachusett	
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOW	N OR LOCATI	ON OF D					
OR	5258 Patriot Lar	ne			Colu	mbia			Н	owar	rd	
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUN	TY		10c, CIT	Y, TOWN OR LO	CATION					10d. INSIDE CITY	
E E	Maryland Ho	ward			Columb	ia					LIMITS?	NO
A A	toe. STREET AND NUMBER					10f. ZIP COD	E	. =	10g. CITIZ	EN OF W	NAT COUNTRY?	
FUNERAL	5258 Patriot Lar	ne				21	045		Uni	ted	States	
E	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. ARI	MED				NIC ORIGIN? (Specify Ya an, Puarto Rican, atc.)	n or No—	14. RACE Black	American indiar	n,
à	3 Widowed 4 Divorced	IF YES, GIVE V	MAR OR DATES		t 🗆 Y	ES 2X NO	Specif	<b>y</b> :		Specification in the	Black,	di an
<u>a</u>	White, Am. Indian  15. DECEDENT'S EDUCATION 180. DECEDENT'S USUAL OCCUPATION 166. KIND OF BUSINESS/INDUSTRY											
<u> </u>	(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.)  Elementary/Secondary (0-12) College (1-4 or 5 +)											
COMPLETED		3	Er	ntre	oreneur	-		Self		yed		
	17. FATNER'S NAME (First, Middle, Last)							AME (First, Middle, Maiden				
8	Lawrence E. Bron	nery	101	MAILING	ADDRESS (Stan			ine A. How		Codel		
2	198. INFORMANT'S NAME (TyperPrint) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 190. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 190. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 190. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
	20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION /Name of DATE 20c. LOCATION City of Town State											
	4 Donation 5 Other (Specify) Balt-Washington Crematory 2-21 Laurel, Maryland											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Harry H. Witzke Funeral Home, Inc.											
	4112 Old Columbia Pike Ellicott City 21043											
$\Box$	23. PART I. Enter the diseases, or shock, or heart fallure	r complications the	on each line	eth. Do							Approxima	rie .
	IMMEDIATE CAUSE (Final					1					Onset and	
	disease or condition resulting in death)	a. T CELL				440	POP	1A			// n	00
_		DOE TO	(OR AS A CONSEC	DUENCE U	F):						ľ	
o l	Sequentially list conditions, if any, leading to immediate	b. DUE TO	(OR AS A CONSEC	DUENCE O	F);							
ERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	C										
E	that initiated events	DUE TO	(OR AS A CONSEC	DUENCE O	F):							
E		d										
	PART II. Other algnificant condition					Ing cause	given in	Part I. 24a. WAS A!		24b.	WERE AUTOPSY FIN	
MEDICA	PANCREATITIS	Pleue	AL RY	FUSI	ONS.			1 [XYES	2 NO		COMPLETION OF CA	AUSE
	DID TODA 660 HEE 601					PR					1 TES 2 X N	ю
AN	DID TOBACCO USE CON 25, WAS CASE REFERRED TO MEDICAL	TRIBUTE TO CA			TH (Check only o		CERTAI	и Ц 📗				
PHYSICIAN:	EXAMINER?  1 YES 2 X NO	HOSPITAL:	☐ ER/Outpetlent 3		OTHER:		hadda a sa	A [] Oh (0 /4)				
Ŧ	27. MANNER OF DEATN	28a. DATE O	FINJURY	28b. TIR	IE OF 28c.	INJURY AT	taaldenca	8 Other (Specify)  28d. DESCRIBE NOW	INJURY OCC	URED		$\overline{}$
ВУ Р	(A) Nerview 3   Pernaina   M   4   Men A   Men A											
E0 B	288. PLACE OF INJURY At home farm street factors office 1 281 LOCATION (Street and Number of Paris Paulo Number											
	4 Homicide determined								,			
COMPLET								a to the cause(a) and ma				
000	a MEDICAL EXAMI	1	xamination and/or i	Investigati	on, in my opinio	n, death occu	ured at the	e time, data and placa, a	nd dua to th	e cause(a	i) and manner as at	ated.
BE (	296 SANATURE AND TITLE OF CERTIF	- //	1	"			ENSE NU				(Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON V	WHO COMPLETED CAL	une of DEATH (ITE	M 27) (700	Print)	נט	.0503		F.I	SB 20	0 1996	

DR, SENSENBRENNER, LYLE

31. DATE FILED (Month, Day, Year)

FEB 2 3 1996

July 24 MD. 22.S. GREENE ST. BALTIMORE, MD #21201 32. REGISTRAN'S SIGNATURED Julia d'austro Rardall

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Sunil

Dr.

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31. DATE FILED (FE

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	1 - STATE REGISTRAR	_	STATE OF I	MARYLAN	ID / DEPAR					ENTAL HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First	t, Middle, Lest)							:	2. DATE OF DEATH	IA.	YEAR 3.	TIME OF D	EATH
1 1			KENNET	H HOW	ELL	BUH	RMAN	1	F	ebruary 2			11:2	5 p.
	4. SOCIAL SECURITY NUM		S. SEX		rrs. last birthday)	IF UNDER	1 YEAR	IF UNDER 24	HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPL Country)	ACE (State o	r Foreign
	705-09-34	78	XXM 2   F	88	YRS.	MONTHS	UATS	HOURS		ULY 3 190	)7		ARYLA	ND
	9e. FACILITY NAME (If not in	natitution, give stree	of and number)					OR LOCATION OF DEATH 9c. COUNTY OF DEATN						
18	MEMORIAL		L	CUMBERLAND							AL	LEGAN	Y	
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY 10c. CITY. TOWN OR LOCATION										L			
1 2 1	MARYLAND						RLAN					16	Dd. INSIDE C	
	100. STREET AND NUMBER		OANI			ONIDE		. ZIP CODE			40 - 017	1	YES 2	
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FUNER	215 EMILY		2. WAS DECEDEN	UT EVED IN H	C ADMED	1.0	W# 0 DEC	215				.S.A.		
5	1 Never Married 2		FORCES? 1	YES	2 NO		If yes, sp	ecify Cuban,	Mexican,	ORIGIN? (Specify Yes Puerto Ricen, atc.)	or No-	Black, V	- American I White, atc.	
B	3v Widowed 4 Dive	orced	WW11 US		:S		1   YES	2 NO	Specify:			Specify:	WHIT	E
ETED	15. DEC	CEDENT'S EDUCAT	TION	-	Se. DECEDENT'S	USUAL O	CCUPATIO	ON		16b. KIND OF BU	SINESS/INE	USTRY		
	Elementery/Secondery (	ly highest grade co	College (1-4 or 5	+)	(Give kind of life. Do NOT u	se retired.)		st of working						
OMPL	5				B&O RAI	LROA	D			FIREMAN	NO N	RAILR	OAD	
COMPL	17. FATNER'S NAME (First, A									E (First, Middle, Meiden	Surname)			
111	EMORY LI	INCOLN B	UHRMAN					E	ELLEN	KENDEL				
TO B	19e. INFORMANT'S NAME (NovaPrint) 19h. MAII ING ADDRESS (Street and Number of Purel Bode Number Chi. or Tour. Stells 7to Code)													
F											02			
											YLAN			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE A 22. NAME AND ADDRESS OF FACILITY													
1 8	MERRITT-ADAMS FUNERAL HOME 404 DECATUR STREET CUMBERLAND MARYLAND													
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest,										Approx	_		
	shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final  Onset and Deal													
	disease or condition	mai .	D										-	
1 1	resulting in death)	a.	Pneumo		ONSEQUENCE O	F):					-		TWO	Days
z														
CATION	Sequentially list condi- if any, leading to imme		DUE TO	OR AS A C	ONSEQUENCE O	F):							1	
8	CAUSE (Disease or inju													
ERTIFIC	that initiated eventa		DUE TO	OR AS A C	ONSEQUENCE O	F):								
ERTIFIC	resulting in death) LAS	d.									-		ļ	
0	PART ii. Other aignific	ant conditions	contributing to	o deeth but	not resulting	in the u	nderlyin	o cause of	ven in P	art I. 24a. WAS AN	AUTOPSY	24b. W	ERE AUTOPS	Y FINDINGS
EDICAL (		Respira								PERFO	RMED?	A	MAILABLE PR	IOR TO
		THE PARTY	1002) 10							_ 1 □ YES	₩ NO	0	F DEATH?	
Σ	DID TOPACCO I	ISE CONTRI	DUITE TO C	ALICE OF	DEATH V	EC 🖂	NO F	1 UNICE	DTAINI	न्त्र		1	YES 2	□ NO
A	DID TOBACCO U		BUIE IO CA		PLACE OF DEA				RTAIN					
SICI	EXAMINER?		HOSPITAL:			OTHE	R:			0.5				
. ×	1 TYES 2 NO		26s. DATE O		ant 3 U DOA			JURY AT		Other (Specify)  26d. DESCRIBE NOW	N.HIEV CC	CURED		
	-	Pending		Day, Year)		JURY	WC	DRK?		too. DESCRIBE NOW	mauni oc	CONED		
B B	2 Accident Investigation													
E	3 Suicide 6 A Nomicide	Could not be determined	building	, atc. (Specify	)	-nwet, rec	yı ornu		[	City or Town, State,		or more mou	te Indifficer,	
	29e. CERTIFIER													
COMPLE	(Check only									the cause(e) and me				
00	MEL		on the beals of	examination a	ind/or Investigati	on, in my	opinion, o	anth occure	d at the ti	me, date end place, e	nd due to t	he cause(a) e	nd menner	ee stated.
BE CO	296. SIGNATURE AND TITL	1						29c. LICEN			29d. DA1	E SIGNED (A	fonth, Day, Ye	bar)
0	D 33280 February 25, 1996													

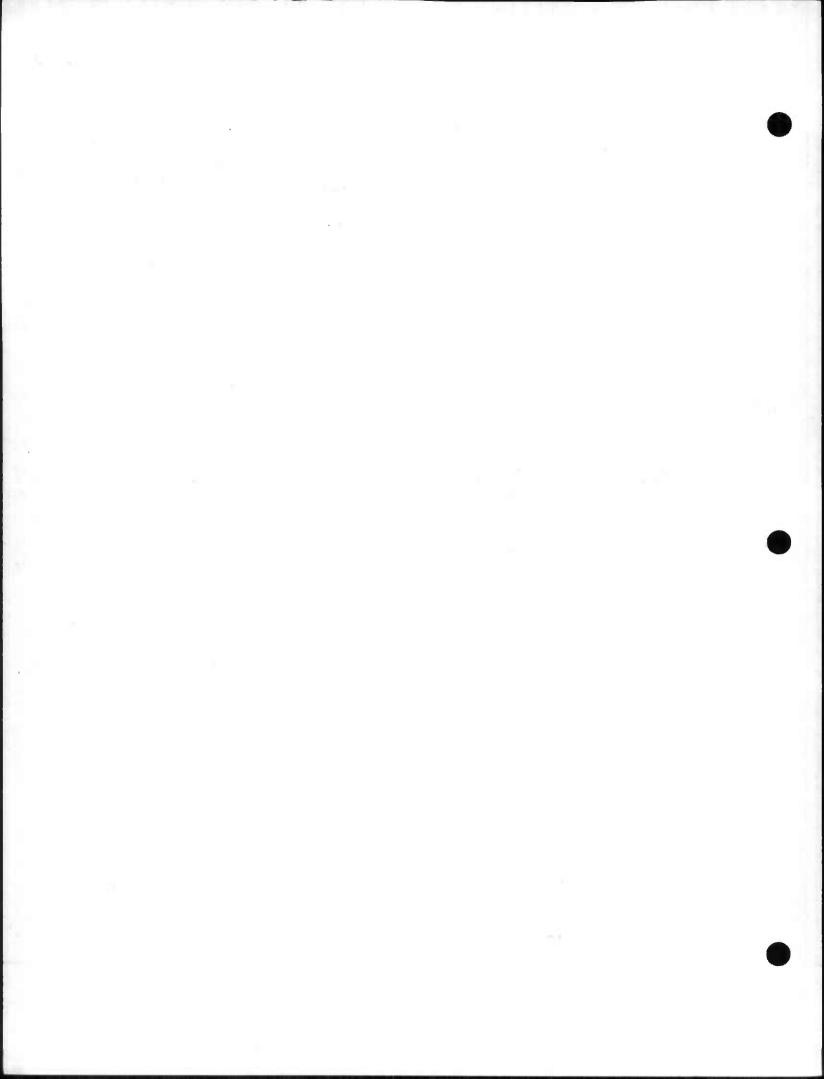
Gupta-Johnson Heights Medical Building-Cumberland, MD

206 1996

32. BUGGERAND SIGNATURE

OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

DNMN-16 Rev 1/89



3. TIME OF DEATH

YEAR

REG. NO 2. DATE OF DEATH DAY

STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

BERNADINE

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BROWN FEBRUARY 1996 11:38 7. DATE OF BIFTIN (Morth, Day, Year)

Jul 8, 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. DAYS 1 M 2 XF 75 220-10-7616 1920 WV permit. Pages 1, 2, 3 should 9e, FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR MEMORIAL HOSPITAL & MEDICAL CENTER CUMBERLAND ALLEGANY 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 YES 2 XHO WV Mineral Wiley Ford FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? USA use as the burial-transit P.O. Box 33 26767 hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 KO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried 1 YES 2 NO Specify: Specify: ВҰ 3 Widowed 4 Divorced white ED 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only higher ET Elementery/Secondery (0-12) College (1-4 or 5 +) the funeral director, page 5 should be detached for COMPL 12 Homemaker Own Home once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Meiden Surneme) G. Virgil Alderton notified at Bertha (Barnhart) 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Vicki Salesky Fort Ashby, WV 26719 Pe 20e-METNOD OF DISPOSITION
1 Dauriel 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify) DATE 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must 02/25 Sunset Memorial Park Cumberland, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Scarpelli Funeral Home Cumberland, MD 21502 ames medical 23. PART I Enter the diseases, or complications that could the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List pnly one cause on each line. filled in by Approximate Interval Between Onset and Death IMMEDIATE CAUSE (Final traumatic event, the cremation, disease or condition completely 48 Hours resulting in death) Intractable Congestive Heart Failure DUE TO (OR AS A CONSEQUENCE OF) executed prior to burial, Chronic Congestive Heart Failure
DUE TO (OR AS A CONSEQUENCE OF): 5 Years CERTIFICATION and Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury attending physician 2 Cardiomyopathy 5 Years certificate / the attending physical displaying the post of the standard o or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST death injury, PART II, Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. the 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL has been signed by a Dept. of Health and PERFORMED? AVAILABLE PRIOR TO that shows any Obesity COMPLETION OF CAUSE 1 TES 2 NO 1 | YES 2 | NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN NO IN UNCERTAIN IN PHYSICIAN: 23 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL OR ATTENDING PHYSICIAN: The Item EXAMINER? State certificate HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) Inpatient 2 ER/Outpatient 3 DOA 0 this certifi 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME DF 28d. DESCRIBE NOW INJURY OCCURED marked, Natural
Accident 5 Pending Investigation F FUNERAL DIRECTOR: After this within 72 hours after death wattant: If item 28 is mark 1 YES 2 NO BY 3 Sulcide 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town State) 8 Could not be determined COMPLETED 4 Nomicide 29e. CERTIFIER 1 X CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, and due to the cause(e) and manner se stated. HOSPITAL I MEDICAL-EXAMINER: On the beele of exemination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(e) and manner se stated MPORTANT 20c LICENSE NUMBER 世世夏 BE D 16041 A 2 9 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DR. TERRY WILLIAMS, MEMORIAL HOSPITAL MEDICAL BLDG., CUMBERLAND, MD 21502 1996 32. REMISTRAR'S SIGNATURE 31. DATE FILED (MINE EDB 2

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

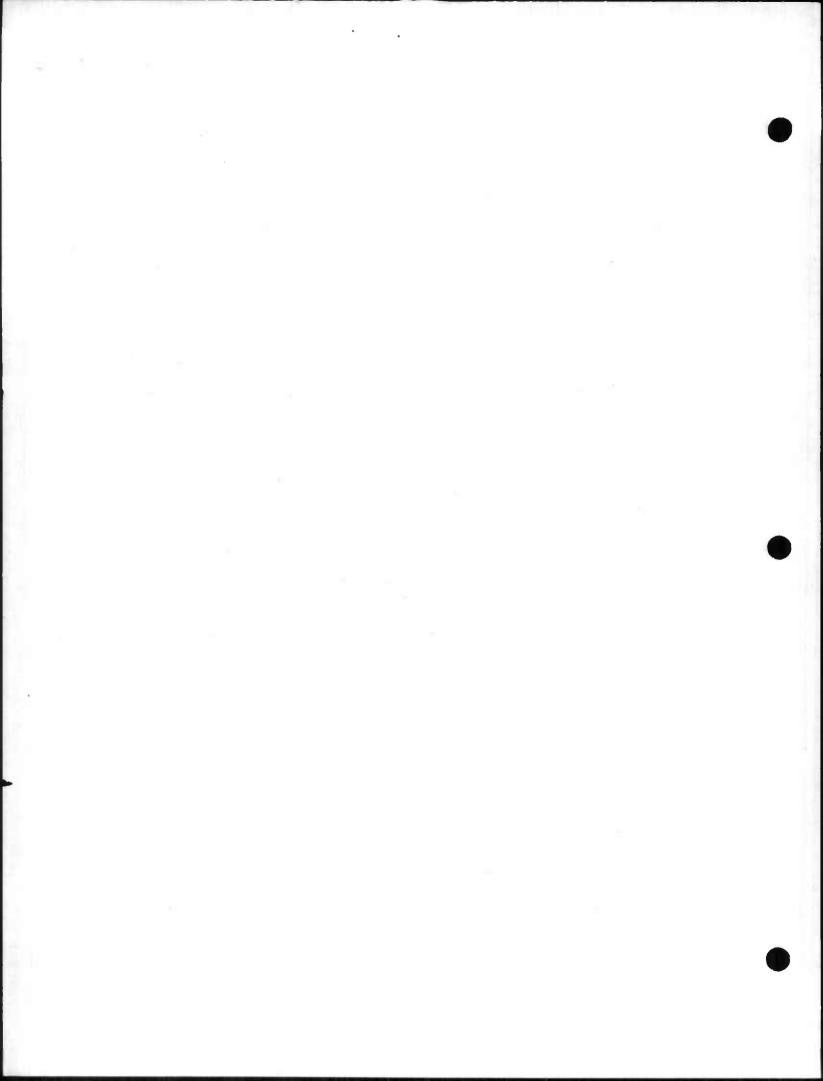
CERTIFICATE OF DEATH

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equires that the death	ed by the attend	th and Mental H	
HYSICIAN: The law requires that the death certific	rtificate has been signed by the attending physician and completely filled in by the funeral	ith the State Dept. of Health and Men	
9	fter this certifica	eath with the Sta	
IAL OR ATTENDIN	AL DIRECTOR: A	in 72 hours after de	
THE HOSPI	THE FUNER	filed within	

		FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			ENTAL HYGIEN				
		t. DECEDENT'S NAME (First, Middle, Last	)			T	2. DATE OF DEATH			TIME OF DEATH	
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9		4. SOCIAL SECURITY NUMBER 214-14-7434	1 🗆 M 2 XXF 8	9 YRS.	UNDER ! YEAR NITHS DAYS	HOURS MIN.	The second second	1906	Country)	NCE (State or Foreign	
3 should	nc	9a. FACILITY NAME (If not institution, give				OR LOCATION OF DEAT	TH	9c. COUNTY		Н	
5,	S	Memorial Hospita	I & Medical C	enter	Cumber	Tand		Alle	gany		
Pages	DIRECTOR	MARYLAND A	ty LLEGANY		OWN OR LOCAT IBERLAN					d. INSIDE CITY LIMITS?	
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MARYLAND 2 retained by the hospital 5 should be detached for notifiled at once.	E COMPL	17. FATHER'S NAME (First, Middle, Last)  JOHN W. STARR	ETT			16. MOTHER'S NAME MARGARET	(First, Middle, Maider STAGG	n Surname)			
	TO B	19a. INFORMANT'S NAME (Type/Print) DANNY BEAN				AP STREET				ND 21502	
ORE, s 6 may be ector, page		20a. METHOD OF DISPOSITION  XXBuriel 2 Cremetion 3 Re 4 Donation 5 Other (Specify)	moval from State ST	PLACE AND DATE OF		MARCH 2 1		DCATION — CIT BERLANI			
ALTIM death, Page e funeral dir al.		21. SKINATURE OF PUNERAL SERVICE.			MERRIT	ND ADDRESS OF FACILITY ADD	UNERAL H		MARY	/LAND	
thin 24 hours aft stely filled in by 1 frmation, or remo		23. PART I. Enter the diseases, or abook, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Sepsis	d the death. Do not ach line.  CONSEQUENCE OF):	enter the mo	de of dying, such	es cardisc or reap	olrafory stres	e,	Approximate Interval Between Onset and Death 2 Days	
P.O. BOX 68 th certificate be executed by physician and Hygiene prior to bur or other traumatic	CERTIFICATION	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	с	CONSEQUENCE OF):							
人 等 至 声	MEDICAL C	PART II. Other aignificant condition Coronary Artery		ut not resulting in	the underlying	g cause givan in Pa		RMED?	CO	THE AUTOPSY FINDINGS AILABLE PRIOR TO DIMPLETION OF CAUSE F DEATH?	
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OF V PHYSICIA this certifi with the	PHYSICIAN:	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (	OF 28c. INJ	Ne 5 Rasidenca 6 JURY AT DRK? YES 2 NO	Other (Specify)	INJURY OCCU	RED		
0 5 4 5 0	red BY	2 Accident Investigation 3 Suicida 6 Could not b 4 Homicide detarmined	28e PLACE OF INJURY	— At home, farm, stre	et, factory, offic	:0	281. LOCATION (Street City or Town, State	and Number or	Rural Route	e Number,	
DIVISI PITAL OR ATTEN ERAL DIRECTOR: n 72 hours after T: If Item 28 i	COMPLETED	anal	SICIAN: To the best of my know							nd manner as stated.	
TO THE HOSPITAL TO THE FUNERAL De filed within 72 P	띪	29b. SIGNATURE AND TITLE OF CERTIF				29c. LICENSE NUMB		29d, DATE S	SIGNED (Me	onth. Day, Year) y 28, 1996	
3/1	10	30. NAME AND ADDRESS OF PERSON W	MO COMPLETED CAUSE OF DE			ing Cumb	erland, M		502		
7000		31. DATE FILED (Month Day Year)	32. REGISTRAR'S SIGN	ATURE							

SCHOOL SCORETY NAMES (First, MARK 1994, MARK		1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.											
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DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO WINCERTAIN   28. PLACE OF DEATH (Check only one)  S. WAS CASE REFERENCE TO MEDICAL EXAMINER:   28. PLACE OF DEATH (Check only one)  25. WAS CASE REFERENCE TO MEDICAL EXAMINER:   28. PLACE OF INJURY   28. TIME OF   28. INJURY AT   29. CACIDING (Street and Number or Rural Route Number, City or Town, Stele)  27. MANNER OF DEATH   28. PLACE OF INJURY   28. TIME OF   1   YES 2   NO   29. DATE OF INJURY   28. TIME OF   1   YES 2   NO   28. PLACE OF INJURY AT   YES 2   NO   YE	MEI												
Accident 3	Ä	DID TOBACCO USE CONTRI	BUTE TO CAL				,	CERTAI	N 🗆				
Accident 3	CIA		OSPITAL:	26. PLACE	OF DEA		y one)						
Accident 3	YSI	1 YES 2 SHO	Inpatient 2 🗆			4 - Nursin		lesidence					
2   Accident 3   Suicide 4   Homicide 6   Could not be determined 28e. PLACE OF INJURY — At home, term, street, factory, office 29e. CERTIFIER (Check only one) 2   MEDICAL EXAMINER: Ownthe beele of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner as stated.  29e. CERTIFIER (Check only one) 2   MEDICAL EXAMINER: Ownthe beele of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner as stated.  29e. LICENSE NUMBER 29d. DATE SIONED (Month, Day, Year)		. /					WORK?	¬	28d, DESCRIB	E HOW I	NJURY OC	CURED	
Description of the determined building, etc. (Specify)  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the ceuse(a) and menner as stated.  29c. LICENSE NUMBER  29d. DATE SIONED (Month, Day, Year)  31. DATE FILED (Month, Day, Year)  32. BEGISTRAR'S SIGNATURE  MAR 0 1 1996  32. BEGISTRAR'S SIGNATURE  MAR 0 1 1996  MAR 0 1 1996  MAR 0 1 1996  DUILDING, State Sioned (Specify)  City or Town, State)  City or Town, State)  City or Town, State)  City or Town, State)  City or Town, State)  City or Town, State)  City or Town, State)  City or Town, State)  City or Town, State)	BY	2 Accident Investigation	28- BLACE OF	I AN I I I I I I I I I I I I I I I I I I				NO					
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the ceuse(a) and menner as stated.  29e. LICENSE NUMBER 29d. DATE SIONED (Month, Day, Year) 29e. LICENSE NUMBER 29e. LICENSE NUMBER 29e. LICENSE NUMBER 29d. DATE SIONED (Month, Day, Year) 29e. LICENSE NUMBER 29d. DATE SIONED (Month, Day, Year) 29e. LICENSE NUMBER 29d. DATE SIONED (Month, Day, Year) 31. DATE FILED (Month, Day, Year) 32. BEGISTRAR'S SIGNATURE MAR 0 1 1996  32. BEGISTRAR'S SIGNATURE MAR 0 1 1996  33. DATE FILED (Month, Day, Year) 34. DATE SIONED (Month, Day, Year) 35. Signature MAR 0 1 1996  36. Signature MAR 0 1 1996  37. DATE FILED (Month, Day, Year) 38. DATE FILED (Month, Day, Year) 39. DATE SIONED (Month, Day, Year) 39. DATE FILED (Month, Day, Year) 31. DATE FILED (Month, Day, Year) 32. BEGISTRAR'S SIGNATURE	60	Codid Hot be	building, e	itc. (Specify)	ie, term,	straat, mctor	, ottica		City or Tox	vn, State)	and Numbe	or or Rumai i	Route Number,
29c. LICENSE NUMBER D46667  PEBRUARY, 2996 S. S. G. A. M. D. 4C NORTH AVE SUITE 424 BELAIR MD 21014  31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE  MAR 0.1 1996  Julia Davidson Randelly	LI 200 CESTIFIED									_	-		
29c. LICENSE NUMBER D46667  PEBRUARY, 2996 S. S. G. A. M. D. 4C NORTH AVE SUITE 424 BELAIR MD 21014  31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE  MAR 0.1 1996  Julia Davidson Randelly	(Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated,												
29c. LICENSE NUMBER D4667 FEBRUARY, 2996  31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE MAR 0.1 1996 July March	O									a) and menner as stated.			
2 32. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  S. S. G. A. M. D. 4 C. NORTH AVE SUITE 424 BELAIR MD 21014  31. DATE FILED (Month, Day, Year)  32. BEGISTRAR'S SIGNATURE  MAR 0 1 1996 Julia Standard Randell,	· w	296. SIGNATURE AND TITLE OF CERTIFIER	Thia	222			29c. LIC	ENSE NUI	MBER		29d, DA	C DO	(Month, Day, Ybar)
S.S. GLAN. M.D. 4C NORTH AVE SUITE 424 BELAIR MD 21014  31. DATE FILED (MONTH, DBY, YOU)  32. BEGISTRAR'S SIGNATURE  MAR 0 1 1996 Julia Standard Randell		DO NAME AND ADDRESS OF RESIDENT	COMPLETED ONLY	E OF DEATH WELL	AT	0-7-0	104	+06	00 1			COX	HN 1, 1996
31. DATE FILED (MONTH), Day, Year)  32. BEGISTRAR'S SIGNATURE  MAR 0 1 1996  Julia Stevelson Randell		S.S. G/1 AN	M. M.	OF DEATH (ITEM			+ . Durt	Sur.	E 414	2	FIA	-10	MD 21014
MAR 0 1 1996 Juli Stevilson Randell		31, DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE		NON	1 1110	-V	10 1-7	0		11	7 41017
			fi.		Lett								
		MAK 0 1 1990	O		- desired								DHMH-16 Rev 1/89



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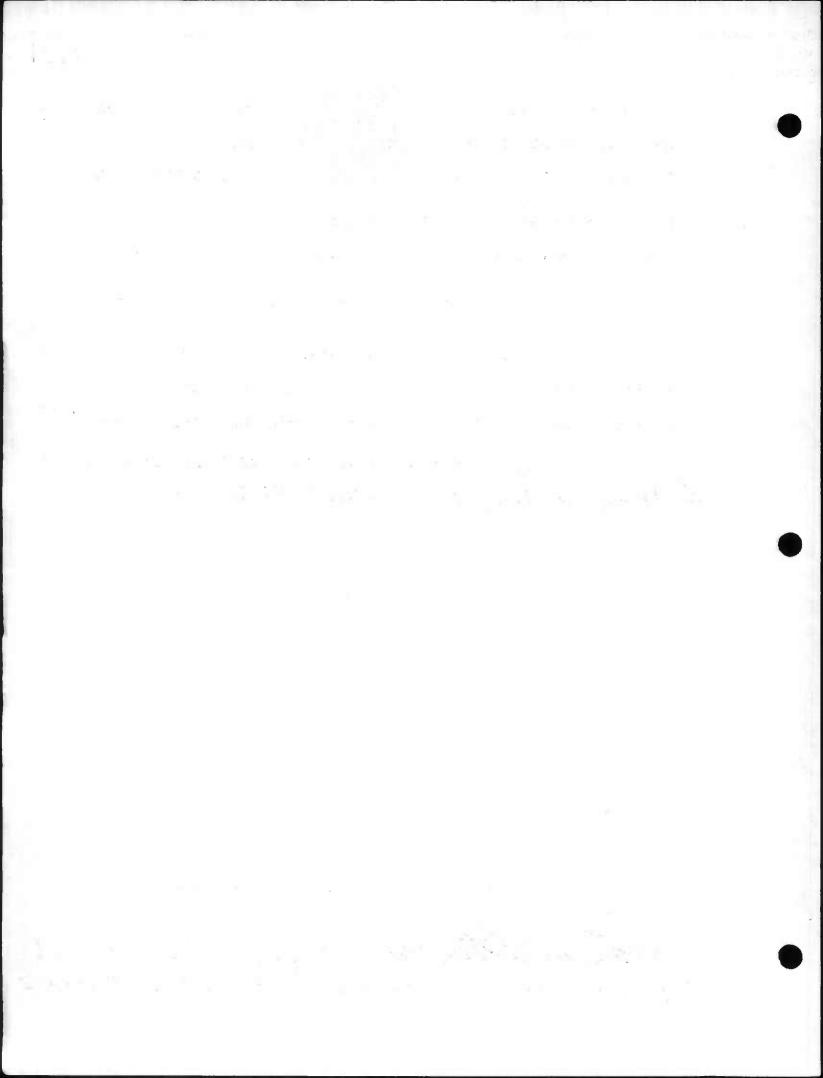
					C	Certificate of	Death		Reg. No.	0	01150
ľ			1. Decedent's Name (First, Middle, La	st)				2. Dete of De			3. Time of Death
	Physic		Ann	Cather	ine	Bacon		Month Feb	Day 27	Yeer 1996	3:00 am
	/Medi Examii		4a. Fscllity Neme (If not institution, give		1110	Dacon	4b. City, Town, or L				3.00 am
	Exami	ici	5805 Queens C	hanel Road			Hyattsvi	11e	Princ		roas
	Funeral		5. Social Security Number 6. S		e (In vrs. last birthd	lev) If Under 1 Yea					
п	Director		None	□M 2X)F	78 <sub>Yrs</sub>	Months Days	Hours Min.		, 1918		olaca <i>(State or Foreigi</i> ntry) rgia
			Usuel Residence of Decedent					160 14	, 1710	000	LEIG
	show		10a. State 10b. County		10c. City, Town o	r Location				1	10d. Inside City Limits
	Me I	ţō	MD Prince G	eorge's	Hyatts	ville				1	1⊠Yes 2□No
	1 the	Je C	10e. Street and Number	-	1	10f. Zip Code			10g. Citizen of	What Cour	ntry?
	3a o	0	5805 Queens Cha	nel Road			20782		US	Δ	
	filed within 72 hours after death with the Meryland Hygiene: ther than "natural", or flems 23a or 28a-f show ent, the Medical Examiner must be incitied at	Funeral Director	11. Maritel Status	12. Was Decedent I	Ever in U,S. 1	13. Wes Decedent of	Hispanic Origin? (Sc	pecify Yes or No			can Indian,
0	fer and	FUT	1 Never Merried 2 Merried	Armed Forces? 1 ☐ Yes 2 🖺 N		If Yes, specify Cu	ban, Mexican, Puerto	o Rican, etc.)		ck, White,	
020	urs a	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Yeer or Detes:		1 ☐ Yes 2 🖺 No	Specify:		Specif	y: Wh:	ite
P	2 ho		15. Decedent's E	ducation	16a. De	ecedent's Usuel Occu	upation		16b. Kind of B	usiness/in	dustry
7	n n	Completed	(Specify only highest gra		(G	ive kind of work done e. DO NOT use retir	e during most of worl ed)	king	-/		
2	the state	Eo	Elementary/Secondary (0-12) N/A	College (1-4or 5	1+)	N/A			N/	A	
D	事事		17. Father's Name (First, Middle, Last,	)			18. Mother's Nam	ne (First, Middle	, Meiden Suman	ne)	
a	d be enta c ev	To Be	Oliver T. Bac	on			Sarah	Shellr	nan		
Maryland 21215-0020	s 1 and 2 should be filed within 7 Health and Mental Hyglene: tem 27 ia marked other than "n other traumatic event, or Med	-	19a. Informant's Name/Reletionship (	Type, Print)	19b. M	alling Address (Stree				State Zir	Code)
Ž	und 2 s alith ar 27 ie		Sarah Harrington	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1 S.E. 19			Coral, F		3904
	other tr		20a. Method of Disposition			sposition (Name of		Dete	20c. Location		
0	@ C		1 ☐ Buriai 2 ☎ Cremation 3 ☐		cemetery,	crematory or other pl omfort Cre	ece)		Alexand	-	VA
Baltimore,	교통환승		4 □ Donetion 5 □ Other (Specif	<u> </u>	1100110						VA
Bal	Depariment of the part of the		21. Signature of Funeral Service Licer	1500	1	22. Neme and Addi	ress of Fecility Jos	seph Gav	ler's S	ons	
_	005 e d		Keinow.	Simmo	ns	5130 W18	sconsin Av	7e., N.V	.,Washi	ngtor	1, D <sub>2</sub> 6016
	-		23a. Part1. Enter the diseese, or com shock, or heert failure. List only	plications that caused	the death. Do not	enter the mode of dy	Ing, such es cardiec	or respiretory a	rrest,	-	Approximete Interval Between
	Physician									all the	Onset and Death
4	/Medicai		Immediate Cause (Final disease or condition	20	budnati	m					
	Examiner		resulting in death)	a De	Due to (or es a con	sequenca of):					
-	D #	ner		Cr-	air ama	metas	tation to	liver			
	ertificate be executed ding physician and se as the buriel-transit	Examiner	Sequentleily list conditions.	Ь.	Due to (or es a con	sequence of):	74.10	2100			
o o	an an		Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events							į	
68760,	ite bi	Medical	that initiated events resulting in death) Last	C	Due to (or es e con:	sequenca of):					
99	tifica ng pt	8	testiting in death) Last							į	
XO	0 2 3			d						<u> </u>	
Ď.	requires that the death seen signed by the atter hould be detached for a	Physician	Part II. Other significant conditions of	ontributing to death by	it not resulting in th	e underlying cause o	iven in Part I	23h Did	tohacco usa co	ntribute t	o the cause of death'
0	that the de ed by the a detached i	hys				o onconying occoor g	Professional Control		Yes 2DAYO		bebly 4 Unknow
S, P	the det	by P	Viabete	s Melli	tus			'''	108 292110	3 110	balony 4 Dominion
ğ	uires l							24e. Wes	en autopsy	24b. W	ere autopsy findings
8	- AA (0)	lete						perfe	ormed?	00	rallable prior to empletion of cause
Be	hes b	Completed								of	death?
a	: The la							10	Yes 2 No	1[	Yes 2 No
of Vital Record	Physician: The this certificate ral director, pay	Be	25. Was case referred to medical examiner?	Mosnitel:			28. Place of Dea	th (Check only	one)		
o	Physic this aldir	은	1 ☐ Yes 2☐ No	Hospital:	-	Ment 3L DOA			denca 8 □Oth		<b>'y</b> )
	uner uner	Certification:	27. Menner of Death 1 ☑ Netural 5 ☐ Pending	28a. Dete of Injur (Month, Da)	Year) 28b. Time Inju	ry We		28d. Describe	how injury occur	red	
Sic	Attending or death. sector: After by the fune	cat	2 Accident Investigation 3 Sulcide 8 Could not be			M 10	Yes 2□No				
Division	or Attend after death Director: A	=	4 Homicide determined	28e. Place of Inju		street, factory, office			Street and Numb wn, State)	ber or Ruri	al Route Number,
Ω	To the Hospital or Attending within 24 hours after death.  To the Funeral Director: After completely filled in by the fune										
	Hospital 24 hours Funeral I tely filled	edical	29a. Certifier 1 Certifying Ph	ystclan: To the best of niner: On the basis of	f my knowledge, de	eth occurred at the t	lme, dele and piace,	and due to the	cause(s) and ma	anner as s	tated.
	the F	Pe	one)	and manner sta	ted.	mivestigation, in tity	opinion, death occur	ned at the time,	date and place,	and due n	Jule Cause(s)
	To the Hospital within 24 hours a To the Funeral I completely filled	Σ	29b. Signeture end title of certifier			29c. Licer	nse number		29d. Date signe	d (Month,	Day, Year)
	<b>10</b>		SETA	Chr		D	379 34	1	2/2	17/9	6
	2		30. Name and address of person who	completed cause of de	eth (Item 23a) (Tvi					-1-	
			Stephanie Trifogli				er Dr. #43	O Green	belt. M	d. 20	)770
	Sta		31. Dete filed (Month, Day, Year)	32 Registra	r's Signature			,	Table, M		
	Registr	-	FEB 29 199	16 July de	water-Rank	, All					
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				Ce	rtificate of	Death		Reg.	No.			
	Dharaini		Decedent's Name (First, Middle, Last)				2. Date Mont	of Deeth	Day	Vaar	3. Time o	Death
	Physici /Medi		Timothy Brewer				Feb	•		L996	9:20	) p.
	Examir		4a. Facility Name (If not institution, give street and number)			4b. City, Town	, or Location of		4c. County	of Death		-
			Montebello Rehabilitation	Hosp	ital	Bal	timore		(Cit	ty)		
	Funeral Director		5. Sociel Security Number 8. Sex 1 □ 2 □ F 7. Age (In yrs. In the second security Number 5 8 □ 2 □ F 5 8 □ 3 □ 5 8 □ 5	est birthday) Yrs.	if Under 1 Yee Months Deys		Hrs. 8. Dete Min. (Mont Jan	of Birth h, Day, Ye . 26,	1938	Count	ace (State of Iry) ntuck	
	pue *			, Town or Lo	ocation	-				10	Od. Inside C	ity Limits
	should be filed within 72 hours after death with the Meryland of Mental Hygiene. Trankad other than "natural", or items 23s or 28s-f show immite avant, the Medical Examiner must be notified at	Director	MD Montgomery  10e. Street and Number	Gait	hersbur	rg .					1 🔀 Yes	2 □ No
	with				10f. Zip Code	77		10g.	Citizen of V		try?	
	eath	Funeral	8303 Shady Spring Drive  11. Meritel Stelus 12. Wes Decedant Evar In U.S	12	208		2 (Coosify Voc	or No		S.A.	on Indian	
_	fler d	F	Armed Forcas?  1 □ Nevar Married 2 Married 1 Y Yas 2 □ No	. 13.	Was Decedent of If Yes, specify Cul	ban, Mexican, F	uerto Ricen, etc	2.)		k, Whita, e		
050	urs a	by	3 ☐ Widowed 4 ☐ Divorced If Yes, Give Yeer or Datas: 1956-	-60	1□Yes 2\ON	Specify:			Specify	Bla	ack	
21215-0020	2 ho		15. Decedent's Education	16a. Dece	dent's Usuei Occu	petion	accesses.	168	b. Kind of Bu	siness/Ind	lustry	
2	thin 7	Completed	(Specify only highest grade completed)  Eiementery/Secondery (0-12)  Coilega (1-4or 5+)	(Give life.	kind of work done DO NOT use retire	ed) ed)	f working					
	or thu	200	3 yrs	Tr	uck Dri	lver		W	aste	Man	ageme	ent
nd	Tal Hall Hall	Be	17. Fether's Neme (First, Middle, Last)				Neme (First, M			a)		
Yla	should I and Meni merka umetic	1º	Lewis C. Brewer				erta W					
Maryland	0 0 0		19e. Informent's Neme/Reletionship (Type, Print)	19b. Meili	ng Address (Stree	et end Number o	or Rural Route A	lumber, C	ity or Town,	Steta, Zip	Code 208	
ď.	f Heelth frem 27 other tr		Laura L. Brewer (wife)		3 Shady	y Spri	Ť -					1D
0	if of It		20e. Method of Disposition  2 Buriet 2 □ Cremetion 3 □ Removel from Stete	matery, cre	osition (Neme of metory or other pl	ece)	Dete		c. Location -			
altimore,	tment tant:		7		Heaver		2/23	Si	lver	Spr	ing,	MD
Ba	permit. Pages 1 and Department of Heelt Important: If Item 2 any Injury or other once.		21 Signature of Funerel Service Licenses		2. Neme end Addr		ат. ном	E. P	. A.			
		-	Torce R. Humali		NOWDEN							
	Physician		23a. Perf.1. Enter the disease, or complications that caused the death, shock, or heart failure. List only one ceuse on each line.	Do not en	ter the moda of dy	ring, such as ca	rdiac or respiret	ory errest,			Approximete Interval Bet Onset end	ween
	/Medical		Immediate Ceuse (Finel disease or condition	12/16		0 4114	na			ŀ	5 W	ske
	Examiner		disasse or condition resulting in deeth)  a. MULTI  Due to (or	es e conse	quence of):	17.00	171	-		-	9	7.3
0/	R #	line	b. FRACTU	PE	C4-	Co				i		
	ertificeta be asscuted ling physician and e as the bunet-trensit	Examiner		es e consec	,							
60,	be ax	alE	Ceuse (Diseese or injury									
68760	phys the	edical	that initiated events Dua to (or resulting in death) Last	es e consec	ruence of):							
	ding erti	3	d							i		
9	death certifice e attending ph od for use as t	clar										
o.	0 0 X	Physician	Pert II. Other algnificant conditions contributing to death but not result	ting in the u	nderlying ceuse g	iven in Part I.	23b.		cco use cor			
7	es that the igned by ti be datach							1 🗌 Yes	2□ No	3 Prob	ably 4	Unknown
Hecords,	requires that the een signed by th hould be detache	d by					24e.	Was en e	utopsy		re autopsy	
000	200	lete						performed	17	COL	ilebla prior	
e T	The law ate hes b page 2 s	Completed							- Mar		leath?	
Vital		e C	25. Wes cese referred to medical					1 Yas	2 LYNO	1L	Yes 2	No
		o B	axeminer?	D/Outpeties	O	thor:	Deeth (Check			10-14		
O	Phys eral di	-	27. Manner of Deeth 28e. Date of Injury	28b. Time o	II 3LI DOA	4/24 Mursi	ng Home 5   28d. Desc		injury occurr		,	
Division	Attending or death. octor: After by the fune	Certification:	1 Netural 5 Pending (Month, Dey Year)	Injury		ork? <b>∦</b> ¥es 2∐No	4.4		/		1	200
S	or Attendiate death. Director: A	ifice	3 Suicide 6 Could not be 28e. Piece of injury - At hor	ne, ferm, str	eet, fectory, office	)	28f. Local	ion (Stree	t and Numb	er or Rural	Route Num	DETY
5	a afte	Sert	4 Homicide determined building, etc. (Specify)					r Town, S	MORE			
	papita houn inera ly fille		29a. Certifier 1 Certifying Physician: To the best of my know	ledge, deetl	occurred et the t	ime, dete end p	lece, end due to	the ceus	e(s) end me	nner es ste	eted.	
	To the Hospital within 24 hours et To the Funeral (completely filled	edical	(Check only one) Medical Examinar: On the besis of exemination end manner stated.	on end/or in	vestigetion, in my	opinion, deeth	occurred et the	ime, date	and plece, e	end due to	the ceuse(s	)
	To the Hospital or At within 24 hours after of To the Funeral Direct completely filled in by	Σ	29b. Signeture end title of peniller	-	29c. Licen	se number		29d.	Dete signed	(Month, L	Dey, Year)	,
	, ,		Humel Chily	18	Do"	1099	F	F	ZB	, 2	7	96
	10		30. Name and address of person who completed cause of death (item:	23e) (Type,	Print)	D.	> -	- /	EB	211	1	. A7 .1
	1		FRANCIS C MAY LE 10215	FE	TRN WO	00 10	DEI	Mes	DA	14	OTC	817
	Sta		31. Dete filed (Month, Day, Year) FEB 2 7 1996	Parl 11								
	Registr	ar	FEB 2 7 1996 Julia Dandson	- CLEACHTAN								



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		1 - STATE REGISTRAR	STATE OF MARY			RTMENT OF I			SIENE		
		1. DECEDENT'S NAME (First, Middle, Last)	TZ -					2. DATE OF DEA	TH		3. TIME OF DEATH
		MARTHA C.	BURCH					Februa	4 23 P	196	10:30 A
		4. SOCIAL SECURITY NUMBER	The second secon	E (In yrs. las		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Day, Y	Н	8. BIRTH Countr	IPLACE (State or Foreign
pla		214-52-7383  9a. FACILITY NAME (If not institution, give s	1 M 2 X F	91	YRS.			June 16			adelphia, PA
2, 3 should	OR	Brooke Grove Nurs				Olney	OR LOCATION OF D	DEATH	7.000	ntgom	
₩.	DIRECTO	RESIDENCE OF DECEDENT  100. STATE  100. COUNT	Y		10c. CIT	Y, TOWN OR LOCA	TION			T GOIL	10d. INSIDE CITY
permit. Pages	E I	Maryland Monts	gomery			thersbu					LIMITS?
permi	AL	10e. STREET AND NUMBER	, , , , , , , , , , , , , , , , , , , ,		_ 041		f. ZIP CODE		10g. CI	TIZEN OF V	WHAT COUNTRY?
in. ransit	FUNERAL	9300 Judge Place					20879		Uni	ted S	tates
20 hysicia urfal-tı	F	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 1 YE			13. WAS DEC	CENDENT OF HISPA	NIC ORIGIN? (Spec	fy Yes or No-	14. RACE Black	- American Indian,
15-0020 ending physician. as the burial-transit	BY	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR	DATES			2 NO Speci			Speci	•
1215-0020 r attending physician. use as the burial-tran		15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16e. DE	CEDENT'S	USUAL OCCUPATION	ON	16b. KIND 0	F BUSINESS/IN	IDUSTRY	White
21 tal or 1 for u	COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	///e.	Do NOT us	,	ast or working				
AND the hospi detached	MP	10 17. FATHER'S NAME (First, Middle, Lest)		Owr	ner/C	perator			rding I		
by the hospital be detached for all once.	_	John Overton Clar	iko				100000000000000000000000000000000000000	AME (First, Middle, N			
MARYLAND 2- retained by the hospital of 5 should be detached for notified at once.	B	19a. INFORMANT'S NAME (Type/Print)	Ke	196	. MAILING	ADDRESS (Street a		len Stok		In Carles	
≥ 2 ° 2	2	Marcia Kurtz						ithersbu			0
ALTIMORE, death. Page 6 may be funeral director, page		20e. METHOD OF DISPOSITION 1XX Burtal 2 Cremation 3 Rem		Db. PLACE	ND DATE	OF DISPOSITION (No			c. LOCATION -		
ALTIMOR death. Page 6 ma e funeral director, id.		4 🗆 Donation 5 🗆 Other (Specify)	(	emetery, cret Cedar	Hil	l Cemete		26/96 8	uitlan	d, Ma	ryland
min min		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE				ND ADDRESS OF FA	DeV.	ol Fune	eral	Home
BAI s after dea by the fur emoval.		Mobert 27-	nevol			Gaithe	ersburg.	Park Dri	7		
등 드 는 호		23. PART I. Enter the diseases, or cahock, or heart feilure.	complications that caus List only one cause on	ed the de-	eth. Dor	not enter the mo	de of dying, aud	ch ee cerdiec or	reepiratory e	rreat,	Approximate interval Between
T = 5 €		IMMEDIATE CAUSE (Finel disease or condition	accolo				0				Onset end Death
ted withing to completely fille all, cremation, event, the		resulting in death)	. Cerebro	VQ S	SCUL	Jar (	iccia	ent			days
N 8 5 - 6	_		502 10 (011 712	A CONCE	OLNOL O	r).					,
OX 68: e be execute sician and co rior to buria traumatic	RTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEC	UENCE OI	F):					
0 8 5 5 F	S	cause. Enter UNDERLYING CAUSE (Disease or injury	c								
S Sing S	Ë	thet initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEC	DUENCE OF	F):					
DS, P.O. he death certi the attending Memal Hygie njury, or oth	CE		d								
교육 등 교	¥	PART II. Other eignificant condition	e contributing to deeth	but not re	eulting i	In the underlying	g ceuse given in	Part I. 24a. W	S AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
Signed Health a	MEDIC	senile demo	enta					1 U Y	ES 2 NO		COMPLETION OF CAUSE OF DEATH?
2 5 5 5	M	DID TOBACCO USE CONTI	DIBLITE TO CALICE	OF DEAT	TII VE		1				1 TYES 2 NO
23 ept 23	AN	25. WAS CASE REFERRED TO MEDICAL	RIBUTE TO CAUSE (	_		H (Check only one)	UNCERTAI	иПТ			
VIT/	Sic	EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Ou	tpatient 3	□ DOA	OTHER:	e 5 🗆 Rasidence	6 C Other (Specify	d		
上 岩 8 平 1	PHYSICIAN	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	,	26b. TIM	E OF 28c. INJ		26d. DESCRIBE I		CORED	
Z 0 5 5 2	ВУ	1 Natural 5 Pending 2 Accident investigation				M 1 🗆 1	YES 2 NO				
Za after	ETED	3 Suicide a Could not be determined	28e. PLACE OF INJUR building, atc. (Sp	RY — At hor ecify)	ne, ferm, s	street, factory, offic	•	261. LOCATION (S City or Town,		er or Rural A	oute Number,
DIV TAL DR AL AL DIREC 72 hours If item	P	290. CERTIFIER Check only 1 CERTIFYING PHYSI	CIAN: To the best of my kno	wiedge, das	ith occurre	ed at the time, data	end plece, and due	to the ceuse(e) en	d manner se ste	rted.	
HOSPITAL FUNERAL within 72 ITANT: If	COMPL		R: On the beale of exeminati								end manner as stated.
TO THE HOSPITA TO THE FUNERA DE filed within 7. IMPORTANT: 1	BE (	286 SIGNATURE AND TITLE OF OPERTIFIER		01.			29c. LICENSE NU	MBER	29d. DA	TE SIGNED	(Month, Day, Ybar)
6 6 8 M	6	30 NAME AND ADDRESS OF PERSON WAS	STAFF	the	1515	IAN	D42	046	▶ Fe	brus	cry 23, 1996
		G. BROOKE HUFFIN	AN MD CI	6 BG	F 18		adeSch	ool Son	Ly Son	ine M	anyland
		FEB 26 199	32. REGISTRAR'S SIG	NATURE LOX-PA	dall					1	
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		1. DECEDENT'S NAME (First, Mic	ddle, Last)									OF DEATH			3. TIME OF OEATH
		Ronald James	Bour	gea							Febr	uary 2	MY 21.19	96	4:30am <sup>M</sup>
		4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (	(In yrs. las	t birthday)	IF UNDE		IF UNDER 24 HRS.	7. DATE	OF BIRTH			LACE (State or Foreign
10		003-18-7566		1 🔀 M 2 🗌 F		68	YRS.	MONTHS	DAYS	HOURS MIN.			1927	.,	Hampshire
should	_	9a. FACILITY NAME (If not institu	tion, give s	treet and number)				9b. CIT	Y, TOWN	OR LOCATION OF D	EATH			TY OF DE	
2. 3	СТОВ	128 Hutton St						Gai	Lthe	rsburg			M	ontgo	omery
Pages 1,	띭		b. COUNT	Y			10c. CIT	Y, TOWN	OR LOCA	TION					10d. INSIDE CITY
. <del></del> .28	DIRE		Mont	gomery			Ga	ithe	rsbu	ırg					LIMITS?
permit.	ĭ₹	10e. STREET AND NUMBER							10	of, ZIP COOE			10g. CIT	ZEN OF W	IAT COUNTRY?
020 physician. burial-transit	FUNERAL	128 Hutton St	treet							20877				ed St	ates
20 hysicii unial-t	5	11. MARITAL STATUS  1 Never Married 2 Mar	rried	12. WAS DECEDEN FORCES? 1	XX YES	2 N		13.	WAS DE	CENDENT OF HISPAI pecify Cuban, Maxica	NIC ORIGIN	I? (Specify Ye Rican, etc.)	s or No—		- American Indian, White, etc.
e ging et	B	3 Widowed 4 Divorced	1	WWII &					1 TYES	S 2 NO Specif	ly:			Specify	White
r attenduse as	8	15. DECEDE (Specify only hig		CATION	ROL	16a. DE	CEDENT'S	USUAL C	CCUPATI	ON ost of working	16b	. KIND OF BU	SINESS/INC	USTRY	WILLE
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AND he hospit detached once.	COMPL			1		Chie	ef Pe	tty	Off			.s. N			
the det		17. FATHER'S NAME (First, Middle		D						16. MOTHER'S NA			Surname)		
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MAR retained 5 should notified	유	David Eric Bo				1				and Number or Rural					0.0
	ļ	20a. METHOD OF DISPOSITION		a	20h	_	ANDDATE			town Road	d, Ir		CATION -		
e 6 ma ector. p		t ☐ Burial 2 XX Cremation 4 ☐ Donation 5 ☐ Other (Spi		oval from Stata	cen. M	netery, crei	matory or o	ther place	Crem	natory 2/	21/9	6 416	vandi	പ്ര	Vircinia
ALLIMOP leath. Page 6 m funeral director.	-	21. SIGNATURE OF FUNERAL SE		DOSEE	- 0	1	POIL	22.	NAME A	ND ADDRESS OF FA	CILITY .	DeVol	Fune	-a1 H	Ome
BALLIMORE, after death. Page 6 may by the funeral director, page moval.		Much	-0	1/("	.0~V	0		1	0 Ea	st Deer	Park	Drive	e and	.ul II	Onic
after y the cai		23. PART i. Enter the disec	sea. or o	complications the	t ceuser	d the de	eth Do			ersburg,			draton, on		I Assessments
e e e		ahock, or heer	feilure.	Liet only one ceu	ise on e	ach line				out or trying, suc	an car	nac or reap	matory an	wat,	Approximete interval Between
g = 5 ≥	1	IMMEDIATE CAUSE (Finei disease or condition		Control	Mose		Crra	***	Moto	((	Tamad		M	d	Onset and Death
		reaulting in death)		a. Central DUE TO	(OR AS A	CONSEC	DUENCE O	n:	Meta	astases (	arcı	nomate	ous M	ening	itis) 1 mo.
executed and con to burial, matic e	z			Non Sma	11 C	e11	Lung	Can	cer						4 Years
OX 68  e be execut sician and c nor to bun traumatic	ST	Sequentially liet conditions if any, leeding to immediate	e	DUE TO	(OR AS A	CONSEC	DUENCE O	F):							
cate licate la physic e pric	2	cause. Enter UNDERLYING CAUSE (Disease or injury	<	C	OB AC A	CONSEC	OUENCE O	D.							
n certifica nding phy Hygiene	ERTIFICATION	thet initiated events resulting in death) LAST		502 10	(OH AS A	CONSEC	DUENCE O	F):							
the death certifier attending the attending to Mental Hygie	E		-	d											+
_ > 0 -	AL.	PART ii. Other eignificent	condition	e contributing to	death b	out not n	eaulting	in the u	nderlyin	g ceuee given in	Part i.	24a. WAS AN			VERE AUTOPSY FINDINGS
	MEDICAL											1 YES			COMPLETION OF CAUSE OF DEATH?
requires been signe of Health	ME														YES 2 NO
AL KE he law requ has been e Dept. of l	ä	DID TOBACCO USE		RIBUTE TO CA							N 🔲				
ATTENDING PHYSICIAN: The law ECTOR: After this certificate has b s after death with the State Dept. 128 is marked, or item 23	SICIAN:	25. WAS CASE REFERRED TO ME EXAMINER?	EDICAL	HOSPITAL:			E OF DEA	OTHE		)					
SICIAN: The Certificate the State	PHYS	1 ☐ YES 2 ☒ NO  27. MANNER OF DEATH		1 Inpetient 2 26s. DATE OF		patient 3	DOA 28b. TIM			ne 5 🔀 Rasidenca			N HIM OO	NIDEO.	
NG PHYS fler this cath with		1 Natural 5 Pen		(Month, D	Nay, Year)			IURY M	W	YES 2 NO	200. DES	CRIBE HOW	INJURY OCC	OHED	
After death	D BY	2 Accident Inve	etigation	28a. PLACE O	F INJURY	— At hor	ma, farm, :	street, fac			28f. LOC	ATIDN (Street	and Number	or Rural Ro	ute Number,
OR ATTEN OR ATTEN DIRECTOR: hours after	ETEC		rmined	building,	atc. (Spec	сяу)					City	or Town, State,	)		
E Per Par	1 1	29a. CERTIFIER (Check only	NG PHYSI	CIAN: To the best of	my knowi	ledge, das	ath occum	ed at the t	lime, data	and place, and due	to the cau	se(s) and ma	nner as atat	ed.	
TO THE HOSPITAL TO THE FUNERAL SE filed within 72 IMPORTANT: IF	COMPL														and manner as stated.
TO THE HOSPIT TO THE FUNER De filed within 7	Ö	29b. SIGNATURE AND TITLE OF	CERTIFIER	3	_		Lile			29c. LICENSE NUI	MBER 1	14	29d, DAT	E SIGNED (	Vonth, Day, Year)
M P S TH	m 1	Peperali	aq	nima	a 1	ND	CIG	R, N	14.11	SN 010	1044	990			ry 21, 1996
	٤	30- HAME AND ADDRESS OF PE	RSON WH	O COMPLETED CAU	SE OF DE	ATH (ITEN			•			110			
9 1		Deborah A. Fr					C.,	8901	Wis	consin A	ve.,	Bethe	sda,	MD.	20889
		31. DATE FILED (Month, Day Year,		32. REGISTRA			44								
		FEB 26 1	1330	Juli Da	MARK.	Plands	all								<u> </u>
				<i>y</i>											OHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nema (First, Middle, Lest 2. Deta of Death 3. Time of Death 4e. Facility Nama (Innot Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Suburban Hospital Bethesda Montgomery If Undar 1 Year If Undar 24 Hrs. 8. Dete of Birth (Month, Dey, Year) Roril 23,1911 Illinois 5. Social Security Number Birthplece (State or Foreign Country) 7. Age (In yrs. last birthday) 1 ☐ M 2 🛣 F Months Yrs. 579-09-7253 84 Usual Residenca of Decedent 10b. County 10c. City. Town or Location 10d. Insida City Limits Silver Spring Montgomery No 2 No 10g. Citizen of Whet Country? 10f. Zip Code 20904 USA 12. Was Decedant Evar in U,S. Armed Forcas? 1 ☐ Yes 2 ☑ No If Yas, Giva Yeer or Detes: Wes Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puerto Rican, etc.) Reca - American indian, Black, White, atc. 1 ☐ Yes 2 A No Specify: Specify: White 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education College (1-4or 5+) Restauranter Own 18. Mothar's Nama (First, Middle, Melden Sumame) Rebecca Singer

**Physician** /Medical Examiner

**Physician** /Medical

Examiner

10e. State

**Funerai** 

Director

r than "naturel", or items 23s or 28s-f show the Medical Examiner must be notified at

permit. Peges 1 and 2 should be filed within 72 hours after death with i Department of Heelih and Mental Hygiene. Important: if Itam 27 is marked other than "naturel", or itema 23a or 2 any injury or other traumatic event

Saltimore, Maryland 21215-0020

the Maryland

ng physician and as the bunal-transit ettending physician signed by the d deteched cate has been sig , page 2 should t certificate has After this Certification: death.

Box 68760. 2 P.O. Records. Division of Vital or Attending To the Hospital or Attendition within 24 hours after death. To the Funeral Director: A in by t

> State Registrar

MD Director 10e. Street and Number 119 Shaw Ave Funeral 11. Marital Status 1 Never Merried 2 Married 9 3 ☑ Widowed 4 Divorced Completed (Specify only highest grade completed) Elementery/Secondary (0-12) 12 17. Fether's Nema (First, Middle, Last) Be Michael Korsover 2 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Roberta Bass / Daughter 119 Shaw Ave Silver Spring MD 20904 20b. Plece of Disposition (Name of cemetary, crematory or other plece) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removel from State 2/25 Adelphi, MD Lebanon Cemetery 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funerel Service Licenses 22, Nema and Address of Facility Edward Sagel Funeral Direction 23a. Pert1. Enter the disaate, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or haart teilure. List only one cause on each line. 1091 Rockville Pike Rockville MD 20852 Approximate interval Between Onset and Death Immediete Causa (Final disaesa or condition resulting in deeth) Examiner Sequentielly list conditions, if eny, leading to immediate causa. Enter Underlying Ceuse (Diseese or injury that initieted events resulting in deeth) Last Due to (or es e consequance of) notomA Physician/Medical Due to (or as e consequence of) Part II. Other algrificant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 2 No 3 Probably 4 Unknown by Completed 24b. Were autopsy findings available prior to 24a. Wes an autopsy performed? completion of cause of deeth? 2 No 1 Yes 1 Yes 2 No 25. Wes case reterred to medical Be 28. Piece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA 28c. tnjury et Work? 28a. Date of Injury (Month, Day Year) 27. Manney of Death 28b. Time of 28d. Describe how Injury occurred 1 Neturel 2 Accident 5 Pending Invastigation

1 ☐ Yas 2 ☐ No

29c. Licensa number

D41856

GoogETONN ND

28t. Location (Street end Number or Rural Route Number, City or Town, Stata)

29d. Date signed (Month, Day, Year)

2/23/96

BOTHESDA, MD 2081

32. Registrar's Signeture 31. Dete filed (Month, Day, Year) Juli Davidson Randall

MEHO

ot person who completed cause of deeth (Itam 23a) (Type, Print)

MD

28e. Pleca of Injury - At home, term, street, tectory, office building, etc. (Specify)

6 Could not be detarmined

3 ☐ Suicide

29a. Certifier

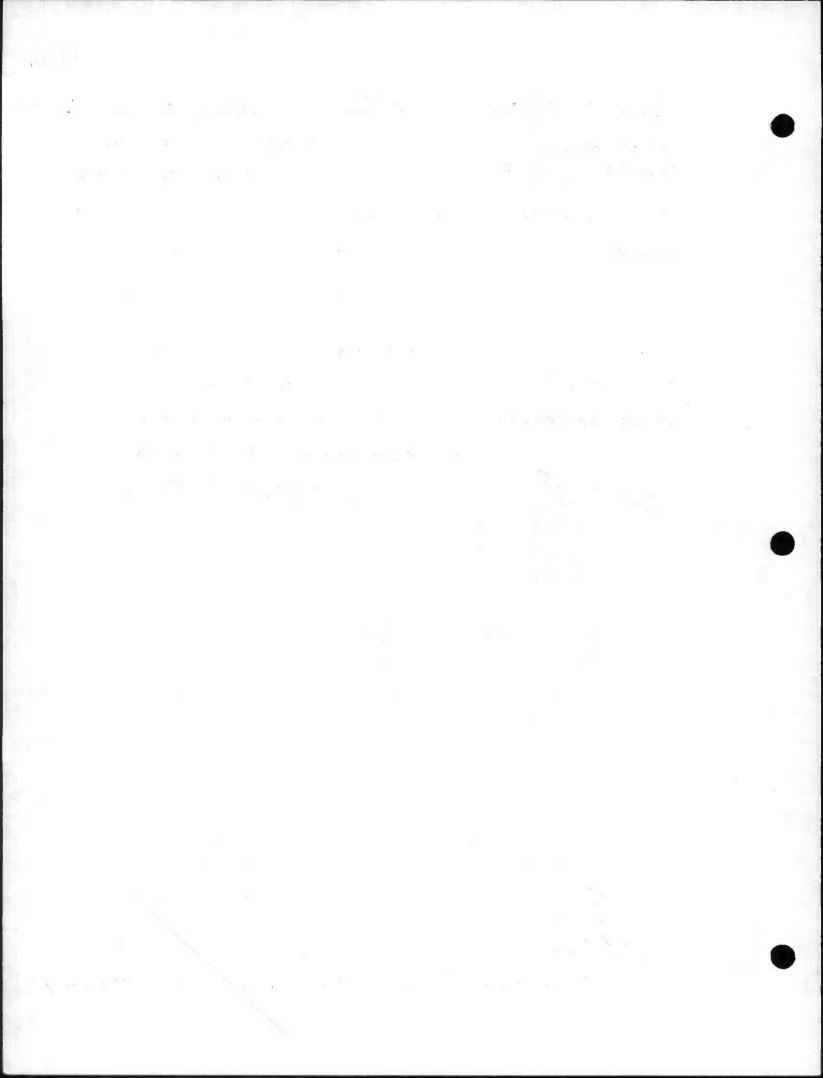
Medical

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(Check only

30. Nama and eddress

29b. Signature and life of certiffs



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1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

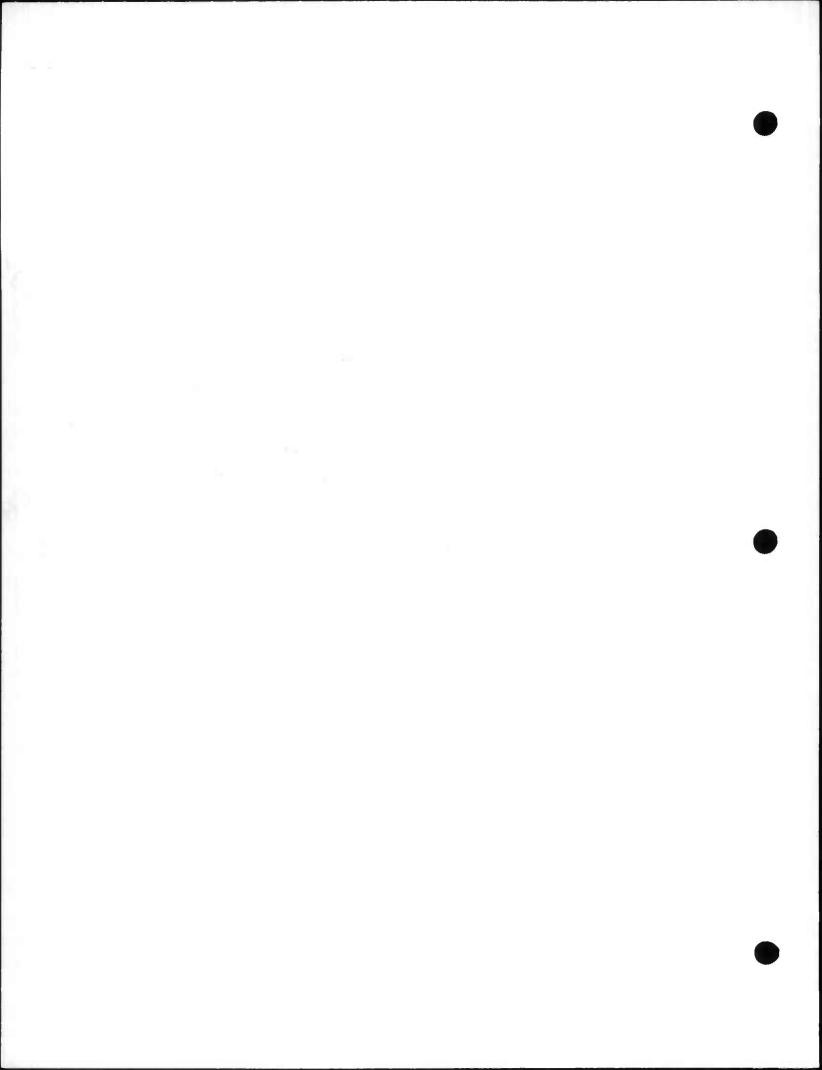
REGISTRAR		C	ERITFI	CALE	OF DE	ATH		REG. NO.						
1. DECEDENT'S NAME (First, Middle, Last)  Jay Irvil Bo							2. DATE OF MONTH	b DAY	25,	<b>199</b> 6	1000 A			
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I		IF UNDER 1 YE	EAR IF UI	IDER 24 HRS.	7. DATE OF (Month, D	ey, Year)	022	Country)	ACE (State or Foreign			
528-34-8174		62					Nov.	23, 1						
9a. FACILITY NAME (II not institution, give National Nav		1 Cent		9b. CITY, TOWN OR LOCATION OF DEATH  Bethesda  Mc							omery			
RESIDENCE OF DECEDENT  10e. STATE 10b. COUNT	Pv		T en- OUTV	TOWN OR L	00471011									
MD Mont	gomery			ither	sburg					i	Od. INSIDE CITY LIMITS? XXYES 2 NO			
19063 Steadwic	ek Dr.				101. ZIP 0					zen of wh SA	AT COUNTRY?			
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE WI	X YES 2	NO	If ye	s, specify (		NIC ORIGIN? (I an, Puerte Rici fy:		or No—	Black,	- American indian, Whita, etc. White			
15. DECEDENT'S EDI (Specify only highest grad	le completed)		DECEDENT'S U (Give kind of wo	ork done durli		orking	16b. KI	ND OF BUS	INESS/IND	DUSTRY				
Elementary/Secondary (0-12)	College (1-4 or 5+)		Mechan		Engir	eer		U.S.	Gove	ernme	nt			
17. FATHER'S NAME (First, Middle, Last)							AME (First, Mick	die, Maiden S	Surname)					
UNKHOWN					121	16h 7	ohnsor	1						
19s. INFORMANT'S NAME (Type/Print)		T	19b. MAILING /	ADDRESS /S					State 7in	Code1	-107			
Alice Boothe						Dr.	Gaithe	V						
20a. METHOD OF DISPOSITION  1 Burial 2 Cremation  4 Donation 5 Other manual	moved from State	cemetery, o	EAND DATE OF COMMENTS OF COMME	ner plece)		V	2/27		lphi	City or Town	n, State			
21. SIGNATURE OF FUNCTION S PROJE L	ICENTEE				age1	Funera				The last				
*///W							e Pike				20852			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	G	SEQUENCE OF												
reaulting in death) LAST	d													
PART II. Other algnificant condition	ona contributing to	death but no	t reaulting in	n the unde	rlying cau	se given ir		PERFOR	MED?		WERE AUTOPSY FINDING WAILABLE PRIOR TO COMPLETION OF CAUSE			
											OF DEATH?			
DID TOBACCO USE CON	TRIBUTE TO CA	USE OF DE	ATH YES	S NO	ט 🗆 ט	NCERTA	NZ							
25, WAS CASE REFERRED TO MEDICAL		28. PL	ACE OF DEATI	H (Check onl)	y one)									
EXAMINER?  1 YES 2 NO	HOSPITAL:	ED 10-1-11-1	• 🗆 • • • • • • • • • • • • • • • • • •	OTHER:		- · ·								
27. MANNER OF DEATH	28e. DATE OF (Month, De	INJURY	28b. TIME	OF 28	ic. INJURY / WORK?	T	6 Other (S	RIBE HOW IN	NJURY OC	CURED				
1 Natural 5 Pending 2 Accident Investigation	28a. PLACE OF	F INJURY — At	home, farm, st		YES , offica	2 NO		ION (Street a	and Number	r or Rural Ro	ute Number,			
3 Suicide	r I bulldlag	atc. (Specify)					City or	Town, State)						
3 Suicide 6 Could not be detarmined	building,		29a. CERTIFIER (Check only one)  1 🔀 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.											
4 Homicide detarmined  29a. CERTIFIER (Check only)  1 🖾 CERTIFYING PHY	SICIAN: To the best of										and manner as stated.			
4 Homicide detarmined  29a. CERTIFIER (Check only)  1 🖾 CERTIFYING PHY	SICIAN: To the best of NER: On the best of a				nion, death (		e time, deta ar		d due to th	he cause(a)	Month, Day, Year)			
29a. CERTIFIER (Check only 2   MEDICAL EXAMINATION 29b. SIGNATURE AND LITTLE OF DEPTH 20b. SIGNATURE AND LITTLE AND LITTLE OF DEPTH 20b. SIGNATURE AND LITTLE OF DEPTH 20b. SIGNATURE AND LITTLE OF DEPTH 20b. SIGNATURE AND LITTLE OF DEPTH 20b. SIGNATURE AND LITTLE OF DEPTH 20b. SIGNATURE AND LITTL	SICIAN: To the best of NER: On the bests of ax	SE OF DEATH (I	or Investigation	n, in my opin	nion, death (	LICENSE NU	e time, deta ar		d due to th	he cause(a)				
4 Homicide determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN  29b. SIGNATURE AND STILE OF CERTIFIED OF CERTIFIE	SICIAN: To the best of NER: On the besis of an invited capes who completed capes harpe, LT,	SE OF DEATH (I	TEM 27) (Typo.	n, in my opin	nion, death (	LICENSE NU	e time, deta ar		d due to th	he cause(a)	Month, Day, Year)			

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		FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF I		MENTAL HYGIE			
		1. DECEDENT'S NAME (First, Middle, Last) Barbara WOODM	AN Carter				2. DATE OF DEATH MONTH		3. TIME OF DE	
Pir		4. SOCIAL SECURITY NUMBER 078-09-0798	1 □ M 2 🔀 F 7 9	(in yrs. leat birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) OCT - 16,	1.	BIRTHPLACE (State or Country) NEW YORK	Foreign
1, 2, 3 should	CTOR	9a. FACILITY NAME (If not institution, give  The Pines  RESIDENCE OF DECEDENT	street and number)	<u> </u>		of Location of D	EATH	ŀ	albot.	
Pages	DIRE	10e. STATE 10b. COUNT	TALBOT	10c. CIT	Y, TOWN OR LOCA				10d. INSIDE CI LIMITS? XXYES 2 [	
in. ransit permit.	VERAL	211 BONFIELD			10	21654		10g. CITIZE	N OF WHAT COUNTRY	7
5-0020 nding physician. is the burlal-transit	BY FUN	11. MARITAL STATUS  1 Never Married 2 Married  XX Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR DO	2. NO	If yes, sp		NIC ORIGIN? (Specify ' in, Puerto Rican, etc.) y:	Yes or No- 14	Black, White, etc. SpecifyWHITE	
2121 al or atte for use a	LETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 8 +)	(Give kind of life. Do NOT u		ost of working		BUSINESS/INDUS		
oy the hospital be detached to at once.	COMP	12 17. FATHER'S NAME (First, Middle, Last)	HOODHAN	MERCHA	NDISE A	Charles and the same of	ME (First, Middle, Maid		ALES	
retained by 5 should be notified at	BE	DANA FRANCIS  19a. INFORMANT'S NAME (Type/Print)	WOODMAN	19b. MAILING	ADDRESS (Street		ANTHONY  Route Number, City or T		adal	
	2	LAUREN L. CAR	TER				UE, OXFO			
St ba		20a. METHOD OF DISPOSITION  1	noval from State	PLACE AND DATE OF THE STATE OF	OF DISPOSITION (No.	ame of	2-28 SA	LOCATION — CH		
2 de 5	İ	21. SIGNATURE OF FUNERAL SERVICE L		MIDDOK	22. NAME A	ND ADDRESS OF FA	CILITY		NAM FUNE	DAT
		5. Keuts	1 Phyppin	CF5,	200 5	S. HARR	ISON ST.	, EAS	ron, MD	KAL
y filled in I stion, or re		23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Sepsi	ach line.		ode of dying, suc	h se cardiac or rea	spiratory stres	Interval	mats Between nd Daath
executed with and complete b burial, creme matic event,	z		DUE TO/OR AS A	CONSEQUENCE O	F):				u	13
or the control of the	ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF	F):				1	
th certificate ending physical Physical	CERTIFICATION	CAUSE (Disesse or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	F):					
that the ed by the th and Me	MEDICAL C		- of the by	285		g cause given in		AN AUTOPSY ORMED?	24b. WERE AUTOPSY AVAILABLE PRIO COMPLETION OF OF DEATH?	OT PA
F 5 5 5 4		DID TOBACCO USE CONT	PO-VALUES			UNCERTAI	1 180		1   YES 2	NO
N: The law cate has be State Dept.	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF OEAT	TH (Check only one)		1/25			
SICIAN: The certificate the State , or Item	IYSI	1 YES 2 NO	HOSPITAL: 1   Inputient 2   ER/Outp			ne 5 🗆 Residence				
NG PHYSII fter this cleath with 1 marked,	ву РНҮ	1 Natural 5 Pending Investigation	(Month, Day, Year)	28b. TIM INJ	URY WO	JURY AT ORK? YES 2 NO	28d. OESCRIBE HOW	V INJURY OCCU	REO	
TTENOI TTENOI TTOR: A after da		3 Suicide 6 Could not be determined	28s. PLACE OF INJURY building, atc. (Spec	— At home, ferm, i	street, fectory, offic	:0	281, LOCATION (Street City or Town, Stell		Rural Route Number,	
世 322 三	COMPL		SICIAN: To the beat of my knowl						ause(a) and manner as	stated.
	TO BE COMPLETED	(Check only 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIE	ER: On the beals of exemination	and/or Investigation	n, in my opinion, d		time, data and place,	and dua to the c	ause(a) and manner as IGNED (Month, Day, Year 2-27, 26	
THE HOSPITAL THE FUNERAL filed within 72		(Check only one) 2 MEDICAL EXAMIN	ER: On the beals of exemination	ATH (ITEM 27) (Type,	n, In my opinion, d	29c. LICENSE NUM	time, data and place,	29d. DATE S	IGNED (Month, Dey, Year)	



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 55 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO	).	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AY YEAI	3. TIME OF OEATH
			R. COU	LBOURN	E	FEB. 21	, 1996	5:15 P.M.
	4. SOCIAL SECURITY NUMBER	200	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	a. Bit	RTHPLACE (State or Foreign untry)
	213-03-0321	1 X M 2 - F	8 2 <sup>YRS</sup> .	TONTING DATE	WOOKS MIN.	12/30/1	3 Ma:	ryıand
_	9a. FACILITY NAME (If not institution, give st	reet and number)		9b. CITY, TOWN	OR LOCATION OF O	EATH	9c. COUNTY O	F DEATH
6	6969 Reliance R	Road		Feder	alsburg		Caro	line
[ [ [	RESIDENCE OF DECEDENT  10e, STATE 10b, COUNTY		10c CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY
DIRECTOR	Maryland Car	oline	1		ralsbur	O.		LIMITS?
	10e. STREET AND NUMBER	011110			M. ZIP COOE	9	100 CITIZEN O	1X YES 2 NO
FUNERAL	6969 Relia	ngo Pond		1 "	216	2.2		d States
N N	11. MARITAL STATUS		N U.S. ARMED	13. WAS DE		NIC ORIGIN? (Specify Ye		
	1 Never Married 2 Married	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	If yes, s		in, Puerto Rican, etc.)	8	ACE — American Indian, lack, White, etc.
ВУ	3 Widowed 4 Divorced		NI E 0	'''	a ≪ € 1 M.o. ⊃hecu	у.	34	White
ED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	18e. DECEDENT'S	USUAL OCCUPAT	ON out of working	16b. KIND OF BU	SINESS/INDUSTRY	1
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	se retired.)	ost or working		, –	
COMPLET	8		Mechan	10		Auto	/ Trucl	ζ
응	17. FATHER'S NAME (First, Middle, Last)	on Coulbo	1800			ME (First, Middle, Malden		
H		On Courbo			Charl		ller	
일	190. INFORMANT'S NAME (Type/Print)  Bessie M. Coul	hourne				Route Number, City or Tow		,MD 21632
	20e. METHOD OF DISPOSITION							
	1 X Burial 2 Cremation 3 Remo		o.PLACEANDDATE netery, cremetory or o OKESbur			DATE 20c. LO		
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEF	okesbur		CETY ND ADDRESS OF FA		rance,	Maryland
	10 10 1 1 C	A.					cow Fur	neral Home
Щ	111 Wall 1, 1	stem		PO B	ox 43,	Federals	burg, h	MD 21632
	23. PART i. Enter the diseases, or c ehock, or heart fallure. I	omplications that cause list only one cause on a	d the deeth. Do rech line.	not enter the m	ode of dying, suc	h as cardiac or reep	iratory arrest,	Approximate Interval Between
	IMMEDIATE CAUSE (Finel	1	0	•	1 -	Tarr		Onsat and Death
	disease or condition resulting in death)	DUE TO (OR AS	es larc	Lagua	-7/	origine		
		DUE TO (OR AS	CONSEQUENCE O	F):	/			
CERTIFICATION	Sequentially list conditions,	DUE TO (OR AS A	CONSEQUENCE OF	FI:				
Ä	If any, leading to immediate cause. Enter UNDERLYING			,				j
茰	CAUSE (Disease or injury that initiated eventa	DUE TO (OR AS	CONSEQUENCE OF	F):				
F	reaulting in death) LAST	1.						
	PART ii. Other aignificant conditions	contributing to death t	ust not regulation	in the condensate	e seuse alves la	Post I as use su		
EDICAL	The state agrinous conditions	- contributing to deeth t	at not readiting	in the underlyii	ig cense given in	Part I, 24e. WAS AN PERFOI		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
						1 TYES 2	DENO	OF DEATH?
Σ	DID TODA CCO LICE CONTR	VIDITE TO CALICE O			3			1 YES 2 NO
PHYSICIAN:	DID TOBACCO USE CONTR	IBUTE TO CAUSE C	26. PLACE OF DEAT			иП		
i i	EXAMINER?	HOSPITAL:		OTHER:				
4	27. MANNER OF DEATH	1 Inpetient 2 ER/Outp	petiant 3 DOA 28b. TIM		JURY AT	8 Other (Specify)	N HIEV OCCUBED	
	1 Natural 5 Pending	(Month, Day, Year)	INJ	URY W	ORK? YES 2 NO	26d. DESCRIBE HOW I	NJURY OCCURED	~ .
BY	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJURY	At home, farm, s			281. LOCATION (Street	and Number or Bur	al Shuth Number
ED.	4 Homicide 6 Could not be	building, atc. (Spec	cify)	,		City or Town, State)		noute runnes,
9	29a. CERTIFIER . No CERTIFYING PAYOUS	NAME TO About a second and a second	Construction of the second					
COMPLET		ETAN: To the best of my know R: On the besis of exemination						ofe) and manner as stated
	29b. SIGNATURE AND TITLE OF CERTIFIER			or many opinion,				
BE	Conne Wille	1/2 /			29c. LICENSE NUI	WEER TUDE	29d. DATE SIGN	10.
2	30. NAME/AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) /Time	Print)	1000	175	- 4	27/96
	James Gaul, M				Salich	MIL MID O	1004	
	31. OATE FILED (Month, Day, Year)	32: REGISTRAR'S SIGN	ATURE	30.,	Salisbu	ry, MD Z	1004	
1.00		True d'husies	D 1 11					

Yall a

	al or a	for us		
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us		nce.
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	Page	/ dire		Jer z
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	after o	y the	noval	cal e
	Nours	d in b	or rer	med
	PZ 1	by fille	ation,	the state of
	d with	mplete	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	recute	op pu	Duria	atic
	be ea	ician a	ior to	raum
	ficate	physi	ne pr	her t
	certi	nding	Hygie	r of
	death	e atte	ental	ury, c
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	requi	een s	0 H	show
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	PHY	r this	h with	arked
	NDING	: Afte	deat	E S
	ATTE	CTOR	afte	28
	NO.	DIRE	hours	tem
	PITAL	RAL	22 1	= 1
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BE COMPLETED BY

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	FOR 1 - STATE REGISTRAR	STATE OF MA	ARYLAND /	DEPAR	TMENT OF	HEALTH AND	MENTAL HYGI				
	4 DECEMBER MANNE (First Addition to the Control of							3. TIME OF DEATH			
TO BE COMPLETED BY FUNERAL DIRECTOR		. CANTWELL			FĔ		FEB. 23	EB. 23,1996 YEAR 1		1:40 AM m	
	4. SOCIAL SECURITY NUMBER 401-03-6866			77 YRS. MO		IF UNDER 24 HRS. HOURB MIN.	7. DATE OF BIRTH (Month, Day, Year MAR. 9, 1	918	Country)	LACE (State or Foreign	
	9a. FACILITY NAME (If not institution, give street and number)  MERIDIAN— THE PINES				96. CITY, TOWN	EATH	9c. COL	9c. COUNTY OF DEATH TALBOT			
	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY			10c. CITY, TOWN OR LOCATION				10d. INSIDE CITY			
	MARYLAND TALBOT			EASTON				LIMITS?			
	10e. STREET AND NUMBER				10f. ZIP CODE			10g. CITIZEN OF WHAT COUNTRY?			
	610 DUTCHMAN'S LANE					21601			USA		
	11. MARITAL STATUS  1  Never Merried 2  Merried  3  Widowed 4  Norreed  12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D			2500 If yes, specify Cuban, Mexic			n, Puerto Rican, etc.) Black, 1			- American Indian, White, atc.  WHITE	
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)			16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refired.)			16b. KIND OF	16b. KIND OF BUSINESS/INDUSTRY			
	College (1-4 or 5+)   11   3			REGISTERED NURSE			NU	NURSING			
	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maiden Surname)										
	"UNKNOWN" NOEL MAYME YOUNG										
	19a. INFORMANT'S NAME (Typer/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
	LINDA C. MURRAY 839 MASTERS TRAIL, NEWPORT NEWS, VA 23602										
	20s. METHOD OF DISPOSITION 1 X Surial 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION /Name of completely, cremetory or other place)  SPRING HILL CEMETERY 2-24  EASTON, MD										
	21. SIGNATURE OF FUNERAL SERVICE LI		-		FELLO	ND ADDRESS OF FA	LFENBEIN	[ & N]	EWNAM	FUNERAL	
ERTIFICATION	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arreat, ahock, or heert failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  PNEUMONIA								Approximata Interval Between Onset and Death  2 WEEK		
	DUE TO (OR AS A CONSEQUENCE OF):								SINCE		
	MULTIPLE SCLEROSIS							1972			
	If any, leading to immediate Due to (or as a consequence of):										
<u>ठ</u>	CAUSE (Disease or injury										
	thet initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST										
SICIAN: MEDICAL CER	d										
	RECURRENT URINARY TRACT INFECTIONS							ERE AUTOPSY FINDINGS MALABLE PRIOR TO OMPLETION OF CAUSE F DEATH?			
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO DUNCERTAIN								YES 2 NO		
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:										
HYS	1 OPES 20 NO 1 Inpatient 2 ER/Outpatient 3 DOA 3 Trursing Home 5 Residence 8 Other (Specify)  27. MANNER OF DEATH 28e, DATE OF INJURY 28b, TIME OF 28c INJURY AT 28d DESCRIBE NOW IN HIGH OCCURREN										
ᇵᆙ	4 No. 11 A COLOR	Month Carl Mark The M									

1 Natural
2 Accident 1 YES 2 NO 28e. PLACE OF INJURY — Al home, farm, atreet, fectory, office building, atc. (Specify) 3 🗌 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 🗌 Homicide

29e. CERTIFIER 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(a) and manner as stated.

ition and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated.

29c. LICENSE NUMBER

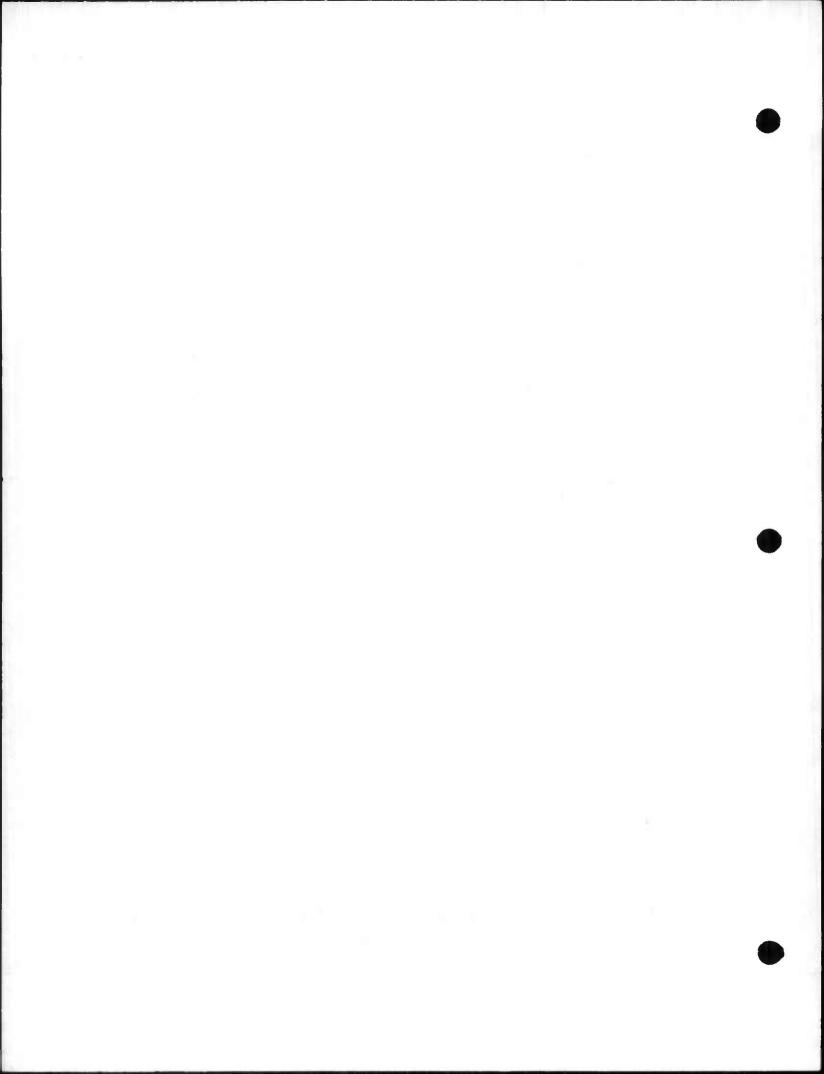
D25933

30. NAME AND ADDRESS OF PERSON WHO COMPLEYED CAUSE OF DEATH (ITEM 27) (Type, Print)

CROWLEY, M.D., 508 IDLEWILD AVENUE, EASTON, MD 21601

MICHAEL D. CRO 31. DATE FILED (Month, Day, Year) FEB 26 1996 32 REGISTRAR'S SIGNATURE 29d. DATE SIGNED (Month, Day, Year)

2-23-96



age 6 may be retained by the hospital or attending physician. director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should director, page 5 should be detached for use as the bunial-transit permit. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

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	NO	R. Al	.00
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 14 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache he find within 72 hours after death with the State Deut, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	Z.	THE	8
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1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-	REGISTRAR				ENIIF	ICALL	_ Or	DEA	III.		REG. NO.			
	1. DECEDENT'S NAME (First	t, Middle, Last)								2. DATE OF	DEATN	IY.	YEAR	3. TIME OF DEATN
н	Evelyn G									Feb.	2.5	199		_1:00 A M
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs. In	nst birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS. MIN.	7. DATE OF	BIRTH Day, Year)		8. BIRTH Countr	IPLACE (State or Foreign
	218-07-9391 1 N 2 X F 75 YF						Nov. 12 1920 MD							
_	9e. FACILITY NAME (If not institution, give street and number)					9b. CITY	9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN					EATN		
RECTOR	Anne Arundel Med. Ctr.					A	nna	pol	is			Anr	ne A	rundel
ភ្ន						Y, TOWN (		73						
				_				IION				10d. INSIDE CITY LIMITS?		
	MD 10e, STREET AND NUMBER		Arunde	21	Ar	no1d		f. ZIP COD						1 TES 2 NO
¥					101					10g. CIT		WHAT COUNTRY?		
FUNERAL	Chesapeak	ce Mar	or-Col					210					USA	
	1 Never Married 2	Merried	FORCES? 1	YES 2			It yes, sp	ecity Cuba	ın, Maxicai					E — American Indian, k, Whita, atc.
B	3 Wildowed 4 Divo	orced	IF YES, GIVE V	WH OH DATES			T [] YES	2 [X NO	Specify	<i>'</i> :			Speci	White
요		CEDENT'S EDU		16a. D	ECEDENT'S	USUAL O	CCUPATION	ON		16b. K	IND OF BUS	SINESS/INE	DUSTRY	White
ш	Elementary/Secondary (		College (1-4 or 5	- Ai	Give kind of fe. Do NOT u	se retired.)	auring mo	OST OF WORKI	ng					
린					omem	aker				Н	ome			
COMPL	17. FATHER'S NAME (First, A	Aiddle, Last)						18. MOY	NER'S NA	ME (First, Mic	idle, Maiden	Surname)		
BE	Freeman		)wens					A:	nnie	Eli	zabe	th 7	Thom	pson
0	19a. INFORMANT'S NAME (	Type/Print)		-1	96. MAILING	ADDRES	S (Street a	and Number	r or Rural F	Poute Number	City or Tow	n, State, Zip	o Code)	
-	Christine	Well	ford		7209	Cro	wn	Rd.	G16	en Bu	rnie	, MI	0. 2	21060
	20a. METHOD OF DISPOSIT 1 R Burial 2 ☐ Cremetic		oval trom Stata		E AND DATE			ame of		DATE	20c. LO	CATION —	City or To	own, State
	4 Donation 5 Other							ete:	ry 2	128 CILITY	G1	en l	Burn	nie, MD
	21. SIGNATURE OF FUNERA	L SERVICE LI	New York										II	
	1/AL	-	Jane							ons Hwy				
	23. PART /. Enter the d	diseases, or	complications the	t caused the c	lesth. Do	not enter	tha mo	oda of dy	ing, suc	h aa cardla	c or reap	ratory an	reat,	Approximata
	IMMEDIATE CAUSE (FI		List only one car	ae on eech line.							Interval Between Onset and Daath			
ŀ	diseese or condition	<b>→</b>	Embolic Stroke 17								7days			
	resulting in death)  a													
z I	Sequentially list conditions, The Attigal Abrillation										U			
RTIFICATION	if any, leading to imme	ediete 🚪	DUE TO	(OR AS A CONS	EOUENCE O	of op:								
<u> </u>	cause. Enter UNDERLY CAUSE (Disease or inju		E CON	Tron	n (0)									
	thet initiated events resulting in death) LAS	ST	VIA	The	0	1-	to	0.		li	ì			1
S		•	4 0-04	nacen	dery		la	rug	Cer	one				_
	PART II. Other algorifica	ant condition	na contributing to	death but not	resulting	In the u	nderiyin	g cause	given in	Part I.	4a. WAS AN		24b	. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
DICAL										_	YES 2			COMPLETION OF CAUSE OF DEATH?
ME														1 TYES 2 NO
	DID TOBACCO L	JSE CONT	RIBUTE TO CA	USE OF DE	ATH Y	ES 🗆	NO [	UNC	ERTAIL	NY				
CIAN	25. WAS CASE REFERRED TEXAMINER?	TO MEDICAL		28. PL	ACE OF DEA	-		)						
HYSIC	1 VES NO		HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHE		ne 5 🗆 R	asidenca	6 🗆 Other	Specify)			
F	27. MANNIN OF DEATH		. 28a, DATE Of (Month, I		28b. T/I	ME OF JURY		JURY AT ORK?		28d, DESC	RIBE NOW I	NJURY OC	CURED	
- B -	1 Natural 5 2 Accident	Pending Investigation				М	1 🗆	YES 2	_ NO					
E0	3 Suicide 8 1	Could not be	28a. PLACE ( building	OF INJURY — At I , atc. (Specify)	home, farm,	street, tac	tory, offic	Ca		28f. LOCAT City or	TON (Street Town, State)	and Numbe	r or Rural I	Route Number,
- 1		ootan ja med												
MPLE		TIFYING PNYS	ICIAN: To the best o	f my knowledge,	death occur	red at the	time, dete	and place	, and dua	to the caus	e(s) and mai	nner as ata	ited.	
8	one) 2 MEC	DICAL EXAMINE	R: On the beals of a	examination and/o	r Investigati	on, in my	opinion,	death occu	red at the	tima, data a	nd place, ar	nd dua to t	he cause(s	s) and manner as stated.
ш	29b, SIGNATURE AND TITL	E OF CENTIFIE	")(	00				29c. LIC	ENSE NUI	WBER	. 1	29d. DAT	TE SIGNED	(Month, Day, Year)
0	Ven	m	-100					Mox	<u> </u>	412.	6	<b>▶</b> 2	2	5-46
آ آ	30. NAME AND ADDRESS C	F PERSON WA	O COMPLETED CAL	SE OF DEATH (IT	EM 27) (Typ	7 1	,		4	01	٨			D. 100 1
	Dennis	> 11.	H911			204	1	WA	2	5T.	1+	440	1 pre	40,100
	31. DATE FILED (Month, Day,	8 199	S 32. DEGISTR	R'S SIGNATURE	ant it		,						/	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withmes hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buntal-transit norm; Panes 1 2 should
be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, or removal.
IMPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

96 07200 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH JAMES 1230/ AM 1996 ROBERT CROMWELL FEB U 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Oct. 8, 1922 West Virginia 273-16-2322 1 X M 2 - F 73 DAYS HOURS 9a. FACILITY NAME (If not institution, give street and number 9b. CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 9645-A Homestead Court Laurel Howard RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN DR LOCATION 10a. STATE 10d. INSIDE CITY Maryland Howard Laurel 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 9645-A Homestead Court 20723 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1  $\chi$  YES 2  $_{\odot}$  ND IF YES, GIVE WAR OR DATES 1943-196711. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married
3 Wildowed 4 Divorced Specify: white BY COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12)
Grade 12 College (1-4 or 5 +) Electronic Technician U.S. Air Force 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) J. Lewis Cromwell Sybil Greathouse BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 9645-A Homestead Court Laurel, Maryland Marguerite S. Cromwell 20723 20e METHOD OF DISPOSITION
1 A Burtal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE MD Cover Cemples the Lenham 2/21 Cheltenham, Maryland 4 ☐ Donation 6 ☐ Other (Specify) \_ 21. DIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AGORESS OF FACILITY · Greys Donaldson Funeral Home P.A. 313 Talbott Avenue Laurel, Md. 20707 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. List only one ceuse on each line. Approximete Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition CHRONIC ALCOHOLISM Years resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate . Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEDUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not recuiting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATN? PERFORMED? MYOCARDIAL INFARCTION (1981), HYPERTENSION( 1 | YES 2 | NO UNTREATED 1 YES 2 JUS DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN D PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 Nasidence 6 Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending M 1 YES 2 NO ВУ 2 Accident 28e. PLACE OF INJURY — At home, term, street, factory, office building. etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide COMPLETED 8 Could not be 4 Homicide determined

29a. CERTIFIER
(Check only one)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 295. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) ME Deputy ーレ A Tat year DBIH13 FE13 11, 1996 Itaward Co 30. NAME AND ADDRESS OF PERSON WING COMPLETED CAUSE DF OEATH (ITEM 27) (Type, Print) PATRYCE A. 4565 HEMOCK CONEWAY ELLIGIT CITY MOZIOY2 TOYE 31. DATE FILED (Month, Day, Year)
FEB 2 0 1996 32. REGISTRAR'S SIGNATURE

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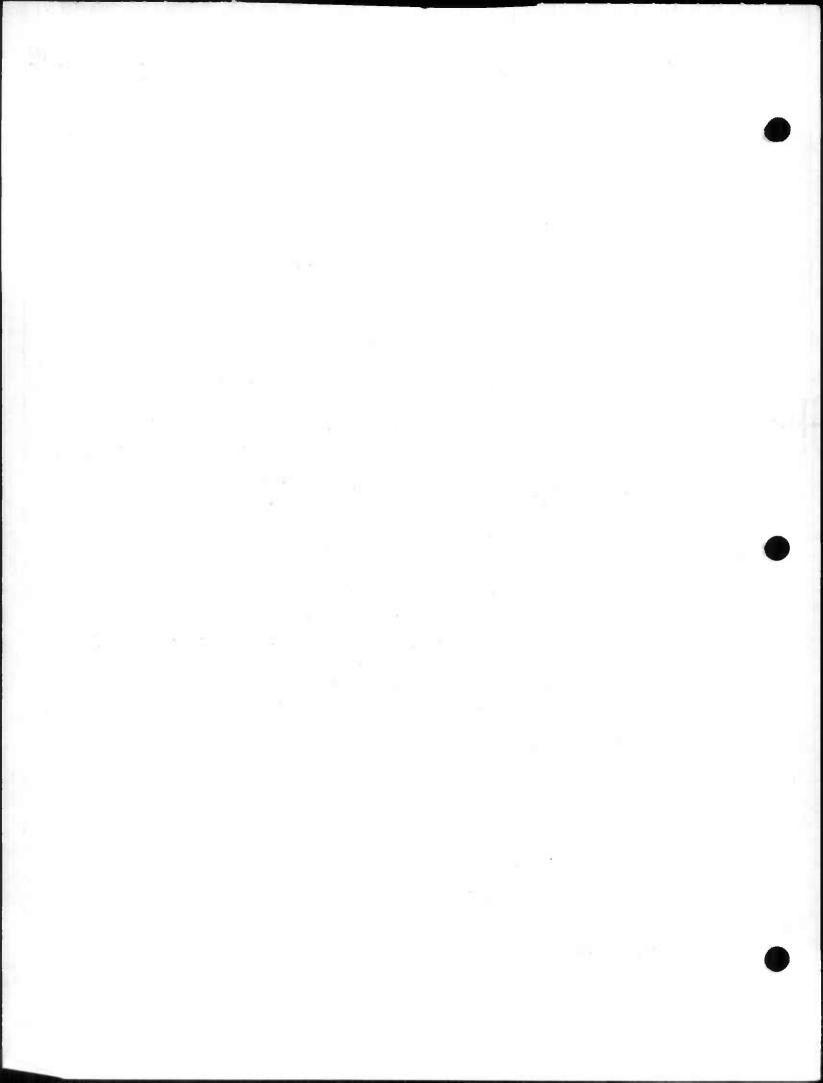
DIVISION OF VITAL RECORDS, P.O. BOX 68760
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the hursal-transit nermit. Pages 1.2.3 should	moval.	ical examiner must be notified at once.	
IN THE MISHING OR ATTENDING PHYSICIAN. THE law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE RIMETAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in t	with the second of the state of the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	O BE COMBI ETER BY BUYCLAM, MERION

	1 - FOR STATE REGISTRAR		STATE OF MA	RYLAND /	DEPAR	TMENT	OF HI	EALTH AN DEATH	ID MI	ENTAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Mid	idle, Last)						· · · · · ·		DATE OF OEATH			3. TIME OF DEATH
i	Marvland L	. Coa	klev						- 1	Feb 18,	199	6 YEAR	2:10 P M
	4. SOCIAL SECURITY NUMBER			AGE (In yrs. les	at birthday)	IF UNDER	1 YEAR	IF UNDER 24 HI	RS. 7	DATE OF BIRTH	1		PLACE (State or Foreign
	220-10-4962	220-10-4962 1 M 2X F 74 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year) Jan 23, 19							-	Countr	MD		
œ									OF DEAT	Н	l .	odor	
2	Meridian Nursing Home Frederick Frederick Frederick									TCK			
DIRECTOR		b. COUNTY			10c. CITY	, TOWN C	R LOCATIO	ON					10d. INSIDE CITY
7	MD	Fred	erick		Fr	eder	cick				LIMITS?		
	10e. STREET AND NUMBER				1	· cacı		ZIP CODE			10a, CITI	ZEN OF W	HAT COUNTRY?
EB	313 W. Seve	n+h C	troot					21701			US		
FUNERAL	11. MARITAL STATUS		12. WAS DECEDENT E	VER IN U.S. AR	MEO	13.			SPANIC	ORIGIN? (Specify Yes			American Indian
	1 Never Married 2 Marr		FORCES? 1 [	YES 2X	40		f yes, spec	ify Cuban, Ma	exican, I	Puarto Rican, etc.)	or No-		— American Indian, White, atc.
B	3 Widowed 4 Divorced			ON ONIES			TES	≥ X NO S	респу;			Specif	white
	15. DECEDEN (Specify only high	NT'S EDUCA	TION	16a. DE	CEDENT'S	USUAL O	CCUPATION	4		16b. KIND OF BUS	INESS/IND	USTRY	WILLCC
<u> </u>	Elementary/Secondary (0-12)		College (1-4 or 5 +)	life.	ive kind of w Do NOT us	e retired.)	during most	of working					
COMPLETED	12			Lice	ensed	Pra	ctic	al Nur	se	Hosp	ital		
Į į	17. FATHER'S NAME (First, Middle,	Last)								(First, Middle, Maiden			
BEC	Raymond K	C. Tre	exler				- 1	He	len	(Gordon)			
	19a. INFORMANT'S NAME (Type/P			198	b. MAILINO	ADDRESS	(Street and			te Number, City or Town	, State. Zin	Codel	
임	Charles R	Coakl	ov. Tr							Frederic			1701
	20a. METHOD OF DISPOSITION		2 *	20b. PLACE					eLi		CATION - 0		
	1 Suriet 2 ☐ Cremetion 3 4 ☐ Donation 5 ☐ Other (Spec	3 Ramov	at from State	cemetery, cres	matory or ot	her place)			1		mber		
	21. SIGNATURE OF FUNERAL SE		VSEEL ()	L Davi	SIME			ADDRESS OF			WIIIVCI.	Lanc	(, 1:10
	· Yticha	las	120	0 100	Wi	-	Scar		Fun	eral Home	9		
Ī	23. PART i. Enter the disees	sea, or cor	mplications that cost only one couse	used the de	eth. Do n	ot enter	the mod	e of dying,	auch a	a cardiac or reaple	ratory arr	eat,	Approximate
	IMMEDIATE CAUSE (Final	tenute. La	O n A	Dir dacii iirle		0	•		/				Interval Between Onset and Death
	disease or condition										7000		
	DUE TO (OR AS A CONSEQUENCE OF):										-yes		
z													
일	Sequentially list conditions, if any, leading to immediate		DUE TO (OR	AS A CONSEC	DUENCE OF	):							
5	cause. Enter UNDERLYING CAUSE (Disease or injury	7 .											
RTIFICATION	that initiated events		DUE TO (OR	AS A CONSEC	DUENCE OF	):							
E	resulting in death) LAST	d.											
CE	PART II Other electrons	anditi-		ab b								_	
¥	PART II. Other aignificant co	onaltiona								WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO			
PHYSICIAN: MEDIC	(01)									1 TYES 2	NO		COMPLETION OF CAUSE OF DEATH?
2													1   YES 2   NO
ÿ I	DID TOBACCO USE (	CONTRI	BUTE TO CAUS	E OF DEA	TH YE	1 🗆 2	10 Z	UNCERT	AIN				
5	25. WAS CASE REFERRED TO ME EXAMINER?		IOSPITAL:	26. PLAC	E OF DEAT		-						
2	1 TYES 2 NO		☐ Inpetient 2 ☐ ER	/Outpatient 3	□ DOA	4 Nun	? Ing Home	5 Residen	nce 6	Other (Specify)			
Ē	27. MANNER OF DEATH		28a. DATE OF INJ (Month, Day, Y	URY	28b. TIME	OF	28c. INJUI	TA YF		d. DESCRIBE HOW IN	JURY OCC	URED	
BY	1 Netural 5 Pendi 2 Accident Invest	ling digation	(MOTHIT, Day, 7	our)	INJ	M	1 YE	8 2 NO					
- 10	3 Suicide 6 Could	-	28a. PLACE OF IN	JURY — At hor	me, ferm, si	reet, facto	ory, offica		28	If. LOCATION (Street as	nd Number	or Rural R	oute Number,
<u> </u>		mined	building, etc.	(эрвспу)						City or Town, State)			
ן ב	29a. CERTIFIER	NG PHYSICIA	M: To the best of our	la manufactura i de c	-45								
COMPLEIED										the cause(a) and mani			and manner as stated,
3			ON THE SWEET OF EXEMPLE		rivestigation	i, iii my o	piraon, dea	nn occursa in	the tim	s, data and place, and	dua to the	cause(s)	and manner as stated.
	296. SIGNATURE AND TITLE OF C	CERTIFIER					1	9c. LICENSE	NUMBE	R	29d. DATE	SIGNED	(Month, Day, Year)
5	MUM	LKI >						DZ	6	510	> h	Eb	19 1996
	30. HAMP AND ADDRESS OF PER	SON WHO C	COMPLETED CAUSE O	F DEATH (ITEN	27) (Type,	Print)	NE.	1	Av.	e FRYD	m	> -	21202
	31. DATE FILED (Month, Day, Year)	4000	12 AEGISTRAN'S	SIGNATURS	1.4			/	4.		/ ,		
	FEB23	1996	JULIA OF BOOK	MAN ANN	<b>Mrsh</b>								

Line I C070

	REGISTRAR		CENTIL	ICALE	F DEATH	REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last)  PETER  J		LMER			2. DATE OF OEATH MONTH D	AY YEAR	3. TIME OF DEATH  2:25 P			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. last birthday)  YRS.	IF UNDER 1 YEA		7 DATE OF BIRTH	a BIRT	NPLACE (State or Foreign			
	200–16–6893		Sept. 008,19		Tand						
·	9a. FACILITY NAME (If not institution, give Sacred Heart Hosp				n or location of D erland	EATH	Allegan				
DIRECTOR	RESIDENCE OF DECEDENT										
RE	Maryland Alleg	gany	10c. Cri Nik	TY, TOWN OR LO	CATION			10d. INSIDE CITY LIMITS?			
	10g, STREET AND NUMBER		MIK	.ep	101, ZIP CODE		10a CITIZEN OF	YES 2 NO			
ERA	17717 Lower Geor	ges Creek F	Rd.	1	21546			USA			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 Y	ER IN U.S. ARMED	13. WAS DECENDENT OF HISPANIC ORIGIN? (Spelf yes, specify Cuban, Maxican, Puerto Rican,			e or No — 14. RAC	E — American Indian,			
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR O			ES 2 NO Speci		Spec	white			
0	15. DECEDENT'S ED		16a. DECEDENT'S	USUAL OCCUP	ATION	16b. KIND OF BU	SINESS/INDUSTRY				
<u> </u>	(Specify only highest grad Elamentary/Secondary (0-12)	College (1-4 or 5+)	Coal M	work done during se retired.)	most of working		Coal				
COMPL	8	0	0001								
	17, FATHER'S NAME (First, Middle, Last) Peter John Co	olmer Sr.			Clara	Garlitz	Surname)				
B 8	19a. INFORMANT'S NAME (Type/Print)	vn, State, Zip Code)									
	James E. McKenzie Eichhorn-McKenzie Funeral Home, 8 E. Main St.										
must be	20s. METHOD OF DISPOSITION  20b. PLACEAND DATE OF DISPOSITION / Name of Company Compan										
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	Laurel Hi		AND ADDRESS OF F		Moscowill	IIIs, Ma.			
examiner examiner	21, sidny the or rottenal service is	V				Kenzie Fune	eral Home				
dical ex	Innaconing Md. 21539  23/PANT I. Enter the diseases, a complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate										
medical	ahock, or heert fallure	List only one cause o	n each line.	not enter tha	mode of dying, suc	ch as cardiac or reap	iratory arrest,	interval Bety			
1 2	IMMEDIATE CAUSE (Finel disease or condition										
event, the	resulting in deeth)	B. DUE TO (ON	AL A CONSEQUENCE O	WF):	Nous	01	A. 2	70.114			
	Sequentially list conditions,	· poe	rible	my	raidul	mani	den	30m4			
or other traumatic	If any, leading to immediate cause. Enter UNDERLYING	Plus	AS A COMSEQUENCE O	This	tion Pu	A China	1600 -	> 10 am			
IFIC I	CAUSE (Disease or injury that initiated events Disease of the control of the cont										
	resulting in deeth) LAST a peripheral facular discuse 9 gea										
Injury,	PART II. Other significant condition	ns contributing to/seat	th but not resulting	in theremore	ring cause given in			II. WERE AUTOPSY FIND			
= > /5	Oundays arry themas 1 PETFORMED? AMAILABLE PRICE TO COMPLETION OF CAUSE										
shows and	F	nature	- d	list	Luis			1 THE 3 NO			
AN:	DID TOBACCO USE CON	TRIBUTE TO CAUSE	OF DEATH Y	ES NO	UNCERTAL	N-S					
r item 23	25. WAS CASE REFERRED TO MEDICAL EXAMINERY?	NOBPITAL:	26. PLACE OF DEA	OTHER:		Halland Committee					
خ اه	1 YES 2 NO	28s. DATE OF BUILD		-	fome 5 13 Residence	8 C Other (Specify) 264. DESCRIBE HOW	BUURY OCCURED				
D 6	Natural 5 Pending	(Month, Day, Ye	ar) IN	M 1	WORK?  YES 2 NO						
0 w 0	3 Suicide 6 Could not be	25s. PLACE OF INJ	URY — At home, farm, Scinolly)	street, factory, o	ffice	281. LOCATION (Street City or Yarri, State	end Number or Rural	Poute Number,			
m 28	4   Homicide determined					2000					
		SICIAN: To the best of my k									
IMPORTANT: If  O BE COM	# MEDICAL EXAMIN	ER: On the basia of axamir	nation and/or investigati	on, in my opinio							
BE BE	29b. SIGNATURE AND TITLE OF CENTIF	11/2	-		29c. LICENSE NU	CL62		D (Month, Day, Year)			
2 2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CANSE OF	F DEATH (ITEM 27) (Typ	e, glint)	IV/	TV	FEBRU	ARY JY, 14			
	Shin Kim H	D. 90 M	in St 1	Noster	port 1	MB. 21	5000				
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IVISION OF VITAL RECORDS, P.O. I	G PHYSICIAN: 1
NOISIN	R ATTENDING
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TO THE HOSPITAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTHAR		CERI	IFICAL	FO	- DEATH	R	EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest)  JAMES ED	WARD	COOK		2. DATE OF D MONTH FERRITA		, 19 <sup>7</sup> 56	3. TIME OF DEATH 6:40 A M		
	4. SOCIAL SECURITY NUMBER 214-42-2404	5. SEX 6.	AGE (In yrs. lest birtho	SACALTIAN	R 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, Day)	URTH (, Ybar)	a. BIRT	HPLACE (State or Foreign
OR	9a. FACILITY NAME (If not institution, give a SACRED HEART HOS				9b. CITY, TOWN OR LOCATION OF DEATH CUMBERLAND ALLEGA					DEATH
5	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	,								
- DIRECTOR	PA BEDI		10c.	HYN]	DMAN				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	P. O. BOX 7				01. ZIP CODE 15545			WHAT COUNTRY?		
B	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4XX Divorced	VER IN U.S. ARMED YES 2 NO OR DATES	13.	If yes, a	CENDENT OF HISPAN pecify Cuban, Mexica S 2 XNO Specify	n, Puarto Rican	pecify Yes or N	Io— 14. RAC Blac Spec	E — American Indian, k, White, etc. #/y: WHITE	
	15. DECEDENT'S EDU- (Specify only highest grade		16a. DECEDEN				16b. KINI	D OF BUSINES	SS/INDUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NO	(Give kind of work done during most of working life. Do NOT use retired.)  LABORER				CONSTR	UCTION	
BE CO	17. FATHER'S NAME (First, Middle, Lest) GEORGE OSCAR				18. MOTHER'S NA SUSIE	ME (First, Middle ELA]		sme) SMEAK	1	
10 8	190. INFORMANT'S NAME (Type/Print) GEORGE O. COOK,	JR.	ROU	TE 1,	BOX	and Number or Rural I	OCKWAY,	PA	15824	
	20b. PLACE AND DATE OF DISPOSITION  14 Burles 2 Cremetton 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of Complete Compl									
1	21. SIGNATURE OF FUNERAL SERVICE CIC	a Car				ND ADDRESS OF FA YEY H. ZE			L HOME	
┪	23. PART I. Enter the diseases, or o	complications that co	used the death (							
	shock, heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	ACUTI	on each line. E MYOCAI	RDIAL		FARCTIO		or reepirato	ry arreat,	Approximata Interval Between Onset and Death 5 MIN
N N	Sequentially list conditions,		RY ARTERY DISEASE						UNK	
HILICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury									
CERTI	that initiated events resulting in death) LAST	d	AS A CONSEQUENC	E OF):						
- 11	PART II. Other significent condition	s contributing to dea	ith but not resulti	ng In the u	nderlyli	ng cause given in	Part I. 24a.	WAS AN AUTO		. WERE AUTOPSY FINDINGS
MEDICAL							— · ½	YES 2   I		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	DID TOBACCO USE CONTI	RIBUTE TO CAUS	E OF DEATH	YES 🗆	NO [	UNCERTAIN	1 12			
HISICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28. PLACE OF I	DEATH (Check	only one	)	7-			
<u> </u>	1 TES 2 NO	HOSPITAL:	/Outpatient 3 DO	OTHE A 4 Nu		me 5 🗆 Residenca	6 Other (See	nc/h/)		
2	27. MANNER OF DEATH  1 Natural 5 Pending Investigation	26e. DATE OF INJ (Month, Day, Y	URY 26b.	TIME OF INJURY M	28c. IN	JURY AT ORK? YES 2 NO	28d. DESCRIB		Y OCCURED	
ED 8	Accident Investigation     Suicide 6 Could not be determined	28e. PLACE OF IN building, atc.	JURY — At home, far (Specify)	m, atreet, fac	tory, offi	CO	261. LOCATION City or Tox		umber or Rural i	Route Number,
29e. CERTIFIER (Check only one)  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.  MEDICAL EXAMINER: On the bests of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and										
	296. SIGNATURE AND JUTUE OF CENTIFIER		MA A	pation, in my	opinion,	29c. LICENSE NUM	IBER		I. DATE SIGNED	(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHI	COMPLETED CAUSE O	F DEATH (ITEM 27)	Type, Print)	пг	D2218		AND	MARC	
	31. DATE FILEO (Month, Day, Year)	32 REGISTRAR'S	SIGNATURE	WALS	n F	OAD, CU	MDEKL	AND,	MU 2	1502
	MAK 0 1 1996	Jahn Muss	bor Revoluti							

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	27	III.	10U
	HE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retain	HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sho	led within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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		1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF I		MENTAL HYGI			
		1. DECEDENT'S NAME (First, Middle, Last)							YEAR 3.	TIME OF DEATH
		ICIE PEARL COSN					9:55 A. M			
P		237 70 7734	1 🗆 M 2 🔀 F	(In yrs. lest birthday) 89 YRS.	IF UNDER 1 YEAR MONTHS DAYS	July 19 1906 Ma.				nce (State or Foreign land
3 should	œ	9a. FACILITY NAME (If not institution, give str			OR LOCATION OF D		Y OF DEAT	н		
	16	Dennett Road Manor Nursing Home Oakland Garrett								
fing physician. the burial-transit permit. Pages 1, 2,	DIRECTOR	West Virginia Min	eral		iedmont	TION		10d. INSIDE CIT LIMITS? 1 🖾 YES 2		
	FUNERAL	10e. STREET AND NUMBER		*	10	I. ZIP CODE	100	10g. CITIZEN OF WHAT COUNTRY?		
cian. Hrans	JNE J	74 Paxton St.	12. WAS DECEDENT EVER II	NIIS ARMED	12 996 050	26750		_	ed St	
or attend	BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES	2 NO	If yes, sp	becify Cuban, Maxica 3 2 NO Specific	NIC ORIGIN? (Specify an, Puerto Rican, etc. fy:	Yes or No— 1	American Indian, hite, etc. White	
	LED	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION ompleted)	(Give kind of	USUAL OCCUPATION	ON ast of working	16b. KIND OF	BUSINESS/INDU		***************************************
	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	se retired.)	on or working				
the hospital detached fo	OME	Unknown  17. FATHER'S NAME (First, Middle, Last)		Home	maker	40 MOTHERIC NA	HOI			
5 should be notified at	EC	Thomas Jeffers	on Braithwa:	ite			trother	iden Sumeme)		
	O B	19a. INFORMANT'S NAME (Type/Print)			ADDRESS (Street a	-	Route Number, City or	Town, State, Zip C	ode)	
	ř	Walter Braithwa	ite	Rt.	5 Ke	yser, Wv	26726			
age 6 may be director, page er must be		20g, METHOD OF DISPOSITION  1 N Burlel 2 Cremation 3 Remove	val from State 20b	PLACE AND DATE	OF DISPOSITION (Nather place)	ame of	DATE 200 1S 3-4-96	LOCATION — CH	ty or Town,	State
Page Il dire	0.11	4 Donation 5 Other (Specify)	NSEE /	Potoliac	Melilot La	ND ADDRESS OF FA	IS 3-4-90	Keysei	c, WV	•
irs after death. Pag in by the funeral di removal.		1/1/na	6 /2 m	(/	Boal	Funeral	Home			
	$\vdash$	23. PART I. Enter the diseases, or co	mplications that caused	the deeth, Dp r	not enter the mo	church S	t. Wester	rnport,	Md.	Approximata
Do E		ahock, or heart failure. Li IMMEDIATE CAUSE (Final	st only one cause on e	ach lina.		,,,		oupmaidity arros	,	intarval Between Onset and Death
		disease or condition resulting in death)	Congest	ive Hea	rt Fai:	lure				2 Mos.
completely ial, cremati			DUE TO (OR AS A	CONSEQUENCE OF	F):					
and o bur	NO NO	Sequentially list conditions, if any, leading to immediate	Coronary Due to for As A	Arter		ase				Years
ficate be physician ne prior t	CAT	Cause. Enter UNDERLYING CAUSE (Disease or Injury								
ertificating phygiene p	RTIFICATION	thet initieted eventa resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	F):					
e death certi the attending Mental Hygies Ijury, or oth	CER	d.								
5 7 5		PART II. Other significant conditions	contributing to death b	ut not reaulting	in the underlying	g ceuse given in	Part I. 24a. WAS	AN AUTOPSY		RE AUTOPSY FINDINGS
	PHYSICIAN: MEDICAL	Peripheral Vascular Disease PerformeD?  1 □ YES 2 NO							CO	MPLETION OF CAUSE DEATH?
9 0 0	M	DID TODA CCO LICE CONTROL							1 [	YES 2 NO
e E -	AN	DID TOBACCO USE CONTRI 25. WAS CASE REFERRED TO MEDICAL		F DEATH YE			N D			
F 8 8 5	SIC	EXAMINER?	HOSPITAL:		OTHER:		6 Other (Specify)			
PHYSICIAL this certif with the	사	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. INJ		28d. DESCRIBE HO	W INJURY OCCU	RED	
DING PHYSI After this ci death with	ВУ	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆 1	YES 2 NO				
TTENDI TOR: A after d		3 Suicide 6 Could not be 4 Homicide determined	— At home, farm, s	street, factory, offic	•	28f. LOCATION (Str. City or Town, St	eet and Number or rate)	Rural Route	Number,	
7 30 -	COMPLETED		AN: To the best of my knowl On the basis of examination							d manner as stated.
E HOS		29b. SIGNATURE AND TITLE OF CERTIFIER	11/			29c. LICENSE NUM				nth, Day, Year)
TO THE HOSPITA TO THE FUNERA De filed within 7 IMPORTANT: 1	TO BE	1/4				D33464				9, 1996
	F	30. NAME AND ADDRESS OF PERSON WHO								
2		Robert M. Coud				, Eglor	n, WV	26716		
2		MAR 0 1 199	32. REGUTRAR'S SIGNA	plan Kardu	E.					

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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certification to THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending pit be flied within 72 hours after death with the State Dept. of Health and Mental Hygiene IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or othe	THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  **IMPORTANT: Without 28 is marked on item 23 shows any louist. or other traumatic event, the medical examiner must be notified at once.	
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	FOR 1 - STATE REGISTRAR	STATE OF I				HEALTH AND F DEATH	MENTA	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)  MAYSELL K. CO	OK					2. DATE	of DEATH	MY1996	YEAR 3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 220-46-8241	5. \$EX 1  M 2 X F	5. SEX 8. AGE (In yrs. last birthday)		IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.		. 7. DATE	7. DATE OF BIRTH (Month, Day, Year) May 22, 1		B. BIRTHPLACE (State or Foreign Country)	
OR	9a. FACILITY NAME (If not institution, give s FREDERICK MEMO)		PITAL			N OR LOCATION OF	DEATN		TY OF DEATH EDERICK		
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT  MD  All					cation			10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF V										
BY FUNERAL	409 Paca Street  11. MARITAL STATUS  1 □ Never Merried 2 □ Married  3 ☑ Widowed 4 □ Divorced	12. WAS DECEDER	T EVER IN U.S. AI		If yes		Ican, Puerlo	to Rican, etc.) Black, V Specify:		14. RACE — American Indian, Black, White, atc.	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		+) (0	Bive kind of v n. Do NOT us	retired.)	ATION most of working	16b		Home		
COME	12 17. FATNER'S NAME (First, Middle, Lest)		1.1	Homen	aker_	18. MOTHER'S I	NAME (First,	- 11			
BE	James C. Kes	ner	19	b. MAILING	ADORESS (Stre	Los et and Number or Run		(Harp		Code)	
10	Ileene Berfiel			5043	Lynwoo	d Drive:		City.	VA :	22193 City or Town, Stata	
	20e. METHOD OF DISPOSITION  1 X Burlal 2 Cremation 3 Rem  4 Donation 5 Other (Specify)		cemetery, cr	ematory or o	'emeter	<b>y</b>	01/			igs, MD	
	21. SIGNATURE OF FUNERAL SERVICE LI	D A A	Carr	elli	Sc	arpelli l mberland	Funera				
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition)										
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Senses dehyperation; imperputation 2-3 were but to condition.  Sequentially list conditions.  b. Wrom stem infract n/kurit										
ERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury										
CERTII	that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL	DATE II. Only a pigniff cost conditions contribution to death but and coupling in the contribution of the land of the contribution of the contribu										
IAN:	DID TOBACCO USE CONT 25. WAS CASE REFEMPED TO MEDICAL				TN (Check only	UNCERTA	AIN 🗆				
YSIC	EXAMINER?	1	☐ ER/Outpatient			Home 5 - Realdence					
ВУ РН	27. MANNER OF BEATH  1 Natural 5 Pending Investigation	F INJURY Day, Year)	28b, TIM	JURY	INJURY AT WORK?	28d. DE	SCRIBE NOW	INJURY OCC	URED		
ETED E	3 Suicide 8 Could not be 4 Nomicide detarmined	28a. PLACE building	OF INJURY — At 1 I, etc. (Specify)	ome, term,	street, factory,	office		CATION (Street or Town, State		or Rurel Route Number,	
COMPLE	29a. CERTIFIER (Check only one) 2 MEDICAL EXIDER	_				data and place, and o				ed.	
8	29b. SIGNATURE AND WITE OF CERTIFIE	111				29c, LICENSE P				SIGNED (Month, Day, Year)	

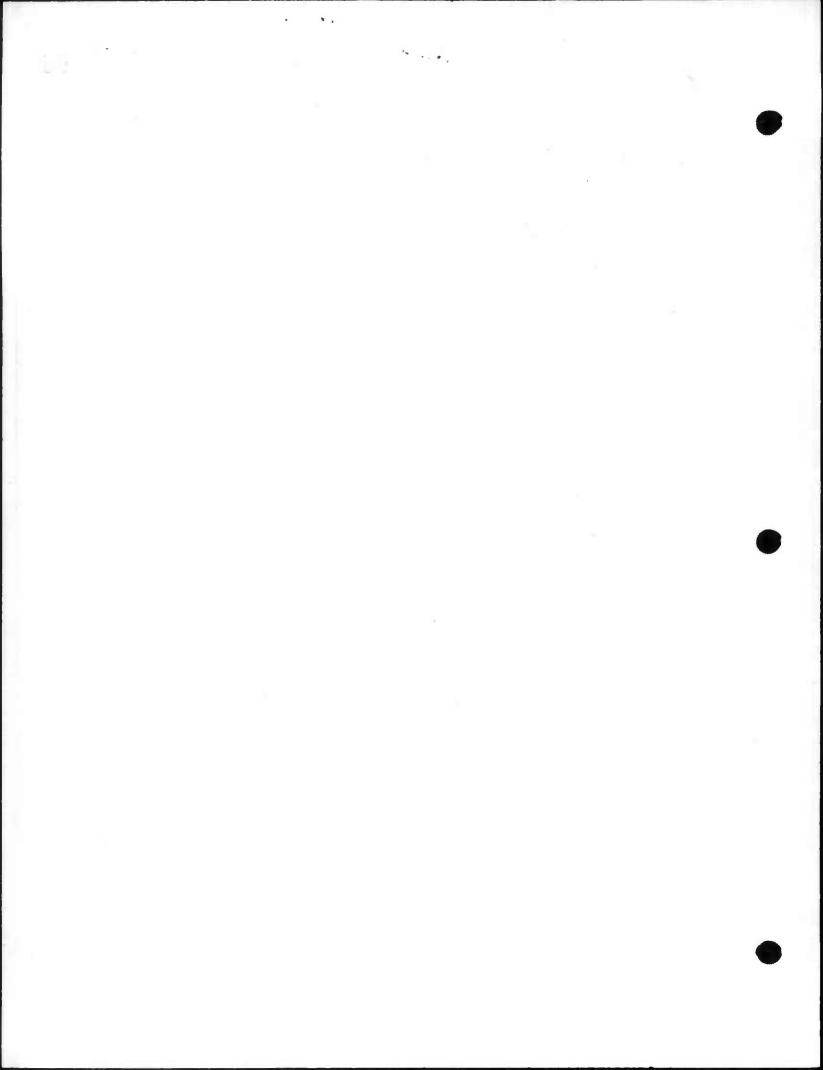
Dr. Ronald Miller; P.O. Box 210; Mt. Airy, MD

REGISTRAR'S SIGNATUSE

1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		HEGISTRAR	CERTIFICATE OF DEATH	REG. NO.							
		1. DECEDENT'S NAME (First, Middle, Last)	1011	2. DATE OF DEATH DAY 199 YEAR 3. TIME OF DE	ři M						
	7	3. SOCIAL SECURITY NUMBER 5. SEX 6. AGI	E (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS  YRS. MONTHS DAYS HOURS MIN	(Month, Day, Year) Country)	Foreign						
2, 3 should		9a. FACILITY NAME (If not institution, give street and number)	96 CITY, TOWN OR LOCATION OF	F DEATH POCCOUNTY OF DEATH	6						
1, 2, 3	TOR	RESIDENCE OF DECEDENT	er Hederick	Frederick							
permit. Pages	DIRECTOR	MONION EXAMPLE	10c. CITY, TOWN OR LOCATION	10d. INSIDE CI LIMITS?							
		10g STREET AND NUMBER	101. ZIP CODE	10g. CITIZEN OF WHAT COUNTRY							
BALTIMORE, MARYLAND 21215-0020 is after death. Page 6 may be retained by the hospital or attending physician. In by the funeral director, page 5 should be detached for use as the burial-transit remodi.	FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER	NNIIS ADMED 12 MAS DECEMPENT OF MIC	I USA							
	B	1 Never Married 2 Married FORCES? 1 YES, GIVE WAR OR	S 2 NO If yes, specify Cuban, Max		ŕ						
	TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)	16b. KIND OF BUSINESS/INDUSTRY							
	once. COMPLET	Elementary/Secondary (0-12) College (1-4 or 5+)	Homemaker	Home							
		17. FATHER'S NAME (First, Middle, Last)  Monroe Wagoner	16. MOTHER'S	NAME (First, Middle, Meiden Surname) Frone Caudill							
	fled a	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (Street and Number or Rui								
		Mr. William K. Caudell		., Frederick, MD 21703							
		20a. METHOD OF DISPOSITION 1   X Burlel 2   Cremation 3   Removal from State 4   Donation 6   Other (Specify)	Ob. PLACE AND DATE OF DISPOSITION (Name of page lary, crematory or other place)  Facgs Manor Cemetery	DATE 20c. LOCATION — City or Town, State 3/1 Chester Co., PA							
	mine.	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS OF								
	e exa	William S. Smi	Havre de Gr	race, MD 21078-3197							
filled in by on, or remo	medical	23. PART I. Enter the diseases, or complications that caus- shock, or heart failure. List only one cause on	ed the death. Do not antar the mode of dying, a each line.	interval	Batween						
ety fill	event, the	IMMEDIATE CAUSE (Final disease or condition resulting in dasth)	herosalerotic +	teast Direaco V-	nd Death						
executed within and completely o burial, cremati		DUE TO (OR AS	A CONSEQUENCE OF):								
S, P.O. BOX 6871 he death certificate be executed the attending physician and con Mental Hyglene prior to burial.	or other traumatic	Sequentially list conditions, if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):  d.									
OS, P.O. BOX he death certificate be e the attending physician Mental Hygiene prior to	FIC.										
S, P.C death cer attending ental Hygi		resulting in death) LAST									
	5	PART II. Other aignificant conditions contributing to death	^	DEDCOMMENT NAME AND A DESCRIPTION OF THE PERSON OF THE PER	FINDINGS						
O S P B	2 1	Hyperransian, Chia	nit Kenal Insuff	AMALABLE PRO COMPLETION OF OF DEATH?							
Par red	2 2	DID TOBACCO USE CONTRIBUTE TO CAUSE	OF DEATH YES NO UNCERTA	AIN 🗍	) NO						
VITAL IAN: The law rithcate has ne State Dep	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINERT HOSPITAL:	26. PLACE OF DEATH (Check only one)								
OF VITA PHYSICIAN: The this certificate he with the State D	<u> </u>	1 ☐ YES 2 NO 1 ☐ Inpatient 2 ☐ ER/Ou	tpetient 3 DOA Mursing Home 5 Residence								
〇 天涯家、	marked, BY PH	27. MANNELD OF DEATH  1 Natural 1 Pending (Month, Day, Year)  2 Accident Investigation		28d. DESCRIBE HOW INJURY OCCURED							
ISIC TTENDI TOR: A after d	ED 28	*	Y — At home, farm, street, factory, office actly)	28f. LDCATION (Roses and Number or Rural Route Mumber, City or Town, State)							
DIV ALOR A L DIREC 2 hours	# Hem	29a. CERTIFIER   CERTIFYING PHYSICIAN: To the best of my kno	wiedge, death occurred at the time, date and place, and d	fue to the cause(s) and manner as stated.							
		one) 2 MEDICAL EXAMINER: On the basis of examinat	pe and/or investigation, in my opinion, death occursed at t	the time, date and place, and due to the cause(s) and manner as	stated.						
TO THE H TO THE FI De filed w	B B	29b. BIGNATURE AND TITLE OF CENTIFIER	29c. LICENSE N	NUMBER 296. DATE SIGNED (North, Day, Wat	<u>'</u>						
	유	38. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF D	EATH (ITEM 27 (Type Print)	1-16							
		31. DATE FILED (Month, Day, Year)  FEB 2 9 1996 Files a Revela	NATURE Or Rawlall								



DIVISION OF VITAL RECORDS, P.O. BOX 68760  BALTIMORE, MARYLAND 21215-0020  TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with 18 state Dougs after death with the State Dougs. Of Health and Merital Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be note.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

REGISTRAR		CERTIFIC	ATE O	F DEATH	REG. NO	).	
1. DECEDENT'S NAME (First, Middle, Last)	-				2. DATE OF DEATH		3. TIME OF DEATH
Esther Elizabeth	Cedrone				Pehryary	25 1996	0500 "
		In yrs. last birthday) III	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	0. BIR	HPLACE (State or Foreign
220-42-9841	□ M 2 😾 F 7	7 YRS. MC	ONTHS DAYS	HOURS MIN.	(Month, Day, Year) Mar. 30,1	918 Mar	vland
Sa. FACILITY NAME (If not institution, give street	t end number)	91	b. CITY, TOW	N OR LOCATION OF DI		9c. COUNTY OF	
Union Hospital			Elkto	n		Cecil	
10e. STATE 10b. COUNTY		10c. CITY, 1	OWN OR LO	CATION		777	10d. INSIDE CITY
Pennsylvania Y	ork	Sp	ring (	Grove			LIMITS?
10a. STREET AND NUMBER				101. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
R.D. 7 Box 7491	RCL			17362		U.S.	
	2. WAS DECEDENT EVER IN FORCES? 1 YES			ECENDENT OF HISPAI specify Cubsn, Mexico	NIC ORIGIN? (Specify Young, Puerto Rican, etc.)	es or No — 14. RA Bis	CE — American Indian, ick, White, etc.
Never Married 2   Merried	IF YES, GIVE WAR OR DA			ES 2 NO Specif		Spi	hite
15. DECEDENT'S EDUCAT		18e. DECEDENT'S US	UAL OCCUPA	TION	16b. KIND OF B	USINESS/INDUSTRY	
(Specify only highest grade co-	College (1-4 or 5+)	(Give kind of world life. Do NOT use n	t done during etired.)	most of working			
12	0	Homema	ker		In ho	ome	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Maide	n Surname)	CALL SAN
Harry W. Gates				Maud	e S. Orr		
19e. INFORMANT'S NAME (Type/Print)		196. MAILINO AL			Route Number, City or To		
Sandra Ann Simes		R. D.			Spring Gro		
Rea. METHOD OF DISPOSITION    Buriel 2   Cremetion 3   Remove   Donation 5   Other (Specify)		PLACE AND DATE OF I			2/28 Be	ocation city or L Air. Ma	
1. SIGNATURE OF FUNERAL SERVICE LICEN		11111111111	22. NAME	AND ADORESS OF FA	CILITY		•
+ Barul	M. Min	MMA		ring-Carg rdeen, Ma	o Funeral	Home, P. 001-3399	
23. PART I. Enter the diseases, or cor							Approximate
shock, or heert fellure. Lie							Interval Batwee
IMMEDIATE CAUSE (Final disesse or condition resulting in death)	Congesti	ive Heart CONSEQUENCE OF): 4 Artery	Failu	ro.			5dans
Total III Godin,	DUE TO (OR AS A	CONSEQUENCE OF):					0
Sequentially list conditions, b.	Coronari	4 Helery	Dis	ease			2 year
if any, leading to immediate	DUE TO (OR AS()	CONSEQUENCE OF):					
CAUSE (Disease or Injury	DUE TO (OR AC	CONSEQUENCE OF):					
thet initiated events resulting in deeth) LAST	DOL TO (ON AS A	CONSCOUENCE OF).					
d							
PART II. Other significant conditions	contributing to deeth b	out not resulting in	the underly	ying couse given in	Part I. 24a. WAS A	N AUTOPSY 2	4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
Hnemia,	Horlie V	alve ky	Lace	ment.	1 _ YES		COMPLETION OF CAUSE OF DEATH?
Cholecytol	Thiosis	/					1 YES 2 NO
DID TOBACCO USE CONTRI		F DEATH YES	□ NO	☐ UNCERTAI	NE		
25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH	(Check only o	ne)			
	HOSPITAL:		THER:	Iome 5 - Residence	6 Other (Specify)		
27. MANNER OF OEATH	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME (	OF 28c.	INJURY AT WORK?	26d. DESCRIBE HOW	INJURY OCCURED	
1 Natural 5 Pending 2 Accident Investigation	(MONIN, Day, Your)	INSO		YES 2 NO			
3 Suicide 6 Could not be	26e. PLACE OF INJURY building, atc. (Spe-	/ — At home, term, stre	et, factory, o	ffice	28f. LOCATION (Stree City or Town, Sta		A Route Number,
1 CERTIFYINO PHYSICIA (Check only one)  2 MEDICAL EXAMINER:	AN: To the best of my know On the basis of exemination						e(e) end manner es stated.
196. SIGNATURE AND TITLE OF CERTIFIER				29c, LICENSE NU	10220700		ED (Month, Day, Year)
Stelleshar	S Sacholer	,		1233		D 2/8	26/96
30. NAME AND AODRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, P				nxo	
S.S. SACHDEN			oul	0 36 ,6	te ton !	102192	
FEB2 7 1996	July Dune	or Rardall					

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State of Maryland / Department of Health and Mental Hygiene

Department.	011	Tourist and	MICH
Cartificate	of	Death	

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					C	ertificate o	f Death		Reg. No.	O	01200
	Physic /Medi		1. Decedent's Neme (First, Middle, Last SUSIK JKAN	COOKER				2. Data of De Month		Year 90	3. Time of the
	Exami		4a. Facility Nama (If not Institution, give	straet and number)			4b. City, Town, or I	ocation of Death	4c. County	of Death	
	1 2000		Harford Memoria	al Hospital			Havre d			rfor	d
47	Funeral Director		5. Social Sacurity Number 6. Se 179-20-8633 Usual Residence of Dacedant	7. Age (In yrs. 88	last birthda Yrs.	y) If Undar 1 Ya Months Dey		(Month, Da	y, Year) /1907	9. Birthi Cour Per	place (Steta or Foreigntry) nnsylvani
	ylend		10a. Stata 10b. County	10c. Cit	y, Town or	Location	and the	A 15 10	1	1	10d. Inside City Limits
	Man	to	MD Harfor	·d	Kin	gsville					1 Yas 2 No
or 28s	Director	10e. Street and Number	-		10f. Zip Code	1		10g. Citizan of	What Cou	ntry?	
	23a		712 Pleasant I	Hills Road			21087		United	ites	
21215-0020	dwithin 72 hours efter deeth with the Maryland jiene. "natural", or items 23s or 28s-f show tree Medical Exercites must be notified at	by Funeral	11. Maritel Stetus  1 Never Marriad 2 Married  3 XWidowed 4 Divorced	12. Wes Decedant Evar in U, Armed Forces? 1 ☐ Yes 2 (XXNo If Yas, Giva Yeer or Detas:	,S. 13	B. Was Decedani of If Yas, specify C	of Hispanic Origin? (Suban, Maxican, Puart Jo Specify:	pecify Yes or No o Rican, atc.)	Rican, atc.) Bleck, W		
5-0	72 ho	ted	15. Decedent's Edu (Specify only highast grad		16a. Dec	cedant's Usuel Occ	cupetion	kina	16b. Kind of B	usinass/In	idustry
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			Unk.		He	omemake			Own H		
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Z	d 2 should be the and Mente 7 is marked traumatic e	10	James W. Mille: 19a. Informent's Name/Ralationship (T)		10h Ma	ilina Addraga /Ctur	Mary J eet and Number or Ru			Ctate 7:	o Code
	1 and 2 : Health ar em 27 is ther trau		Thomas E. Coope	er 20b. P	712 Place of Dis	Pleasa position (Nama of	nt Hills		Kings 20c. Location	vill	Le, MD
mo	Peges nent of nt: If its iry or o		1 XBuriel 2 ☐ Cramation 3 ☐ F 4 ☐ Donation 5 ☐ Othar (Specify)	namoval from Stata		ematory or other p	emetery	2/20	Delta,		
Baltimore,	and and and and and and and and and and		21. Signatury of Funeral Service Lipens			22. Name and Add	-	2/20	Derca,	PA	
B	Page 8		8/1//	Tow bids	١,	Un wind no	Funeral	***	T	D-1	
	Physician /Medical Examiner		and Ester the decase, or combined to the shock, or heart seture. List only of immediate Cause (Final disease or condition rasulting in death)	a	IRO:	intar the mode of o	tylng, such es cardiec	or respiretory ea	rrest,		Approximata Interval Between Onset and Deeth
	per list	Examiner		b						1	
Ć,	certificate be executed iding physician and ise es the burial-transit	Exa	Sequentially list conditions, if eny, laading to immadiate cause. Enter I inderlying	Dua to (o	or as a cons	equance of):				1	
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89	ng ph	Medical	resulting in daath) Last			•				į	
Box	eath certification attending I			1		<del></del>				1	
s, P.O. E	that the d ed by the detached	by Physician	Part II. Other eignificant conditions con — ALZHUMER	ntributing to death but not result	ulting In tha	undarlying causa	givan in Part I.		lobacco uee co Yee 2 No	ontribute t	to the cause of death beably Unknow
Records	law requires les been sign 2 should be	Completed b	- NONINSULIN	DEFENDENT	T Ala	AFEIES			an autopsy rmed?	av	Fara autopsy findings vailable prior to ompletion of causa i death?
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of	Physician: this certific	2	1 Yas 2 No	1	ER/Outpati	ent 3LI DOA		oma 5 Resid	dence 6 □Ott	ner (Specif	(fy)
<b>Division</b>	After fune	Certification:	27. Mannar of Death  1 Natural 5 Pending 2 Accident invastigation 3 Sulcida 6 Could not be	28a. Ďata of Injury (Month, Day Year)	28b. Tima Injury	V	ijury at Vork? Yes 2 No				
Divi	を発音を	ertifi	4 Homicida detarmined	28a. Piaca of Injury - At he building, atc. (Specify	oma, farm, s	streat, factory, office	ca .	281. Location (3 City or Tox		er or Run	ral Routa Number,
	To the Hospital or within 24 hours after To the Funeral Dir completely filled in	edical C	29a. Cartifiar Certifying Physical Control (Check only one)	elclan: To the best of my knowner: On the basis of examinat and manner stated.	wledge, dea tion and/or	ath occurred at tha Invastigation, in m	tima, data and place y opinion, daath occu	, and dua to tha rred at tha tima,	causa(s) and m data and piace,	anner as s and dua t	stated. to the causa(s)
	To the within To the	M	29b. Signatura and titia of countries	/		29c. Lice	ensa number		29d. Data signe	d (Month)	(Day, Year)
			7. Famil	6 MD		109	12800		2/2	5/9	6
			30. Name and address of person who co	impleted cause of death (Item	23a) (Type	e, Print)  HON B	W. Hab	, Ma	2/07	8	
100			Or Date Hard Whenton A ward	of not and an			1	-		and .	

DHMH 16 Rev 6/95

Registrar

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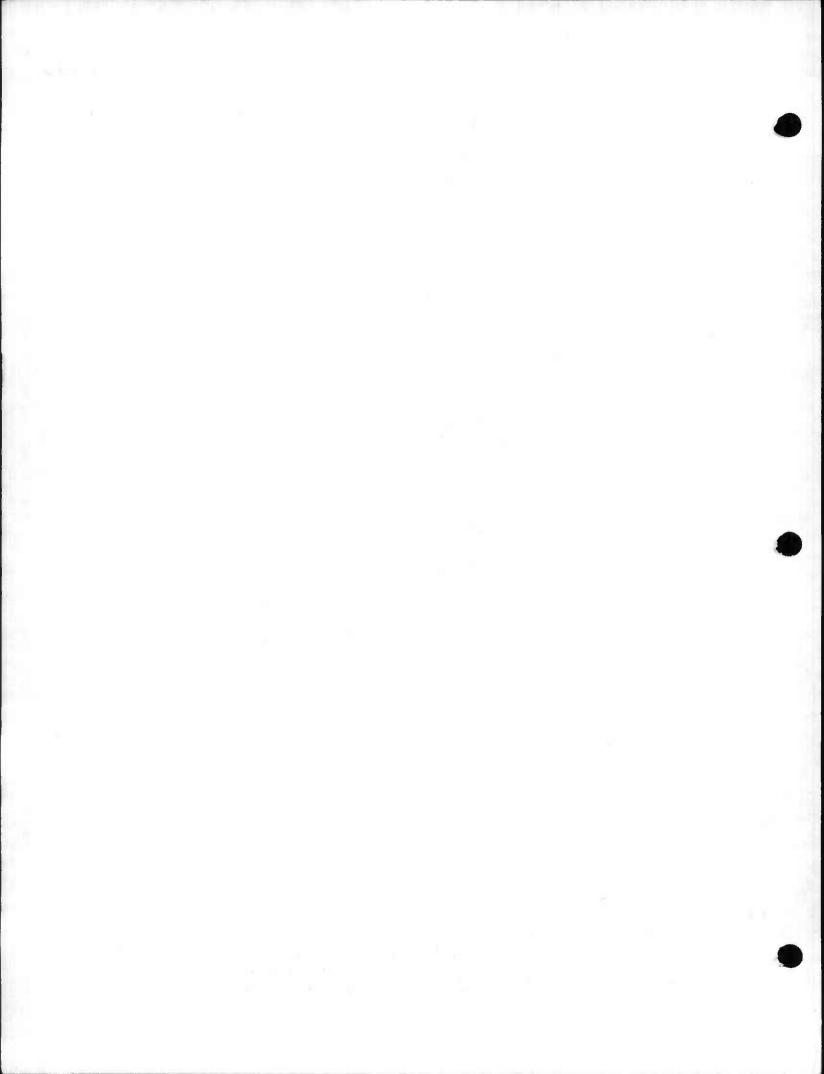
# Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month Year 96 **Physician** 20 Florence Lerian Corbitt 26 Pm /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Carroll County Gen. Hospital Westminster Carroll 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 5. Sociei Security Number Birthplace (Stete or Foreign Country) **Funeral** 1 M 2 X F 90 Yrs. Director 217-20-2386 Dec. 16, 1905 Maryland Usuel Residence of Decedent the Marylend 10a State 10b. County 10c. City. Town or Location 10d. Insida City Limits 28a-f show traumatic event, the Medical Examiner must be notified at Carroll Westminster 1 | Yes 2 | 10 No. Director 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? ŏ 3191 Arters Mill Road 21158 United States or items 23a by Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Detes: Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, etc. filed within 72 hours after 1 ☐ Never Merried 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: 3 ☑ Widowed 4 ☐ Divorced "netural", White Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) el Hygiene. Elementery/Secondery (0-12) Coilege (1-4or 5+) teacher public schools Hyg 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) Be Pages 1 and 2 should be fament of Health and Mentel Int: If Itam 27 is marked of P L George Jacob Lerian Annie Elizabeth Steinacker 19a. Informent's Neme/Raletionship (Typa, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code, 3191 Arters Mill Rd., Westminster, MD 21158 Dennis P. Corbitt other t 20b. Plece of Disposition (Neme of cemetery, cremetory or other pleca) 20e. Method of Disposition 20c. Location - City or Town, Stete 02/29/96 Department of important: If it any injury or o 1 Buriei 2 ☐ Cremetion 3 ☐ Removel from State St. John's Cemetery 4 ☐ Donetion 5 ☐ Other (Specify) Westminster, MD 21. Signeture of Funerel Service Licensee 22. Name and Address of Facility Home & Chapel 412 Washington Rd., Westminster, MD 23e. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dylng, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Intarvai Between Onset end Deeth **Physician** /Medical Immediete Cause (Final UREMIA disease or condition resulting in deeth) I WEEKS Examiner RENAL FAILURE CHRONIC The law requires that the deeth certificata be axecuted Sequentielly ilst conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Diseese or Injury that Initiated events resulting In death) Lest Due to (or es e consequence of) physician the burial Box 68760. ARTERIOLAR NEDITROSCLEROSIS Physician/Medical Due to (or es e consequenca of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? Division of Vital Records, P.O. signed by 1 Yes 2 No 3 Probably 4 Unknown CHOLANGITIS à Completed 24a. Was an autopsy performed? 24b. Wara autopsy findings available prior to completion of cause of death? 1 ☐ Yes 2 No 1 ☐ Yas 2 ☐ No certificate or Attending Physician: ofter deeth.

Director: After this certifica 25. Wes case referred to medical Be 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 npatient 2 1 Yes 2 No 2 ER/Outpetient 3 DOA funeral 28a. Date of Injury (Month, Dey Year) 27. Manner of Deeth 28d. Describe how injury occurred Certification: 28b. Time of 28c. Injury at Work? 1 Netural 5 Pending 1 Tyes 2 No Investigetion 2 Accident eh 6 Could not be determined 3 ☐ Sulcide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Pieca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) in by 4 Homloide within 24 hours oft To the Funeral Di completaly filled in edical 29e. Certifier Csrtifying Physician: To the best of my knowledga, daath occurred et the time, dete end plece, end due to tha causa(s) and menner as stated. (Check only one) 2 Medicat Examiner: On the basis of examinetion and/or Investigation, in my opinion, death occurred at the time, date end pieca, end due to the causa(s) end menner steted. 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) 0 D01663 2/261 MS 30. Name and eddrass of person who complated cause of daeth (Itam 23a) (Type, Print) & BNCHOR ST INCENT 10000 WESTMINSTERS, 22D 31. Deta filed (Month, Dey, Year) FEB 2 9 32. Degistrer's Signature State Registrar

**DHMH 16 Rev 6/95** 



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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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Depermine Deperm			1/0	2	1		51	30 WI A	VE NW			I, D.C.		6
			23a. Pert V Enter	the disease or com	olications that caused t	the death. Do							2001	Approximata
	Physician /Medical Examiner	J.	tmmediate Cause disaasa or conditi rasulting in daath)	(Final	e. CAN				5 /				1	Interval Batween Onset and Death  5 min at 12 weeks  2 weeks
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	lew requires that the death as been signed by the ette 2 should be deteched for	by Physicia			ontributing to death but	not rasulting	in tha und	erlying causa (	jivan in Pan	T I.		obacco use co		the cause of death?
	v requires been sig should by	Completed b									24a. Was	an autopsy med?	SV CO	era sutopsy findings sliable prior to mpletion of cause
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	ysicien: The lev is certificate has director, page 2	Be	25. Was case refe axaminar?		Hospital:				Wher		(Check only o			
	this aldi	2	1 Yes 2	1140	1 Umpatian	t 2 ER/O		30 000	400			lence 8 Oth		y)
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	7 = E	Certification:	3 Suicide 4 Homicida	6 Could not be datermined	28a. Place of Injur building, atc.	ry - At homa, f (Specify)	erm, strea	at, factory, offic	Ð	2	28f. Location (Streat and Number or Rural Route Number, City or Town, Stata)			
	To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by	edical	29a. Cartifier (Check only one)	1 ☐ Certifying Ph 2 ☐ Medical Exam	ysicisn: To the best of liner: On the basis of a and mannar stat	axamination a	a, daath o	occurrad et the stigation, in my	tima, data a opinion, de	and place, e eth occurre	end dua to the o	causa(s) end made,	anner as s end due to	tated. the cause(s)
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	0		30. Name and add	ress of person who	completed causa of da	ath (Itam 23a)	(Typa, Pi	rint) MA	RTINI	MILL	ER M	· D .		
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STATE OF MARYLAND / DEPARTMENT OF HE	
CERTIFICATE OF I	DEATH REG. NO.

		FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIE			
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATN		3. TIME OF DEATH	
		WINIFRED M.	CHAMBERLAIN				February	27, 199	8:35 A M	
P		4. SOCIAL SECURITY NUMBER 578-14-0346	t □ M 2 🗶 F 87	in yrs. leel birthday) YRS,	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIFTIN (Morth, Day, Year) Sept. 29,	1908	BIRTHPLACE (State or Foreign Country) New York	
3 should	œ	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY O Prince								
	DIRECTOR	RESIDENCE OF DECEDENT	Home, Inc.		Hyat	tsville		Princ	ce Georges	
Sages	IRE	10s. STATE 10b. COUNT		- 1	r, TOWN OR LOCA				10d. INSIDE CITY LIMITS?	
permit. Pages 1, 2,		Maryland Pri	nce Georges		Hyattsvi	.lle		10a CITIZEN	1X YES 2 NO	
2	FUNERAL	5805 Queens Cha	pel Road			20782			S.A.	
020 physician. burial-transit	S.	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENOENT OF NISP/ FORCES? 1 YES 2 NO 11 yes, specify Cuben, Maxic					RACE — American Indian, Black, White, etc.		
oo2	BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA			2 X NO Specif			Specify: WHITE	
YLAND 21215-0020 by the hospital or attending physician. be detached for use as the burial-trar at once.		15. DECEDENT'S ED (Specify only highest gred		16a. DECEOENT'S	USUAL OCCUPATI	ON	16b. KINO OF B	USINESS/INDUS		
212	COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT us	,					
AND the hospite detached	MP	t7. FATNER'S NAME (First, Middle, Last)	4	Musi	c Teache		Music		· · · · · · · · · · · · · · · · · · ·	
MARYLAND retained by the hospit 5 should be detached notified at once.	ШСС	Carroll Chambe	rlain				ME (First, Middle, Meide eda M. Ga			
MARY retained to 5 should notified	00	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		Route Number, City or To		rde)	
40	٩	Matthew A. Kane		7910 W	loodmont	Avenue			and 20814	
ORE, I e 6 may be ector, page 6		20a. METHOD OF DISPOSITION 1 D Burial 2 Cremation 3 Res	noval from State cem	PLACE AND DATE ( netery, cremetory or o  ount Oliv	F DISPOSITION (Nather place)	ame of			y or Town, Stata	
- 0 0		□ Donetion 5 □ Other (Specify) □     □ SIGNATURE OF FUNERAL SERVICE L		ount Olly		tery U.  ND ADDRESS OF FA	3/01/96 Wa	ashingt	on,D.C.	
ALTIN death. Pag tuneral dir		> ( )MA 100	N ( U.	1			llins Fune			
B after after move the move		23. PART i. Enter the diseases, or	compiles ions that cause	The deeth. Do r					pr.,MD 20901	
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within 24 pletety fille cremation, vent, the		disease or condition resulting in deeth)	Bona In	PARCIT	un/				140AUS	
D 0 - 5		OUE TO (OR AS A CONSEQUENCE OF):  United a supplied to the supplied of the sup								
and and o bur	NO	Sequentially list conditions, If any, leading to immediate  b. If International Due to (or as a consequence of):								
BOX ficate be ex physician a ne prior to	CAT	r any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury								
. 2 0 5 2	CERTIFICATION	that initiated events  resulting in death) LAST								
OS, P.O. le death certi the attending Mental Hygie	CER		d							
in the state of th	AL	PART II. Other algorificant condition	na contributing to deeth b	ut not resulting	in the underlyin	g ceuse given in		N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
RECORD requires that the peen signed by the of Health and I shows any in	PHYSICIAN: MEDICAL	PROUMONIA					t 🗆 YES	2 NO	OF DEATH?	
the of the	M	DID TOBACCO USE CON	TRIBUTE TO CAUSE O	E DEATH YE	S FI NO F	UNCERTAI	N []		1 UYES 2 TO	
Z3 tent	AN	25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF DEA				<del></del>		
F VITA SICIAN: The certificate ha the State D	SIC	1 YES 2 NO	HOSPITAL; t ☐ Inpatient 2 ☐ ER/Outp	patient 3 DOA	OTHER: 4 Nursing Hor	ne 5 🗆 Rasidenca	8 Other (Specify)			
OF PHYSIC this cer with th	ВУ РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. Tite IN.	URY W	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUP	RED	
DIVISION OR ATTENDING F DIRECTOR: After hours after death item 28 is man		3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm, cify)	street, factory, offic	ca	281. LOCATION (Stree City or Town, Sta	et and Number or te)	Rural Route Number,	
4 2 4 E	COMPLETED	onel only	SICIAN: To the best of my know							
TO THE HOSPI TO THE FUNER De filed within	BE CC	296. SIGNATURE AND TITLE OF CENTIFIC	aline do	147		29c. LICENSE NU	MBER	29d. DATE S	IGNED (Month, Day, Year)	
5 5 3 W	10	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Tons	Print)	Doces		100/4	1176	
20		30. NAME AND ADDRESS OF PERSON W MARTA AWAE	SCHWEDDERM	DSHIII	MACANOT	4BUDM	Umsto	20014	6	
2		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE						
		FEB 2 9 1996	John Shocker	Rangell.				_	DHMH-18 Rev 1/89	

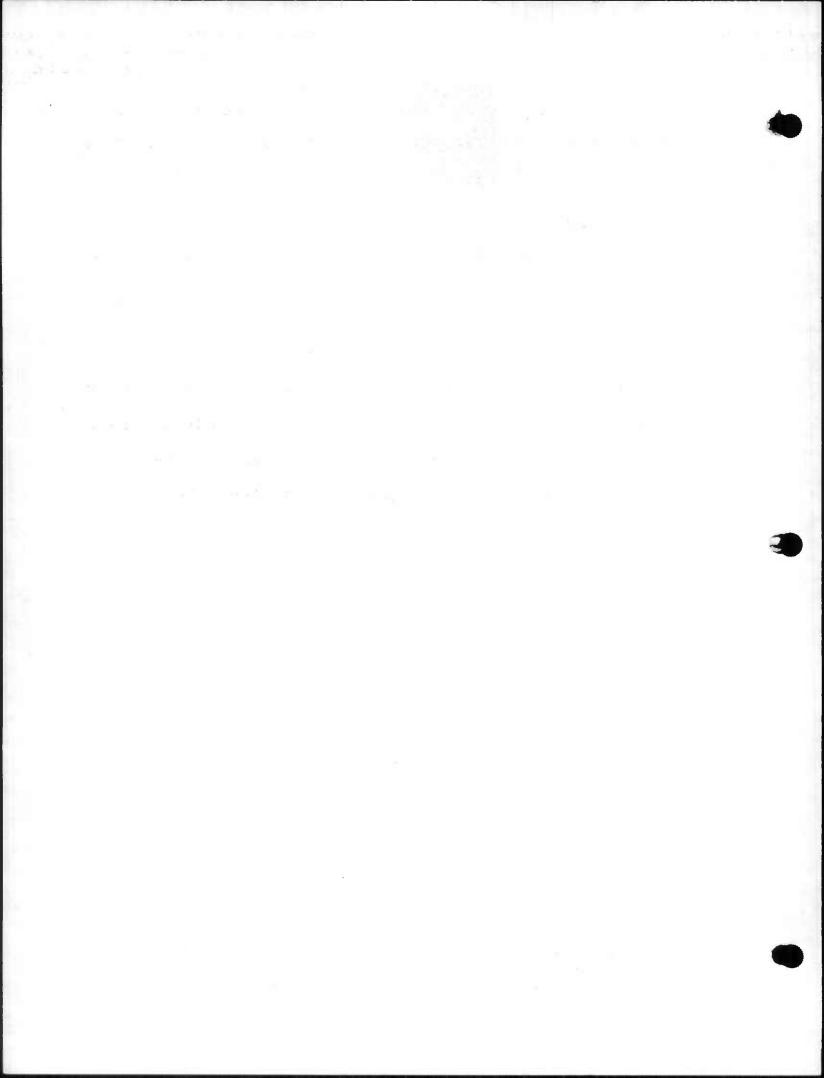
. . .

## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

07212

			(	Certificate	of Death		Reg. No.	0	1616	
Physician	1. Decedent's Name (First, Middle, L	ast)				2. Dete of D Month	eeth Day	Year 3.	Time of Death	
/Medical		Virginia	C. Co	nley		Februa			:55 AM	
Examiner	4a. Fecility Neme (If not institution, g	ive street and number)			4b. City, Town, o	r Location of Dea	th 4c. County	of Death		
	Collington Episcopal	Life Care Com	munity		Mitche	llville	Princ	e Georg	e's	
eral			e (In yrs. lest birth	Months [	Yeer If Under 24 H	rs. 8. Dete of B	irth (ev. Year)	9. Birthplaca (	Stete or Foreign	
tor	220-36-5263	1 M 2 D F 7	9 Y	rs.		n. (Month, L Aug.	, 1916	Marylan	d	
	Usuel Residence of Decedent  10a. State 10b. County		10c. City, Town	or Location				40d In	alida Olta I Imila	
irector		0 1							side Clty Limits □ Yes 2 🕅 No	
Sco	Maryland Prince George's Mitchellville									
ä	10e. Street end Number			10f. Zip Co		10g. Citizen of Wha				
le le	10450 Lottsford	Road, #31	18	207			United States			
Funeral Director	11. Maritel Status	12. Was Decedent   Armed Forces?	Ever in U,S.	<ol><li>Was Deceder If Yes, specify</li></ol>	t of Hispenic Origin? Cuban, Mexican, Pue	(Specify Yes or Norto Rican, etc.)	lo- 14. Red Blee	14. Rece - American Indian, Bleck, White, etc.		
		1 ☐ Yes 2 🕅 1 If Yes, Give	lo	1 □ Yes 20			Specify: Libita			
d by		Yeer or Detes:						wnite		
Be Completed	15. Decedent's ( Specify only highest g	Education rade completed)	16e. [	Decedent's Usuel C Give kind of work	Occupetion done during most of w retired)	orking	16b. Kind of B	usiness/Industry		
du	Elementery/Secondery (0-12)	College (1-4or 5	+1				11-2			
ಿ			PY	ofessor			Univer			
Be	17. Fether's Name (First, Middle, Las	1	Comla		Hattie		e, Meiden Sumen	oulbourr		
2		L.	Conle							
	19e. Informent's Neme/Retationship					or or Rural Route Number, City or Town, Stete, Zip Code) #3118				
To.	Iladene H. Filer						chellville, MD 20721  Date   20c. Location - City or Town, Stet			
	20a. Method of Disposition 1	Removel from State	cemetery	Disposition (Neme , cremetory or othe	of er plece)	Date	20c. Location -	City or Town, S	tete	
once.	4 Donetion 5 Other (Spec		Druid 1	Ridge Cen	metery	2-28-96	Baltim	ore, MD		
	21. Signature of Funerei Service Lic	ansee /			Address of Fecility					
OUCE	Colley	W. Ka	RO	Rapp FU	neral Serv t Avenue,	cilvon C	A. Popina A	יט מוני		
	23e. Part1. Enter the diseese, or conshock, or heart fellure. List only	mplications that caused	the deeth. Do no	ot enter the mode of	of dying, such as card	iec or respiretory	errest,	Appr	oximate vei Between	
n		y 0110 02000 011 00011 III						Onse	et end Death	
al	Immediate Cause (Finat disease or condition Pancreatic Carcinoma									
er	resulting in deeth)	8.	Due to (or as e co							
ne.			trition					1		
Examiner	Sequentially list conditions.	b. ————	Due to (or as a co	onsequence of):			_			
Ä	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury		,					1		
Medical	that initiated events									
Ped	resulting in deeth) Last									
		d						1		
Physician	Pert II. Other significant conditions	contributing to death be	at not resulting in t	the underlying cau	se given in Part I.	23b. Die	d tobacco use co	ntributa to the	ause of death	
hy			10	Yes 2 No	3 Probably	4 Unknow				
by F										
should be detached for leted by Physicia						24e. Wa	s en autopsy formed?	24b. Were au	topsy findings prior to	
Completed						per	ionneu r	complet of death	on of cause	
Ë						•	Yes 2X No	1 □ Yes		
	25. Was case referred to medical				00 Division 4 D			TUTES	200 140	
o Be	examiner?	Hospitel:				eeth (Check only		(0)		
I	1 Yes 2 No	1 Inpatie	0		4 KN Nursing		sidence 6 Ott			
Certification:	1 XNatural 5 ☐ Pending	(Month, De)		ury M	injury at Work? 1 ☐ Yes 2 ☐ No	200. Describe	28d. Describe how injury occurred			
cat	2 Accident Investigati 3 Sulcide 6 Could not	ho	ana Anhama Ana					to Mumbar		
ŧ	4 Homicide determine	determined 286. Place of Injury - At home, farm, street, fectory, office 251, Location (Street erio /vuriber)								
	200 Contilion and an are to a									
edical	29a. Certifier 1 (\(\hat{\text{Certifying F}}\) (Check only one) 2 \(\hat{\text{Medical Exs}}\)	hysician: To the best of minar: On the besis of	examination and/	death occurred at l or investigation, in	my opinion, death oc	ce, and due to the curred at the time	e ceuse(s) and mo e, date end place,	enner as steted. end due to the o	ause(s)	
Mec	29b. Signature and title of certifier	and menner sta	itea.	290 1			29d. Dete signed (Month, Dey, Year)		Voorl	
Medical Cert	205. Signature and the of certifier				License number				Jary	
	Clopen	2			D46 834		Feb. 26	, 1996		
	30. Name end/eddress of person who						0.5-5			
	Mary Ruth Lopez	, MD 724	3B Hanov	er Parkw	ay Greer	belt, M	20770			
State	31. Dete filed (Month, Dey, Year)		er's Signature							
istrar	FEB 27	1996 Alli	Davidson R	rotall.						
Day 6/06	. 20 81	1330 Jana	THE PROPERTY OF THE	work.						



# BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ith the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
HE HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the death certificate be executed writhin 23	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, th

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			MENTAL HYGIEN						
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH 3. TIME OF DEATH								
	0.	lga Liska Ca			February 2	72. 1996	1:30 am w					
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.			7 DATE OF BIRTH		HPLACE (State or Foreign				
	577-42-9655	THE DAYS				(ry)						
	9e. FACILITY NAME (If not institution, give stre	67 YAS.	CITY TOWN C	R LOCATION OF DE			nsylvania					
œ			90.			AIH	9c. COUNTY OF	PEATH				
DIRECTOR	6308 Hollins I	Drive		H	Bethesda		Mon	Montgomery				
EC	10e. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCAT	ION			10d. INSIDE CITY				
뜽	Maryland Mon	ntgomery	Bethe				LIMITS?					
	10e. STREET AND NUMBER	10f. ZIP CODE			esua	100 CITIZEN OF	WHAT COUNTRY?					
R.	63o8 Hollins	- Desires		2081								
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED									
	1 Never Married 2 Merried	1 Never Married 2 Married FORCES? 1 YES			2 NO If yes, specify Cuben, Mexica			E — Americen Indien, ck, White, etc.				
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	NIES .	1   YES	2 NO Specify	r.	Specify: White					
COMPLETED	15. DECEDENT'S EDUC	ATION	16a. DECEDENT'S USU	AL OCCUPATION	N	16b. KIND OF BUS	SINESS/INDUSTRY	WILLCE				
ET	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work of life. Do NOT use reti	lone during mo red.)	at of working	ENGINEE, THE						
4		2	Homem	aker			Own Ho	ome				
O	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NAI	ME (First, Middle, Meiden						
O	Ja	an Liska		•		Ludmilla						
BE	19e. INFORMANT'S NAME (Type/Print)		196. MAILING ADD	RESS (Street e	nd Number or Rural F	Route Number, City or Tow						
2	Kenneth F. Can	non				thesda, Ma		20017				
	20e. METHOD OF DISPOSITION		PLACE AND DATE OF DIS				CATION — City or T					
	1 Buriel 2 Cremetion 3 Removed	rai trom State cem	etery, cremetory or other p	lace) Febr	uary 23,	1996						
	21. SIGNATURE OF SWNERAL SERVICE LICE	NSFF	Montgomer	y Cren	natorium	Inc.   Be	ethesda,	Maryland				
	. 5	21.		Robert	A. Pump	hrey Funer	cal Home,	7.7.2 2 -				
	Veneze )	Sesset	M00335	Avenue	Betheso	la, Marylan	nd 20814	Wisconsin				
	23. PART I. Enter the dispesses, or co	poplications that caused	the death. Do not e	nter the mo	ds of dying, suci	h as cardisc or respi	ratory arrest,	Approximats				
	IMMEDIATE CALICE AND A											
	disease or condition - CARDID VAS CULTO DISEASE											
		disease or condition resulting in death)  a. CARDIUVAS CULAR DISEASE  OUE TO (OR AS A CONSEQUENCE OF):										
z	- HYPED TENSION											
CERTIFICATION	f any, leading to immediate											
<u>ა</u>	CAUSE (Disease or Injury											
片	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):									
ER	d.											
	PART II. Other aignificent conditions	contributing to deeth be	ut not resulting in th	e underlying	ceuse given in	Part i 24a WAS AN	ALITOPSV 244	b. WERE AUTOPSY FINDINGS				
CAL	DSTEOPORISIS	PART II. Other algorificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED?  ASTHMA										
		1 12 11				1 YES 2	YONO	OF DEATH?				
Σ						_		1 TYES 2 NO				
PHYSICIAN: MEDIC												
<u> </u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OT	26. PL HER:	ACE OF DEATH (Che	eck only one)						
ĭ×S	t X YES 2 NO	1   Inpatient 2   ER/Outp		-		8 Other (Specify)						
H.	1. Natural 5 Pending	(Month, Day, Year)	28b. TIME OF INJURY		RK?	28d. DEŞCRIBE HOW I	NJURY OCCURED					
B	2 Accident Investigation		- At home, ferm, street		ES 2 NO							
	3 Suicide 8 Could not be 4 Homicide determined	281. LOCATION (Street end Number or Rural Route Number, City or Town, State)										
COMPLETED												
집	29e. CERTIFIER (Check only	to the cause(e) end mer	iner ee stated.									
O	one) 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner ee stated.											
	296. SIGNATURE AND TITLE OF CHAPTER	29d. DATE SIGNED	(Month, Day, Year)									
BE	all AL	cape. 1	W		D 2652	10	DER :	22 1996				
24	30. NAME AND AGORESS OF PERSON WHO	COMPLETEO CAUSE OF OE	ATH (ITEM 27) (Type, Print	,		10 Rd. C	-	.,,,,				
		oenberge	1622	a fr	reden'd	Rel.	on Then	bou				
	31 DATE FILED (Month Day Year)		TUNE				- 31 / - 73	• ) /				
1	FEB 2 7 1996	32 REGISTRAN'S SIGN	Randall					}				
السب												

G1 - -

1996 5:50A

3. TIME OF DEATH

REG. NO. 2. DATE OF DEATH

February 21,

BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Lest)

Charles

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DIVISION	7
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7. DATE OF BIRTH

(Month, Day, Year)

NOV. 8, 191 8. BIRTHPLACE (State or Foreign Country)
PENNA. 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYA HOURS MIN 170 09 3239 1 M 2 F 84 the burtal-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DOCTORS HOSPITAL LANHAM PRINCE GEORGES DIRECTOR RESIDENCE OF DECEDENT PRINCE GEROGES 10c. CITY, TOWN OF LOCATION IOd. INSIDE CITY 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 8200 GOOD LUCK ROAD 20784 U.S.A. retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: WHITE BY 3 Widowed 4 Divorced WWII US NAVY use as t COMPLETED 16a. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest most of working ō Siementary/Secondary (0-12) College (1-4 or 5+) STORE OWNER RETAIL be detached once. 17. FATNER'S NAME (First, Middle, Last)
THOMAS CHECHIO 18. MOTNER'S NAME (First, Middle, Meiden Surname)
MARY PUMILIA 76 BE should notified 19a. INFORMANT'S NAME (Type/Print)
THERESA RITTER ADDRESS (Street and Number or Rural Route Number, City or Town, State STAFFORD AVE. SCRANTON, 2 204 page 5 s hours after death. Page 6 may be Pe 20a. METNOD OF DISPOSITION
1\( \) Burial 2 \( \) Cremation 3 \( \) Removal from State
4 \( \) Donation 5 \( \) Other (Specify) 20c. LOCATION - City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must funeral director, MARYLAND VETERANS CEM. FEB. 26,1996 CHELTENHAM. MD. 22. NAME AND ADDRESS OF FACILITY
TAKOMA FUNERAL HOME 254 CARROLL ST NW examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE WASHINGTON, D.C. 20012 Deldel n by the fremoval. medical 23. PART I. Enter the diseases, on complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shoot, or heart failure. List only one cause on each line. in by Approximata Interval Between Onsat and Death IMMEDIATE CAUSE (Final the disease or condition\_\_\_ foruma 11 out resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): nd com burial, o traumatic CERTIFICATION and Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): ue nord physician a 2 if any, laading to immediata cause. Enter UNDERLYING other ! CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST 0 PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 14 years frame апу Corper-live signed | 1 YES 2 NO DF DEATH? shows 1 TYES 2 NO L of F DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: has by Dept. 23 26. PLACE OF DEATN (Check only one) 25. WAS CASE REFERRED TO MEDICAL certificate h the State 1, or item EXAMINER? HOSPITAL: OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 Impatient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE NOW INJURY OCCURED marked, this ( 1 Netural 5 Pending м 1 YES 2 NO BY Investigation death 2 Accident ATTENDING 28a. PLACE OF INJURY — At home, term, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be 60 DIRECTOR: A hours after d item 28 is COMPLETED 4 Homicide item 8 29e. CERTIFIER

Thank only

1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. FUNERAL I within 72 h 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data end place, end due to the cause(a) and manner as stated. TO THE HOSPITA
TO THE FUNERAL
De filed within 72
IMPORTANT: II 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Attendy physician ( Doulds 176 Valer 125079 12/21 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) 7704 Erendive H DUZ Section 20704 Yablanowite, mo mi 31. DATE FILED (Month, Day, Year) 32, REGISTRAR'S SIGNATURE Julia Davidson Ravdall FEB 2 7 1996 DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Chechio

		State of I	Maryland		artment of <i>rtificate c</i>		and N	Mental Hyg	30	07215	
Decedent's Nam	a (First Middle I	( ast)		061	incate c	Dealii	_	2. Data of Deat	bg. No.	3. Tima of Death	
MEI YU									19,1996°		
		giva street and number	ar)			4h City To	wn orl	ocation of Death	4c. County of De		
9707 DOCE						GAITH	ERSB		MONTGOME		
215.43.76	87	. Sex 7. 1 □ M 2 □ F	Age (in yrs. les	t birthday) Yrs.	If Undar 1 Ya Months Day		Min.	8. Deta of Birth (Month, Day, MAY 7,19		irthplaca (Stata or Forei Country) NA	
Usual Rasidance of			10.00								
MARYLAND	10b. County  MONTGOI	MEDV		Town or Lo	cation					10d. Inside City Limit	
0e. Street and Nu		TENT	KUCK	VILLE	10f Zin Cod			1	Og. Citizan of What (	Country?	
	EMAY ROA	AD		10f. Zip Coda 10g. Citizan of What 20851 TAIWAN						Country	
11. Marital Status  1 Never Merried 2 Married  3 Widowed 4 Divorced  12. Was Decedent Ever in Armed Forces?  1 Yas 2 No if Yas, Give Yaer or Datas:			s? ] No	If Yes, specify Cuben, Maxican, Puerro Rican, atc.) Biack,					14. Race - An Biack, Wr Specify: A		
15. Decedent's Education (Specify only highest grade completed)			•	16a. Decedant's Usual Occupation (Giva kind of work done during most of working iffa. DO NOT use retired)  16b. Kind of					16b. Kind of Busines	Businass/Industry	
Elementary/Secondary (0-12) Collega (1-4or 5+)			r 5+)	HOMEMAKER				OWN HOME			
7. Fathar's Nama	(First, Middla, La	st)				18. Mothe	r's Nam	na (First, Middla, I			
TIEN-	SHUI	LEE				7	TUAN	-TELI	WANG		
19a. Informant's Na YAO CHUN		(Type, Print)						ral Routa Number	City or Town, Stata. 20851	, Zip Code)	
		□Ramovel from Ste	a cem	atary, cran	sition (Name of natory or other p		2		LNEY	or Town, State	
21. Signature of	neral Sarvice Llo	ensee (	1/1	DA		-GOLDB	ERG	CHAPELS E - ROCK	VILLE, MD	20852	
23a. Part1. Entar ti shock, or hea Immediata Cause ( diseese or conditio resulting in daath)	rt feilura. List <i>on</i> Finel	mplications that caus ly one ceuse on aach	ed tha daath. lina.				_	or raspiratory arri		Approximata Intarval Between Onset end Deeth	
Sequentially list co f any, leading to in causa. Enter Unda	nditions,	Dua to (or as a consequance of):  Dua to (or as a consequance of):									
causa. Enter Unda Causa (Disaase or thet Initiated avants asulting In daeth) I	injury	C	c. — Due to (or es e consaquance of):								

**Physician** /Medical Examiner

> signed by the attending physician and d be detached for use es the burial-transit been s

The law requires that the death certificate be executed within 24 hours effer deeth.

To the Funerai Director: After this certificate has tompetely filled in by the funeral director, page 2: the Hospital or Attending Physician:

Division of Vital Records, P.O. Box 68760,

Sequantially list condition if any, leading to Imme causa. Enter Undarlying Causa (Disaase or Injuthet Initiated avants rasulting in daeth) Last

**Physician** 

/Medical

**Examiner** 

Directo

Funeral

à

Completed

Be

2

Examiner

Physician/Medical

þ

Completed

Be

P

Certification:

Medical

**Funeral** 

Director

permit. Pages 1 and 2 should be filled within 72 hours efter death with the Maryland Department of Health and Mentel Hyglene. Important: If item 27 is marked other then "natural", or itema 23a or 28a-f show eny injury or other traumatic event, in a Medical Examiner must be notified at once.

Baltimore, Maryland 21215-0020

Part II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I.

25. Was casa referred to medical axaminer? Hospital: 1 Yas 2 No 1 Inpatient 2 ER/Outpatient 3 DOA 27. Manner of Death

5 Panding Invastigation 2 Accident 6 Could not be datarmined 3 ☐ Suicida 4 Homicida

28e. Data of Injury (Month, Dey Year) 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify)

28b. Tima of Injury 28c. Injury et Work?

1 Yes 2 No

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Dascribe how injury occurred

28f. Location (Straat and Number or Rural Route Number, City or Town, Stata)

2 X No

2000

1 Yee

24a. Wes en autopsy performed?

1 Yes

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and plece, end due to the causa(s) and mannar as stated.

2 Medical Examiner: On the basis of examinetion and/or invastigation, in my opinion, deeth occurred at the time, dete end plece, and due to the cause(s) and menner steted. 29a. Certifier (Check only one) 29b. Signatura and titia of certifiar 29c. Licensa number 29d. Data signed (Month, Day, Year)

26. Placa of Death (Check only ona)

6

3 ☐ Probably 4 ☐ Unknown

24b. Wera autopsy findings aveileble prior to completion of cause of death?

1 Yas

200 No

30. Nama and addrass of person who complated cause of death (Itam 23a) (Type, Print)

DR. CHARLES A. SCHIFFER 22 S. GREENE STREET-9TH FLOOR-BALTIMORE, MD 21201

State Registrar

FEB 28 1996

31. Data filad (Month, Day, Year)



A REST OF DESIGNATION OF THE REST

# Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9.6

07216

		Certificate of Death	1100	g. No.	01210		
Physic	an		2. Data of Death  Month Day Yes		3. Time of Death		
/Medi		HERMAN SPENCER CALDWELL	FEB.28,1996		20:15		
Exami	ner	4a. Facility Name (If not Institution, give street end number) 4b. City, Town, or Local	ation of Death	4c. County of			
		2102 METZEROTT RD. Adelphi		PRINC	E GEORGES		
Funeral Director		152-72-7501 14 15 J	8. Date of Birth (Month, Day, ) une 28,	Year) 1981	New Jersey		
pu		Usual Residence of Decedent  10e. State 10b. County 10c. City, Town or Location			10d. Inside City Limits		
r 28a-f show	Director	Maryland Prince Georges Adelphi			X Yes 2 No		
vith the	ire	10e. Street and Number 10f. Zip Code	109	g. Citizen of Wh	at Country?		
th wi	ai	2102 Metzerott Road 20783		United	States		
dea E	Funerai	11. Marital Status 12. Was Decedent Evar In U.S. 13. Was Decedent of Hispanic Origin? (Spec	city Yes or No-		American Indian,		
within 72 hours efter death with the Meryland ene. Then "naturel", or frems 23s or 23s-f show the Medical Examiner main be notified at	by	1 Never Married 2 Married 1 Yes 2 No If Yes, Giva Yaar or Dates:	icen, atc.)	Specify:	White, etc. White		
d within 72 hours of glone. or then "natural", or in the Medical Exam	ted	15. Decedent's Education 16a. Decedent's Usual Occupation	16	6b. Kind of Busi	ness/Industry		
within 7 ene. then "r	Completed	15. Decedent's Education (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4or 5+)  16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired)	g				
77 75 15 75	S	9th Student		Not A	pplicable		
nd 2 should be file ith and Mental Hy 27 is marked other treumatic event	Be	17. Father's Name (First, Middle, Last)  18. Mother's Name (	(First, Middle, Me	eiden Surname)			
should be and Mental marked of	O	Herman Spencer Caldwell, Jr. Mary El	llen Sea	rson			
and and is me		19a. Informant's Name/Relationship (Type, PrinFather 19b. Mailing Address (Street end Number or Rural		-			
is 1 and 2 should be filed of Health and Mental Hygic frem 27 is marked other other treumatic event,		Herman Spencer Caldwell, Jr. 2102 Metzerot Road, Ade	elphi, M	D 2078	3		
of He		20a. Method of Disposition  1 □ Burial 2 □ Cremation 3 □ Removel from State	Date 20	Oc. Location - Cl	ty or Town, State		
oemit. Pagas 1 ar Department of Hea mportant: If Item 2 My Injury or other MGS.		4 Donation 5 Other (Specify) Fort Lincoln Crematory 3-1	-96	Brentwo	od, MD		
permit. Pagas Department of Important: If it eny Injury or o		21. Signature of Funeral Sarvice Licens 22. Name and Address of Facility					
8258	-	Hines-Rinaldi Funera	ampshire Ave.,Silver Spring, MD 2090				
	-	23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or shock, or heart failure. List only one cause on each line.	respiratory arres	it,	Approximate Interval Between		
/Medical Examiner	iner	Immediate Cause (Final disease or condition resulting in death)  a. Gunshot Wound of the Head  Due to (or as a consequence ot):					
tificate be executed go physician end as the burial-transit	edicai Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Undarlying Cause (Diseas or Injury that initiated events  Due to (or as a consequence of):					
\$ 0 a	In/Med	resulting in death) Last  d					
daath ce a attendii	sicia	Part II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I.	23b. Did tob	acco use contr	bute to the cause of death?		
het tha od by th detache	/ Physician/M		1 Yes	-	Probably 4 Unknow		
ew requires as been sign 2 should be	Completed by		24a. Was an periorme		24b. Were autopsy tindings available prior to completion of cause of death?		
	EO.		1 Xes	2 🗆 No	1 2 es 2 No		
cartificate	Be	25. Was case referred to medical 26. Place of Death	(Check only one)	)			
· × v o	ToE	examiner?  **Mes 2 No	e 5X Residen	ce 6 Other	(Specify)		
g Physical distribution		27. Manner of Death 28a. Date of Injury 28b. Time of 28c. Injury at 28	d. Describe how	Injury occurred	14		
l or Attending l after death. Director: After d in by the funa	atic	2□ Accident investigation 2 28 96 174.5 pM 1□ Yes 20 No	selt-intli	cted gur	ishot wound		
To the Hospital or Attending Phenhin 24 hours after death. To the Funeral Director: After the completely filled in by the funeral	Certification:	4 Homicide building, atc. (Specify)	City or Town,	Stete) 2101	or Aural Aouto Number, Metzerott Road		
To the Hospital or whin 24 hours aft To the Funeral Dir completaly filled in	edicai 0	29a. Certifier  (Check only  (C	nd due to the cau	use(s) and manner as stated.			
within To the comple	Mec	29b. Signature and title of cartifier 29c. License number	290	d. Dala signed (	Month, Dey, Year)		
Aca-oforwa A		Ocme	F	FEB.29	1996		
		30. Name and address of purple who completed cause of death (Item 23a) (Type, Print)	I	ر کے و بدیا ۔	12770		
		Dennis J Chute MD 111 Penn Street, Balt:	imore,	Maryla	and 21201		
Sta Registr	100	MAR 01 1996					



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

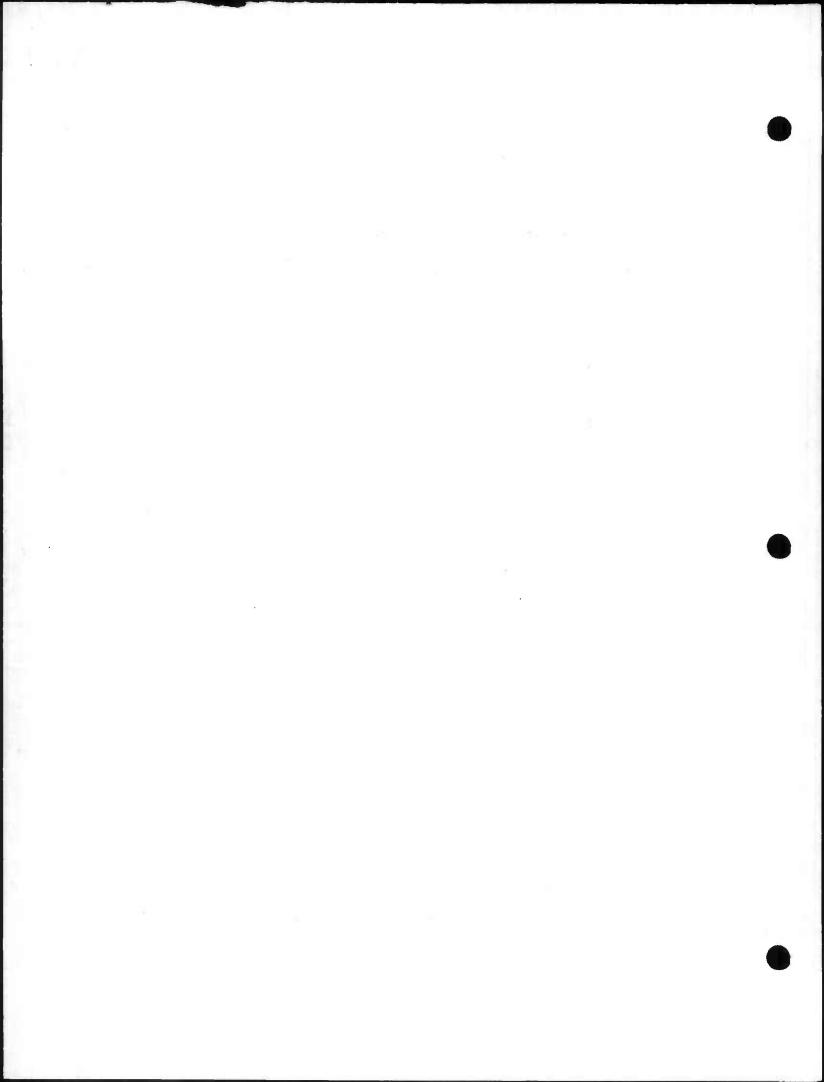
hours
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The
PHYSICIAN:
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OR
PITAL

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPART			MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	3. TIME OF DEATH			
	1	Annie		Co	x	February	26, 1996	8:30 AM M		
	4. SOCIAL SECURITY NUMBER	1.0		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		HPLACE (State or Foreign		
	127-26-3515 9s. FACILITY NAME (If not institution, give st	- ' '	/9 YRS.	ONTHS DAYS	HOURS MIN.	Apr 25,		anama		
FUNERAL DIRECTOR	Holy Cross Hospit			Silver			Montgomery			
ğ	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCATI	ION			10d, INSIDE CITY		
0	Maryland Monto	omery	Silv	er Spri	.ng			1 TES 2 NO		
AF	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?		
崱	10000 Brunswick A				20910		United	States		
E	11. MARITAL STATUS  1 Never Merried 2 Merried	12. WAS DECEDENT EVER FORCES? 1 YES	2 XNO	If yes, spe	city Cuben, Mexical	IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	e or No— 14. RAC Blac	E — American indien, ik, White, etc.		
BY	3 🕅 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR	DATES	1 X YES	2 NO Specify	manian	Spec	my: Black		
유	15. DECEDENT'S EDUC	ATION	16e. DECEDENT'S U	SUAL OCCUPATION	N		SINESS/INDUSTRY	DIGCK		
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wo	rk done during mos retired.)	it of working					
N N	12		Bookkee	eper		Chase-M	anhattan	Bank		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Meiden				
BE	Jonathan Elias				Lilliar					
2	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or Tov				
	Roger Williams					Potomac,	CATION — City or T			
	1 X Buriel 2 Cremetion 3 Remo	oval from State	bb. PLACE AND DATE OF emetery, cremetory or othe Evergreen	propertion (National Properties	me of		oklyn, N			
	21. SIGNATURE OF FUNERAL SERVICE LIC		Lvergreen	22. NAME AN	D ADDRESS OF FA	CILITY		SW TOLK		
	· Clasen &	1. Kans	0			Services, Je, Silver		MD 20910		
	23. PART i. Enter the diseases, or c ehock, or heart fellure. I	omplications that cous	ed the desth. Do no					Approximats		
	IMMEDIATE CAUSE (Final	(7			0			Interval Between Onset and Death		
- 1	disease or condition resulting in death)  a. SEVERE OBSTRUCTIVE VUMOTVAR DISEASE  DUE TO (OR AS A CONSEQUENCE OF):									
		DUE TO (OR AS	A CONSEQUENCE OF):	at.	RICI	1				
NO	Sequentially ilst conditions,		GRENE A CONSEQUENCE OF:	OF	MGH	LEG				
F	if any, leading to immediate ceuse. Enter UNDERLYING	PERIDI	teral	VASCII	1 00	DISEASE		i l		
띮	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):	MIJCU	CAR	213213				
CERTIFICATION	reaulting in deeth) LAST	d								
	PART ii. Other aignificant condition	a contributing to deeth	but not resulting in	the underlying	L Cause given in	Part i. 24a, WAS AF	ALITOPSV 24	b. WERE AUTOPSY FINDINGS		
CAL			The state of the s	tile ellectrying	, casso green in	PERFO	RMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE		
ED						1 YES	2 CAT NO	OF DEATH?		
≥	DID TOBACCO USE CONTI	RIBUTE TO CAUSE	OF DEATH YES	R NO [	UNCERTAIN	v 🗆		TES ZA NO		
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH							
SIC	EXAMINER?	HOSPITAL:		OTHER:	e 5 🗆 Residence	8 Other (Specify)				
	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year,	28b. TIME		URY AT RK?	28d. DESCRIBE HOW	INJURY OCCURED			
BY	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆 Y						
ED	3 Suicide 6 Could not be	26e. PLACE OF INJUI building, etc. (Sc	RY — At home, ferm, str pecify)	est, fectory, office		281. LOCATION (Street City or Town, State	and Number or Rural	Route Number,		
	4 Homicide determined									
ם	and A	CIAN: To the best of my kno								
COMPLET	2 MEDICAL EXAMINE	R: On the basie of examinat	ion end/or investigation.	in my opinion, d	eath occured at the	time, date end place, e	nd due to the cause	a) and manner ee stated.		
BE (	29b. SIGNATURE AND TITLE OF CERTIFIER	0			29c. LICENSE NUI	ABER		D (Month, Day, Year)		
TO E	cenaen whem	W.			D4349	76	12.2			
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF I	1299-L		r De	so Cil	ne spy	im 2080		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI	GNATURE	177941	m 20	re DIA	1 0 10	10 20 105		
	FEB 2 8 1996	32. REGISTRAR'S SIG	ion-Randalli							
_										



### P

	State of Ma	-	epartm	ent of	nk. Assure A f Health and of Death	Mental Hyg	ene 9		07218
Decedent'e Neme (First, Middle, Last)			, ci tinic	out C	Death	2. Dete of Death	g. No.		3. Time of Deeth
AUGUSTINE						Month	Dey	Yeer	
a. Fecility Neme (If not institution, give s	CORTE street and number)	7.5			4b. City, Town, or	FEBRUARY Location of Deeth	26, 1 4c. County		11:45 PM
Holy Family Semina	arv				Silver S	nring	Montg	omers	7
5. Sociel Security Number 6. Sex		(In yrs. lest birtho	Mon	nder 1 Ye	er If Under 24 Hrs	8. Dete of Birth (Month, Day,	Year)		place (State or Foreign
524-98-3880 1123	201	78 Yr	3.			April 3	,1917	Spa	
10a. Stete 10b. County		10c. City, Town o	r Location					1	10d. Inside City Limits
Maryland Montgome	ery	Silver	Spri	ng					1 ☐ Yes 2 ☑ No
10e. Street and Number				. Zlp Cod	е	10	g. Citizen of V	Vhet Cou	ntry?
401 Randolph Road					20904		U:	SA	
	12. Wes Decedent E Armed Forces?	ever In U,S.	13. Wes D If Yes,	ecedent of specify C	of Hispenic Origin? (Suban, Mexicen, Puer	Specify Yes or No- to Rican, etc.)		e - Americk, White,	can Indien, etc.
1 XNever Merried 2 Merried 3 Widowed 4 Divorced	1 Yes 2 N If Yes, Give Yeer or Detes:	lo	1□Ye	es 2101	No Specify:		Specify	. Wh:	Lte
15. Decedent's Educ (Specify only highest grade		(0	ecedent's l	f work do	ne durina most of wo	rking	6b. Kind of B	usiness/in	dustry
Elementery/Secondery (0-12)	College (1-4or 5-	+)	riest		urea)		Cathol:	i o C1	umah
17. Fether's Neme (First, Middle, Last)	4		TTEST	•	18. Mother's Ne	me (First, Middle, M			urch
Steve Cortes					Mary S	Singla			
19e. Informent's Neme/Reletionship (Typ	pe, Print)	19b. N	leiling Add	iress (Stre	eet and Number or R		City or Town,	State, Zij	Code)
Fr. Luis Picazo		40	l Ran	dolp	h Road, S:	ilver Spr	ing. MI	209	004
Oe. Method of Disposition		20b. Plece of D cemetery,	isposition	(Name of			Oc. Location -		
1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Re 4 ☐ Donetion 5 ☐ Other (Specify)	emovel from State				Cemetery	3/1/96	Silver	Spri	ng. MD
Shook, or heart tertire. Last only on	mund	the death. Do not	Fran 500	cis Univ	dress of Fecility J. Collins ersity Bla dylng, such es cardie	d.W Silv	er Spri	Inc.	MD 20901 Approximate Intervel Between Onset and Deeth
mmediete Ceuse (Finel disease or condition resulting in deeth)		C Arrest Due to (or es a cor	nsequence	ot):		_		I	mmediate
_ h	Conges	tive Hear	rt Fa	ilur	e				12 Hours
Sequentially list conditions, if any, leeding to immediate		Due to (or es e cor	sequence	of):				1	
cause. Enter Underlying Cause (Diseese or Injury	Corona	ry Athero	oscle	rosi	S				Years
thet Initiated events resulting in deeth) Last		Due to (or as e con	sequence	of):				i	
d									
Peripheral Vascul			e underlyl	ng cause	given in Part I.	23b. Did tol		3 Pro	bably 4 Unknow
Multiple Stroke I	Dementia					24a. Wes er perform	autopsy ed?	av	ere autopsy findings eliable prior to impletion of ceuse
						1 □ Ye	2 🐼 No		déeth? □ Yes 2 □ No
25. Wes cese referred to medical					26. Place of De	eth (Check only one			
exeminer? 1 Yes 2 No	ospitel: 1 🗆 Inpatier	nt 2 ER/Outpe	etient 3	DOA	Other	lome 5⊠ Reside		er (Specii	y)
7. Menner of Death 1 ☑Netural 5 ☐ Pending	28a. Dete of injury (Month, Day)	/ 28b. Tim			njury et Vork?	28d. Describe ho	w Injury occur	ed	
2 Accident Investigation	1								
2 Accident Investigation 3 Suicide 6 Could not be determined	28e. Plece of Injubuilding, etc.	ry - At home, ferm (Specify)	, street, fee	ctory, offic	Ca	28f. Location (Str City or Town,	eet and Numb Stete)	er or Run	al Route Number,

Examiner To the Hospital or Attending Physician: The law requires that the death certificats be executed within 24 hours effer death.

To the Funeral Director: After this certificate has been signed by the attending physicien and completaly filled in by the funeral director, page 2 should be deteched for use as the burle-transit Division of Vital Records, P.O. Box 68760,

> State Registrar

31. Dete filed (Month, Day, Year) FEB 2 8 1996

30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print)

29b. Signeture end title pla

Director

Funeral

þ

Completed

Be

Examiner

Physician/Medical

Be Completed by

Certification: To

Medical

**Physician** 

/Medical

**Examiner** 

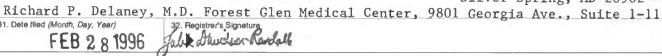
**Funeral** 

Director

permit. Pages 1 end 2 should be filed within 72 hours efter deeth with the Maryland Department of Health end Mental Hygiene. Important: If Item 27 is marked other than "netural", or Items 23s or 28s-f show any Injury or other traumatic event, the Medical Exercises must be notified at

Physician /Medical

Baltimore, Maryland 21215-0020



D02338

February 27, 1996

Silver Spring, MD 20902

Physician /Medical	2/29/96, MRT, Montg. Cty. Certificate of Death Decedent's Nama (First, Middla, Last)  Liberata Chaves	2. Data of De	Reg. No.	3. Tima of Deat
/Medical	Decedant's Nama (First, Middla, Last)  Liberata Chavez	Month ,	Day	10:15A
Evenine	Facility Nama (If not institution, give street and number)  4b. City, Town, or	Fe 6		
Examiner	oly Cross Hospital Silver S		Montg	
Funeral	Gocial Security Number 6. Sax 7. Aga (In yrs. last birthday) If Under 1 Year If Under 24 Hrs	8. Data of Bir		9. Birthplace (Stata or Fore Country)
Director	12-19-2119 1 M 2 XF 94 Yrs. Months Days Hours Min.	Aug. 17	7. 1901	Bolivia
P.	ual Rasidance of Dacedant			
anyla:	i. Stata 10b. County 10c. City, Town or Location			10d. Insida City Lim
vith the Marylar or 28s-1 show be notified at Director	aryland Montgomery Silver Spring			1 ∑ Yas 2 □
	D. Street and Number 10f. Zip Coda		10g. Citizan of Wh	at Country?
e 23e	08 East Shaw Avenue 20904	Na - 2 14 14 14 14	Bolivia	A
and within 72 hours after death with the Maryland tal Hygiene. Ital Hygiene. d other than "natural", or itams 23a or 28e-f show event, the Medical Examiner must be notified at Sevent.  Be Completed by Funeral Director	Marital Status  12. Was Dacedant Evar In U,S. Armed Forcas?  1 □ Navar Married  1 □ Yas 2 ☒ No  If Yas, Giva  1 □ Yas 2 ☒ No  Specify:	specity Yas or No to Rican, atc.)		Amarican Indian, Whita, atc.
natural, or solical Exam leted by F	3kU Widowad 4 LI Divorced Yaar or Datas:			Bolivian
ed within 72 ho ygiene. Nor than "natura At, the Medical Completed	15. Decedant's Education (Specify only highast grada complated) (Giva kind of work dona during most of wo life. DO NOT usa retired)	rking	16b. Kind of Busi	ness/Industry
within then then the	Collega (1-4or 5+) 9 Collega (1-4or 5+) Housewife		Uemo	
d other event, t Be Cc		ma (First, Middla,	Home , Maidan Sumama)	
		ia Garci		
and Mer is marke sumatic	a. Informant's Name/Ralationship (Type, Print)  19b. Mailing Address (Street and Number or Ri			tata. Zip Code)
and 2 saith a ar 1/8	ertha J. Pena - Daughter 408 East Shaw Avenue,			
- I I I	. Method of Disposition 20b. Place of Disposition (Name of	Data	20c. Location - C	
7 H = 70 × 10 × 10 × 10 × 10 × 10 × 10 × 10 ×	TO Borial ZAI Clamation 3 Linatioval from Stata	2-28-96	Brantwoo	d, Maryland
permit. Pages Department of Important: If I any injury or otice.	Signatury of Funeral Service Libensee 22. Nama and Addrass of Facility	2 20 70	Dientwoo	u, Haryranu
Medical Examiner property of Examiner al Examiner al Examiner	madiste Cause (Final sasse or condition at a Cerebrovascular General G			12 hrs
stith certificate stranged by the for use as the clan/Medic	Due to (or as a consequence of):  d.			
y the property the	III. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.		-1	foute to the cause of de
5 50	Sopration meumonia	10	Yes 200 No 3	Probably 4 Unkr
should should leted	`\		an autopsy ormed?	24b. Were autopey findin available prior to completion of cause of death?
tis has t page 2 s		-m	ard.	
1 1 8	Was case referred to medical 26 Plant of De	101	0	1□Yes 2□No
9 18 0 1 40	examiner? Hospital -	ath (Check only o	dence 6 🗆 Other	/Cnanibet
Srector, Srector, O Be	Manner of Death 28a, Date of Injury 28h, Time of 28c, Injury at		how injury occurred	1-1
er fhis certifinanti directo				
ath. r: Aher this certifine fundral directo	Natural 5 ☐ Pending (Month, Day Year) Injury Work? 2☐ Accident investigation M 1 ☐ Yes 2 ☐ No			
or Attending ther death. Mector: After in by the fune ertification	20 Accident reveatigation M 1 Yes 2 No 3 Suicide 6 Could not be determined determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)	28f. Location (3 City or Tox		or Rural Route Number,
or Attending Phys ther death. Sirector: After this in by the funeral of striffication: To	2 Accident investigation M 1 Yes 2 No 3 Suicide 5 Could not be 28s. Place of Injury - At home, farm, street, factory, office	City or Tox	wn, State) cause(s) and mann	or as stated.
or Attending ther death. Mector: After in by the fune ertification	Could not be determined   Could not be determined   Could not be determined   28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)	o, and due to the orred at the time,	wn, State) cause(s) and mann	ner as stated. d due to the cause(s)
ours she death.  ours she death.  nersi Director: Aher filled in by the tune si Certification	Investigation   Second   Sec	o, and due to the orred at the time,	en, State) cause(s) and manndate and place, an	oer as stated. d due to the cause(s)  Month, Day, Year)

State of Maryland / Department of Health and Mental Hygiene 9 6

1 404 1

NA

				Cen	tificate of	Death	Re	g. No.		1 1 4 0
Phys	ician	1. Decedent's Nama (First, Middla, L	ast)				2. Data of Death Month		Year 3.	Tima of Death
	dical	AMY	L. DI	LLING			FEBRUAR	Y 22.	1996	130PM
Exan		4a. Facility Nama (If not institution, gi	va street and number)			4b. City, Town, or	Location of Death	4c. County	of Death	
		PRINCE GEORGE	S GENERAL I	HOSPITA	L	CHEVER			CE GEO	RGES
Funer	al			rs. last birthday)	If Under 1 Year Months Days	If Under 24 Hrs Hours Min		Voorl	9. Birthplace	(Stata or Foreign
Directo	or	214-86-4421	<sup>1□M</sup> <sup>2</sup> √ F 35	Yrs.	Months Days	Hours Mile	JUNE 2	T960	NORTH	CAROLI
ס		Usual Rasidance of Decedant					1			
ylen Mor		10a. Stata 10b. County	10c.	City, Town or Loc	ation				10d. l	nsida City Limits
M T	ţ	MD FRI	EDERICK	FREDE	RICK					Yea 2□No
\$ 28 E	9	10e. Street and Number			10f. Zip Coda		10	o. Citizan of	What Country?	
A S	□	6305 KNOLLWOOI	DRIVE			2170	1		SA	
in 72 hours after deeth with the Marylend "neturel", or items 23a or 28=/ show boics: Examiner must be notified at	Funeral Director	11. Marital Status	12. Was Decedant Evar Ir	IIC 12 W	las Decedent of I	Hispania Origin? /	Specific Ves or No		ce - American II	adian
iter d	5		Armed Forcas?	10,5.	Yes, specify Cub	an, Maxican, Pue	Specify Yes or No- rto Rican, etc.)		ck, White, etc.	rurarr,
s aft	by F	1 ☐ Nevar Married 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced	1 ☐ Yes 2 ☐ No If Yas, Giva	1	☐ Yas XXNo	Specify:		Specif	y: W	HITE
d within 72 hours af giene. or then "netural", or the Modical Exam		30,0114	Year or Datas:							
72 net	Completed	15. Decedant's E (Specify only highest gi		16a. Deceda (Give k	ant's Usual Occur and of work done	pation during most of wo d)	orkina		usinass/Industr	
d within piene. r than "	du	Elementery/Secondary (0-12)	College (1-4or 5+)	lifa. D	O NOT usa ratire	od)				NSPORT
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29c. Licansa number D47577

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State Registrar 30. Nama and addrass of person who complated cause of queth (Itam 23a) (Type, Print)

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				State of	Maryla		artment of rtificate of				ene g. No.	16 U	1221
	Dharain		1. Decedent's Name (First, Middla, Last	)						2. Deta of Death Month	Dey	Yaer 3.	Time of Deeth
	Physici /Medi		Loretta	Poore		Dave	nport				26 199		1:45 PM
	Examir	ner	4a. Facility Name (If not institution, give The Memoria		at Easton Easto					4c. County Talk			
	Funeral Director		5. Social Security Number 215-20-2515  Usuel Residence of Decedent	x ]M 2∭ F	7. Age (In yrs 70	: last birthday) Yrs.	if Under 1 Yae Months Day		Min.	8. Data of Birth (Month, Dey, July 10	Year) , 1925	9. Birthplace Country) Mary 1	(Stete or Foreign
1	ow mand		10a. Stete 10b. County		10c, C	ity, Town or Lo	ocation					10d. 1	tnside City Limits
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20	and Mental Hygiene.  and Mental Hygiene.  is marked other than "natural", or frema 23a or 28a-f show aumatic evant, the Medical Evaniner mast be notified at	by Funeral Director	11. Marital Status  1 Never Married 2 Merried  3 XWidowed 4 Divorced	12. Wes Deced Armed Ford 1  Yes : If Yes, Give Yaar or De	ces? 2 ☐ No		Was Decedent of If Yas, specify Cu 1 ☐ Yes 2 🛣			cify Yes or No- Rican, etc.)		e - Amarican Ir sk, White, etc.	
21215-0020	atura cale	pa	15. Decedent's Edu	cation	100.	16a. Dece	dent's Usuel Occ	upation		1	6b. Kind of Bu	usiness/Industr	
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or Vita	a this	- T	1 Yes 2 No	1 🗆 In		28b. Time o	IL SLI DOA	4 (25 190		na 5 Raside			
0 5	h. After funar	tion	1 Netural 5 Pending 2 Accident invastigation	28e. Dete of (Month	, Dey Year)	Injury	W	ork? □Yes 2□t		.00. 00001.00 110	w mjary occan		
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Hoenly	within 24 hours after death.  To the Funeral Director: Aft completely filled in by the fur	edical (	29a. Certifier 1 Certifying Physical Check only one) 1 Medicat Examination	iclan: To the bas end menne	is of examine	owledge, death etion end/or In	n occurred at the vestigation, in my	time, dete end opinion, deel	d plece, e th occurre	and due to the ca	use(s) end me te end plece,	enner as steted and due to the	l. cause(s)
1	Tot	M	29b. Signature in wittle of certifier	Sum	V		D3	nsa number	7-	29	d. Dete signed	9 6	Year)
			30. Neme and address of person who co					n 11/1	1	1 010			
	Sta	te	David Smith M D  31. Dete filed (Month, Dey, Year)	32. Re	gistuar's Sign	eture AV	e. Easto	iii, iviar	yran	d 2160	1		
	Registr		31. Dete filed (Month, Dey, Year) FEB 2 8	1996	Jahr d	Swisen-A	ardall						

and the second of  Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

					Cer	tificate of	Death		R	eg. No.			
		1. Decedent's Neme (First, Middle, La	st)						2. Dete of Dee	th .		3. Time of D	eath
Physic /Medi		Barbara Jean	Duket	te					Feb. 18	Dey 3.1996	Yeer	3:32	AM
Exami		4a. Facility Neme (If not Institution, giv	re street end nu	mber)			4b. City, To	own, or Lo	cation of Deeth	4c. County			
		MeredianCorsica HIlls Centrevi						lle	Que	en An	ne's		
Funeral		5. Sociel Security Number 6. S	Sex	7. Age (In yrs. lest b	oirthday)	If Under 1 Yee Months Deys	r If Under		8. Dete of Birth (Month, Dey			ce (State or I	Foreign
Director		107-28-7951 Usuel Residence of Decedent	I□M 2⊠F	60	Yrs.	Months Deys	riouis		April			w Yor	
ylen		10a. Stete 10b. County		10c. City, To	wn or Loc	cation					100	d. tnside City	Limits
Ma	ż	Md. Queen A	nne's	Que	enst	own						1 ☐ Yes 2	2 No
or 28	ire	10e. Street end Number				10f. Zip Code		_	1	Og. Citizen of	What Country	y?	
th wi	Funeral Director	309 Bennett Po	int Ro	ad		21	658			U.S	.A.		
dea	ne	11. Meritel Stetus	12. Wes Dece Armed Fo	edent Ever in U,S.	13. V	Ves Decedent of Yes, specify Cu	Hispenic Or	igin? (Spe	cify Yes or No-		ce - American		-
permit. Pages 1 and 2 should be filed within 72 hours efter death with the Maryland Department of Health and Mentel Hygiene. Important: if Item 27 is merked other than "natural", or items 23e or 28e-f show any highly or other traumetic event, the Medical Examine must be notified at sonce.	by	1 ☐ Never Merried 2万元 erried 3 ☐ Widowed 4 ☐ Divorced	1 Yes If Yes, Giv Yeer or D	2€No		Yes XXX			noan, etc.)	Specif	ock, White, etc	ite	
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Demit. Pages 1 ar Department of Hear Important: If Hear; My Injury or other DDCB.		20e. Method of Disposition		200004	of Dispos	sition (Name of setory or other pl	ece) 1	Roll.	Dete 19,199	20c. Location	- City or Town	n, Stete	
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certificate hi		AP 14							1 🗆 Y	s 2 No	101	Yes 2□ No	0
ysician: The last certificate he director, page	Be	25. Was case referred to medical examiner?	Hospital:			_ 0			(Check only on				
or Attending Physicien: The law requires talent death of the law requires to after death. The law requires to after death of the funeral director, page 2 should be	To.	1 ☐ Yes 2 ☑ No  27. Manner of Death	1 ∐ I	npatient 2 ER/O	utpatient Time of	3LI DUA	4 LM NI		ne 5 🗆 Reside				
ding Phy th. After this funeral	lon	1 ☑Netural 5 ☐ Pending	(Mont		Injury	28c. Inje	ork? ]Yes 2□		ou. Describe m	ow injury occor	100		
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or after Direction	PT	4 ☐ Homicide determined	buildir	ng, etc. (Specify)	em, sue	et, lectory, office		-	City or Town	, Stete)	Jet of Hutarr	10010 14011100	71,
ours ours filled		29a. Certifier 1/D Certifying Ph	vetclan: To the	best of my knowledg	a danth	congrad at the	ime dos c	od plane	nd due to the -		annor ac at a	ad	
To the Hospital or Attendit within 24 hours after death. To the Funeral Director: A completely filled in by the fi	edical	(Check only one)	niner: On the ba	isis of examinetion a	nd/or Inve	estigetion, in my	opinion, dee	oth occurre	d et the time, d	ate end place,	and due to th	ne cause(s)	
ithin o the	M	29b. Signeture and title of certifier	OTTO TITOER			29c. Licer	se number		2	9d. Dete signe	ed (Month. Da	av. Year)	
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		30. Neme and eddress of parson who		· ·			1		43 044	- 20			
- 0		Helen A. Noble 31. Dete filed (Month, Dey, Yeer)		Speer Ro	ad,	Cnest	SILOM	n, M	ia. 216	020			
Sta Registi		02/20/96	J. N.	Juli Danie		1.00							

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Month 16 Day Maurice J. Dugan Feb 1996 5:50 AM /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City. Town, or Location of Deeth 4c. County of Death Examiner 472 Five Farms Lane Baltimore Baltimore | If Under 24 Hrs. | 8. Data of Birth (Month, Dey, Year) | Sept 4,1914 5. Sociel Security Number If Undar 1 Yaar 7. Age (In yrs. last birthdey) Birthplace (Stata or Foreign Country) **Funeral** 1 ☑ M 2 ☐ F Deys Director 212-05-2634 Yrs. 81 Maryland Usuel Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumstic event, the Modical Examiner must be notified at 1 ☐ Yes 2 No Director Maryland Carroll Westminster the 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 265 East Green Street United States 21157 Funeral 12. Was Decedant Evar in U,S. Armed Forces? 1 (25 Yas 2 □ No If Yes, Give Yaar or Datas: WW] Was Decedant of Hispanic Origin? (Specify Yes or No-lf Yas, specify Cuban, Mexican, Puarto Rican, atc.) Race - Amarican Indian, Black, White, etc. 11. Marital Status permit. Peges 1 and 2 should be filed within 72 hours after to Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural". or Hamay injury or other traument. 1 ☐ Never Merried 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: þ Specify: 3 XWidowed 4 ☐ Divorced WWII White Completed 16a. Decedent's Usuel Occupation (Giva kind of work done during most of working life. DO NOT use ratired) 15. Decedant's Education (Specify only highest grade completed) 16b. Kind of Businass/industry Elementery/Secondery (0-12) Coilege (1-4or 5+) Policeman Law Enforcement 12 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Surname) Be James Dugan Ella T. Hogan 19e. Informant's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Mr. Jim Dunn 4658 S. Leisure Court Ellicott City MD 21043 20a. Method of Disposition 20b. Pleca of Disposition (Nama of cemetery, cramatory or other place) Dete 20c. Location - City or Town, Stete 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Ramoval from Stete 4 ☐ Donation 5 ☐ Other (Specify) Crest Lawn Cemetery 2-19-96 Marriottsville, MD 21. Signature of Funeral Service Licensea 22. Name and Addrass of Facility Harry H. Witzke Funeral Home, Inc. 4112 Old Columbia Pike Ellicott City MD 21043 oluner 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiratory arrest, shock, or heert fellure. List only one cause on each line. Approximete Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disaasa or condition resulting in deeth) Examiner Due to (or es e consequenca of): certificate be executed **burial-transit** Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events rasulting in death) Last and Due to (or es e consequence of): P.O. Box 68760, physician Physician/Medicai the Due to (or es e consequance of): attending for use as Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributs to the cause of death? been signed by the should be detached 1 Yes 2 No 3 Probably 4 Unknown Records, g Completed 24b. Were autopsy findings availabla prior to completion of causa of death? 24e. Wes an eutopsy performed? cate has 1 ☐ Yes 2 No certificate 1 ☐ Yas 2 No Division of Vital Hospital or Attending Physician: director, Be 25. Wes case refarred to medical 26. Placa of Deeth (Check only one) Other: 4 Nursing Home & Residence 6 Other (Specify) 1 Yes 2 No Certification: To 1 Inpatient 2 ER/Outpatient 3 DOA this funeral Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. tnjury at Work? 28d. Describe how Injury occurred After Neturel 5 Pending Investigation death. 1 Yes 2 No 2 Accident Director: / 3 Suicide 6 Could not be Location (Street and Number or Rural Route Number, City or Town, Stele) 28a. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) sher 4 Homicide hours Funeral 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end piece, end due to the cause(s) end manner as stated.

2 Medicat Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and piace, and dua to the cause(s) end menner stated. 29e. Certifier within 24 hor To the Fune completely fi edical (Check only 29b. Signature and title of certifian 29c. Licansa number 29d. Data signed (Month, Day, Year) 30. Name and address of person who complated cause of deeth (Item 23e) (Type, Print) NTY KKU HPR APROUL CON 31. Dete filed (Month, Dey, Year) FEB 2

32. Registrar's Signature

alin Davidson Randall

1 1996

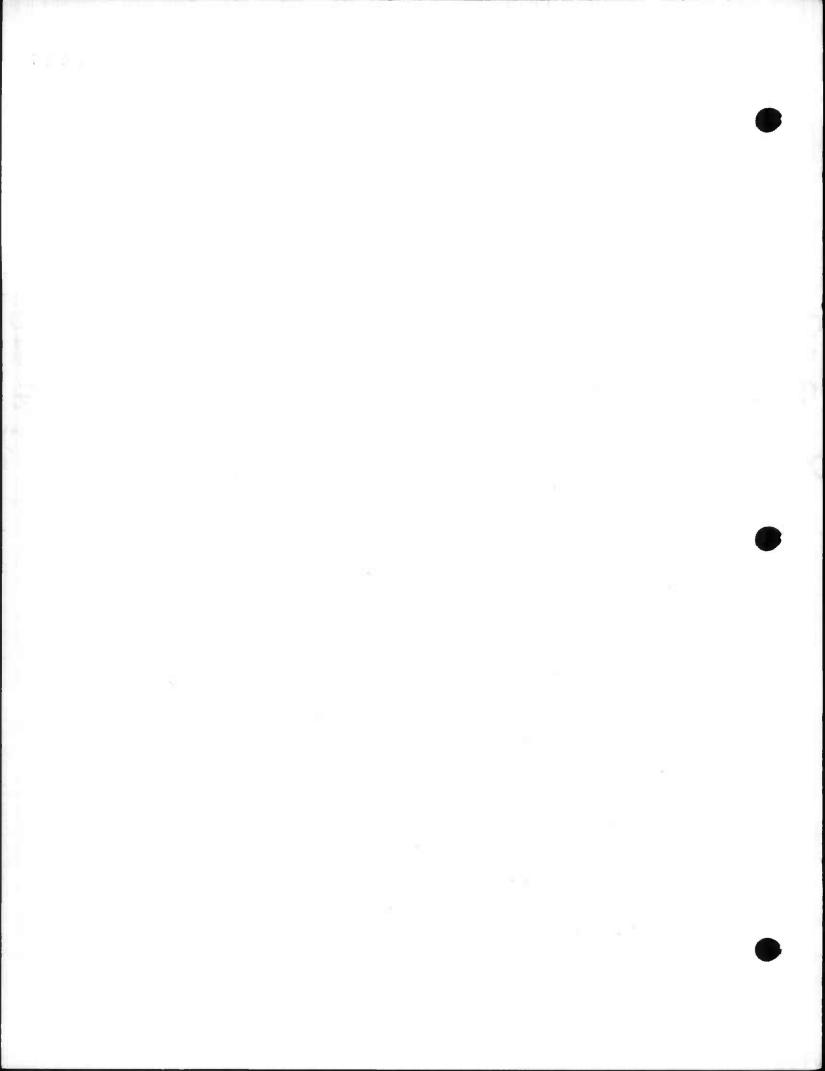
State

Registrar

21/8/1L M1926

DIVISION OF VITAL RECORDS, P.O. BOX 68760.  BALTIMORE, MARYLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
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	1 - FOR STATE REGISTRAR	TATE OF MARYLAND	) / DEPAR	TMENT	OF H	EALTH DEAT	AND I	NENTA	L HYGIEN			
Į.	1. DECEDENT'S NAME (First, Middle, Lest)	DiNicola						2. DATE	OF DEATH	_	EAR 3.	TIME OF DEATH
- 1				- 5						23 199	6 9	:15 AM M
		] M 2 🗓 F 87	. lest birthday) YRS.	MONTHS	DAYS	HOURS	24 HRS.	7. DATE (Moore AUG	of BIRTH 1, Day, Your) 5 19(	08	BIRTHPL. Country	ACE (State or Foreign ENNA.
DIRECTOR	98. FACILITY NAME (If not institution, give street and number)  MEMORIAL HOSPITAL  RESIDENCE OF DECEMENT  96. COUNTY OF DEATH  CUMBERLAND  ALLEGANY											гн
딥	10e. STATE 10b. COUNTY		10c. CITY	r, TOWN OF	R LOCAT	ION					10	d. INSIDE CITY
	MARYLAND ALLEGA	ANY	C	UMBE							1	LIMITS? YES 2 NO
HA	225 DAVIDSON STREET	Г			101.	ZIP CODE	1502	)			S.A	T COUNTRY?
BY FUNERAL	11. MARITAL STATUS 12. W	1 Never Merried 2 Merried FORCES? 1 X YES 2 NO If yes, specify Cuban, Maxican, Puerto Rican, etc.) Black, Wh								American Indian, thite, atc.		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade comple	16a.	DECEDENT'S (Give kind of w life. Do NOT us HOU	USUAL OC	urina mos	t of working	7	16b	. KIND OF BUS		TRY	
AP.	8	95 (14 51 54)	HOU	SE K.	EEPE	R			HOUSE	KEEPE	R	
S	17. FATHER'S NAME (First, Middle, Last)								Middle, Maiden			
BE	WILLAIM MITCHELL						_	_	EULAH 1			
2	19a. INFORMANT'S NAME (Type/Print) FRANK COLANGELO		2013 M						ber, City or Town		<sub>de)</sub> 215	0.2
	20a, METHOD OF DISPOSITION	20h Pl A	CE AND DATE O		_		UPIDI	DAT		CATION — CIR		
	ROSE HILL CEMETERY FEB 26 1996 CUMBERLAND MARYLAND											
	Dale L.	Vernt		ME:	RRIT 4 DE	T-AD CATU	AMS R S'I	FUNI REE	ERAL HO	ERLAND		YLAND
	23. PART i. Enter the diseases, or compil shock, or heart fellure. List or	icstions that ceused the nly one ceuse on each	deeth. Do n	ot enter t	the mod	de of dyla	ng, suct	ss card	liac or respi	ratory arres	,	Approximate Interval Between
1	disesse or condition											Onset and Desth
ı	a. ASPIRATION PNEUMONITIS  DUE TO (OR AS A CONSEQUENCE OF):										1 HOUR	
z	ORGANIC BRAIN SYNDROME 15 YEARS											
일	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											
2	CAUSE (Disease or injury	DUE TO (OR AS A CON	SECULENCE OF									
CERTIFICATION	that initiated eventa resulting in death) LAST	DOL TO (ON AS A COM	SECUENCE OF	1.								İ
	DART II Oak as a said a state of the said as											
PHYSICIAN: MEDICAL	PART II. Other algnificent conditions con  CEREBROVASULA		ot resulting in	n the und	derlying	ceuse g	lven in I	Part i.	24s. WAS AN PERFOR	MED?	AM CC	FRE AUTOPSY FINDINGS AILABLE PRIOR TO EMPLETION OF CAUSE DEATH?
¥	DID TORACCO LICE CONTRIBUTE	TF TO CALLET OF D									1	YES 2 NO
AN	DID TOBACCO USE CONTRIBUTED TO MEDICAL		LACE OF DEAT			UNC	RTAIN	1			<u> </u>	
SIC		SPITAL: Inpatient 2 ER/Outpatient		OTHER:	:	5   Res	idenca	8 🗀 Othe	r (Specify)			
품	4.4	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF :	28c. INJU	IRY AT			CRIBE HOW II	JURY OCCUR	ED	
BY	1 Natural 5 Pending 2 Accident Investigation			М	1 🗌 Y	ES 2 🗌	NO					
	3 Suicida 6 Could not be 4 Homicide detarmined	28s. PLACE OF INJURY — At building, stc. (Specify)	home, farm, a	treet, factor	ry, offica				ATION (Street a or Town, State)	nd Number or	Rurel Rout	e Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: 1 MEDICAL EXAMINER: On the control of th	To the best of my knowledge, the bests of examination and/									ause(a) ar	nd manner as stated.
BEC	29b. SIGNATURE AND TITLE-OF CERTIFIER	- 1 1	~			29c. LICEI	_			-		onth, Day, Year)
9 P	sete 1	of series	10			D0	4981			▶ feb	26	1996
-	30. NAME AND ADDRESS OF PERSON WHO COM DR. PETER HALMOS MEI				LANT	) MAR	YLAN	ND				
		A. REGISTRAR'S SIGNATURI										



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 5 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTMENT		MENTAL HYGIEN							
	1. DECEDENT'S NAME (First, Middle, Las CHARI		DICKEN		2. DATE OF DEATH		3. TIME OF DEATH 8:05 p M					
	4. SOCIAL SECURITY NUMBER 220-10-8650		yrs. last birthday) IF UNDER	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) APRIL 19	0.	BIRTHPLACE (State or Foreign Country)  MARYLAND					
	9a. FACILITY NAME (If not institution, give	re street and number)	96. CITY	, TOWN OR LOCATION OF D		9c. COUNTY						
DIRECTOR	The Memorial Hospital and MedicalCenter Cumberland Allegany											
EG	10a. STATE 10b. COU		10c. CITY, TOWN	OR LOCATION			10d. INSIDE CITY					
		LEGANY	CUMBE	RLAND			LIMITS?  1 YES 2 X NO					
FUNERAL	100. STREET AND NUMBER 14519 MICHAEL F	ROAD NE		10f. ZIP CODE 21502			S A					
S	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 X YES		WAS DECENDENT OF HISPA		s or No- 14.	RACE — American Indian, Black, White, etc.					
ВУ	1 Never Married 2 X Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT	res	If yea, specify Cuban, Maxic 1 YES 2 NO Speci			Specify: WHITE					
	15. DECEDENT'S E (Specify only highest gr	DUCATION	16a. DECEDENT'S USUAL O	CCUPATION	18b. KIND OF BU	JSINESS/INDUS						
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use retired.)		777D A	MCDODM	MTON					
M	17. FATHER'S NAME (First, Middle, Last)		TRUCK DRIV		AME (First, Middle, Maide	NSPORTA	ATION					
8	HARLEY AUSTINE	E DICKEN		BESST								
BE	19s. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRES	S (Street and Number or Rural			de)					
5	NELLIE V. DICKE	N	transfer of the contract of				YLAND 21502					
	20s. METHOD OF DISPOSITION 1 Surial 2 Cremetion 3 R		PLACE AND DATE OF DISPOS stery, crematory or other place	SITION (Name of	DATE 20c. L	OCATION — City	or Town, Stata					
	4 Donation 5 Other (Specify)	WE WE	SLEY CHAPEL			VELS, I	JEST VIRGINIA					
	SI SIGNATURE OF FUNERAL SERVICE	LICENSEE		AFER CHAPEL		LLS MOI	RTHARY					
	Douglas	· D Has					RYLAND 21502					
CERTIFICATION	23. PART i. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, abock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finei disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
MEDICAL CER	PART ii. Other algnificant condit	ions contributing to death bu	it not resulting in the u	nderlying cause given in		RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
ME	DID TODA CCO LICE COA	ITDIDITE TO CALICE OF	DEATH VEC	NO M UNICEPTAL	N. 5	•	1 TYES 2 NO					
PHYSICIAN:	DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL		B. PLACE OF DEATH (Check		IN LI							
SICI	EXAMINER?	HOSPITAL:	OTHE		0 D 0000 000000							
H	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME OF	28c. INJURY AT	28d. DE\$CRIBE HOW	INJURY OCCUP	IED					
ВУР	1 Natural 5 Pending	(Month, Day, Year)	INJURY	WORK?  1 YES 2 NO								
	3 Suicide 8 Could not datarmined	be building, etc. (Special	At home, term, street, ted	tory, office	281. LOCATION (Street City or Town, State		Rural Route Number,					
COMPLETED		IVSICIAN: To the beat of my knowle					ause(a) and manner as stated.					
ш	29b. SIGNATURE AND TITLE OF CERTIF	1	DAN	29c. LICENSE NU		1	IGNED (Month Day: Year)					
TO B	0	Thoux	D 701	D 12	779	177	4176					
	Dr. Guy Fiscus,	Memorial Hospi	tal Medical	Bldg., Cuml	berland, M	d. 2150	)2					
	MAR 0 1 1990	PAREGISTRAN'S SIGNA	WAS STAN									

TO BE COMPLETED BY FUNERAL DIRECTOR

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100	D D		E P
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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The	ate h	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Te H
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.													
t. DECEDENT'S NAME (First,	Ralph	Dicke	21					MQNT	OF DEATH		E A E	TIME OF DEATH	
4. SOCIAL SECURITY NUME 218-03-9136	5	1 <b>X</b> M 2 □ F	GE (In yrs. las			WS HOL	JRS MIN.	DEC	of BIRTH h, Day, Year)  15,1910  8. BIRTHPLACE (State or Foreign Country)  MARYLAND				eign
LAUREL REGI	CONAL HO				LAURE		CATION OF DE	EATH		PRINCE GEORGE'S			
10a. STATE MARYLAND	10b. COUNTY PRINCE	E GEORGE'S			, TOWN OR L	OCATION				10d, INSIDE CITY LIMITS? 1  YES 2			
100. STREET AND NUMBER 407 PRINCE		STREET				10f. ZIP 2070				10g. CITIZE USA	N OF WHA	AT COUNTRY?	
11. MARITAL STATUS  t Never Married 2 2 3 Nidowed 4 Dive	Married	12. WAS DECEDENT EVI FORCES? 1 1 1	ES 2 X		It ye	s, specify	ENT OF HISPAN Cubari, Maxica KNO Specifi	n, Puerlo	17 (Specify Yea Ricen, etc.)	or No— 14		- American India White, etc.	ri,
15, DEC (Specify onli Elementary/Secondary (6	CEDENT'S EDUCA by highest grade co	TION impleted) College (1-4 or 5+)	(G	ive kind of w . Do NOT us		PATION ng most of	working	1000	. KIND OF BUS		TRY		
8 17. FATHER'S NAME (First, N	fiddle, Last)		ВО	ILERM	AKER	18.	MOTHER'S NA		AILWAY				
CHARLES DIC	CKEL						ARY CO		_	,			
19a. INFORMANT'S NAME (									ber, City or Tow				
DRENA JENKINS  407 PRINCE GEORGE ST., LAUREL, MD 20707  208. METHOD OF DISPOSITION  3 Surfal 2 Cremation 3 Removal from Stata  409 PRINCE GEORGE ST., LAUREL, MD 20707  200. PLACE AND DATE PRINCE GEORGE ST., LAUREL, MD 20707  200. PLACE AND DATE PRINCE GEORGE ST., LAUREL, MD 20707  200. PLACE AND DATE PRINCE GEORGE ST., LAUREL, MD 20707  200. DATE PRINC													
21. STUMATURE OF FUNERA		NSEE	REST	LAWN	22. NAN	ME AND AD	DDRESS OF FA	CILITY					
Doug	Last	PM	at	$\cup$					HE HIL				
IMMEDIATE CAUSE (Findisease or condition resulting in death)  Sequentially list condit if any, leading to imme	eaart failura. Li nai  a.  tiona, b.	DUE TO (OR	A la c As a conse	2 a	rres pathy	t ) -e	end succession			ratory arrea	it,	Approximatinterval Be Onset and Minns	Death
cause, Entar UNDERLY CAUSE (Disease or Inju- that Initiated eventa reaulting in death) LAS	ury c.	DUE TO (OR Re	hem as a conse nal	OUENCE OF	1 ure	)e[ -						3 da	ys ys
PART II. Other algnifica	ant conditions	contributing to dea	th but not	resulting I	n tha unda	riying ca	use given in	Part I.	24e. WAS AN PERFOR 1 YES 2	MED?	C	VERE AUTOPSY FILMAILABLE PRIOR COMPLETION OF	TO
DID TOBACCO U		BUTE TO CAUS					JNCERTAI	N 🗆					
25. WAS CASE REFERRED TEXAMINER?  1 YES 2 NO		HOSPITAL:			OTHER:			No.					
27. MANNER OF DEATH	Pending Investigation	28e. DATE OF INJU	JRY	28b. TIM	E OF 28	c. INJURY WORK?	AT 2 NO	,	SCRIBE HOW I	NJURY OCCU	RED		
2 Culates —	Could not be determined	26a. PLACE OF IN. building, atc.	JURY — At he (Specify)	ome, term, s	street, factory,	office .			CATION (Street or Town, State)		Rural Rou	ute Number,	
anal .		AN: To the best of my to										end manner ea si	lated.
29b. SIGNATURE AND TITLE  LIMING	they P.	MEla	N	D			D 39 5	3 2	2	MARG	11/9	Month, Day, Year)	
30. NAME AND ADDRESS O	P.MCC		1 Pr	ince	Georg	e St	La	uve	1 MD	20	707		
	1 4 4000		1.06	1 .									

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 07227 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month **Physician** February 25, 1996 10:00 A.M. Pennsylvania Dorris /Medical 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Laurelwood Nursing Home Elkton Cecil If Under 1 Year If Under 24 Hrs.
Months Days Hours Min. 5. Sociel Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) NOV. 17,1919 Birthpiece (State or Foreign Country) **Funeral** Months Days 1 M 204 Yrs. 76 Director 156-20-7599 Arkansas Usuei Residence of Decedeni the Maryland 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show 7 is marked other than "natural", or items 23a or 28a-f sho traumatic event, the Medical Examinatings to as be notified at 1 X Yes 2 □ No Director Harford Aberdeen 10e. Street and Number 10g. Citizen of What Country? 10f. Zip Code 341 Walker St. U.S.A. 21001 pemit. Pages 1 and 2 should be filed within 72 hours aftar death Department of Haaith and Mental Hygiena. Important: If flam 27 is marked other than "natural", or thems 23 min fully or other traumatic event, in Medical Energy many. Funeral 12. Was Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, apecify Cuban, Mexican, Puerto Rican, etc.) 11. Maritai Status 14. Race - American Indien, Bieck. White, etc. 1 ☐ Yes 2001No If Yes, Give Yeer or Detes: Never Married 2 Married Specify: Black 1 ☐ Yes 2 No by 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Coilege (1-4or 5+) factory Appliances 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) Bernett Dorris 2 Helen Liston 19a. Informant'a Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) John W. Jones 5498 Mendelberger Dr. , Flint, MI 20b. Piace of Disposition (Name of cemetery, crematory or other place) 20e. Method of Disposition Date 20c. Location - City or Town, Stete 1 ☑ Buriel 2 ☐ Cremation 3 ☐ Removal from State 3/2/96 4 ☐ Donation 5 ☐ Other (Specify) Mt. Calvary Methodist Cem. Aberdeen, Maryland 22. Name and Address of Fecilit Tarring-Cargo Funeral Home, P.A. Aberdeen, Maryland 21001-3399 23a. Part1. Enter the diverse, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset and Death **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical ASPIRATION PNEUMONIA 1 DAY Examine Due to (or as a consequence of): Examiner DEMENTIA 1 YEAR MULTINEARCT The law requires that the death cartificate be assecuted physician and the burial-transit Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): HYPERTENSION 10 YEARS Physician/Medical Due to (or as e consequenca of): for use as NON-INCULIN DEPENDENT DIABETES 5 YEMRS signed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown SEIZURE DISORDER þ been si 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? Completed is certificata has director, paga 2 1 Yes 2 No 1 ☐ Yes 2 ☐ No or Attending Physician: 25. Wes case referred to medical examiner? Be 26. Place of Death (Check only one) Hospitai: 1□ Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funaral 28a. Dete of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? Aftar 5 Pending 1X Natural n 24 hours after death.

• Funeral Director: A pletaly filled in by the fe death. investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 281. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide Certifying Phyafclan: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifler Medicai

State Registrar

31. Date filed (Month, Day, Year) MAR 0 1 1996

(Check only one)

29b. Signature end title of certifier

Andrew Nowakowski, M.D. 125 N. Main St., Bel Air, MD 21014 32. Registiar's Signature

Andre Nowalenshi uno

30. Neme and address of person who completed cause of death (Item 23e) (Type, Print)

29c. License number

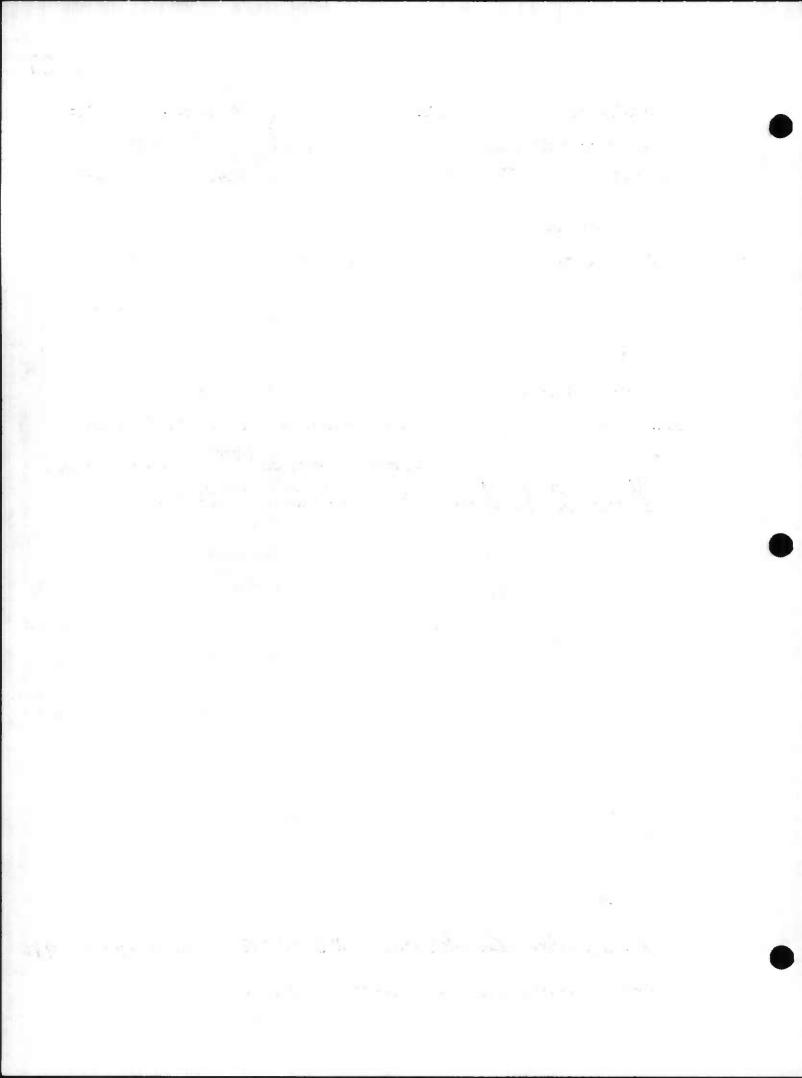
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29d. Date signed (Month, Day, Year)

FEBRUARY 27, 1996

To the Hosp within 24 ho To the Fune completaly f

Division of Vital Records, P.O. Box 68760,



				State of M	aryland /		tificate			ing iv		leg. No.	6	11228	
	Physic	lan	Decedent's Neme (First, Middle, Last	st)							2. Dete of Dee Month	th Dey	Year	3. Time of Deeth	
J	/Medi		IRA WATSON DAVIDS								Februar	cy 25,	1996	1:20 P.M	
1	Exami	ner	4e.Fecility Name (If not Institution, giv Stella Maris Hosp		,			4	_	wn, or Lo WSON	cation of Death		y of Deeth Baltim	ore	
	Funeral Director		E10 1E 7307	ax 7. A(	ga (In yrs. last 80	birthdey) Yrs.	If Under 1	Yaar Days	If Under Hours	24 Hrs. Min.	8. Dete of Birth July 13	, °1915		lece (Steta or Foreig 171 and	
	death with the Maryland	ctor	Usuel Residence of Decedant  10e. Stete 10b. County  Maryland Carro	011	10c. City, To		erco						1	0d. Inside City Limits	
	23a or 24	ai Dire	10e. Street end Numbar 1101 Emory Church	Road			10f. Zip Co		1155		1	log. Citizan of	0g. Citizan of Whet Country?  USA		
020	or ite	by Funeral Director	11. Marital Status  1 Never Merried 2 Married  3 Widowed 4 Divorced	12. Wes Decedent Armed Forces 1 X Yas 2 If If Yes, Give Yaar or Dates:	?	1	<ol> <li>Was Dacedant of Hispanic Origin? (Spe If Yes, specify Cuben, Mexican, Puerto</li> <li>1 ☐ Yes 2 ☒ No Specify:</li> </ol>						4. Raca - American Indian, Bleck, White, etc. Specify: White		
21215-0020	within piena. r than	Completed	15. Decedent's Ec (Specify only highest gra Elamantary/Sacondery (0-12)	lucation de com <i>pleted)</i> College (1-4or	16	6e. Decedi (Give k life. D	edant's Usuel Occupation e kind of work done during most of working DO NOT use retired) elf-Employed					16b. Kind of Business/Industry  Dairy Farmer			
Maryland	d taby	To Be (	t7. Fethar's Nema (First, Middle, Last)  Ina Newton Davidson  18. Mother's Neme (First, Middle, Me Lottie Mae Men												
	and 2 should saith and Men n 27 is marken or traumatic		19e. Informent's Neme/Reletionship (Type, Print)  Mary L. Davidson  19b. Meiling Address (Street end Number or Rural Route Number, City or Town 1101 Emory Church Rd, Upperco, MD										wn, State, Zip Code) 21155		
Baltimore,	Pagas 1 and nent of Haaith of: If item 27 iry or other tr		1 ☑ Buriel 2 ☐ Cremation 3 ☐ Removel from Steta									- City or Town, Stete			
Baltir	permit. Pagas 1 and Department of Haalth Important: If item 27 any Injury or other tr once.		21. Signeture of funaral Service Lose	1)	Mes	22.	Name end /	Addras		E	line Fu	neral H	lome	טויו	
	- 170		23a. Part1. Enter the disaase, or compshock, or heert failure. List only	olicetions thet cause ona cause on each i	d the deeth. D	o not ante	34 S.	Ma:	in St g, such es	, Ha	mpstead or respiretory en	, MD 21 rest,	074	Approximete Interval Between Onset and Deeth	
	Physician /Medical Examiner		Immediate Causa (Final disease or condition	SEP	TICE	$m_{I}$	4								
ě		- a	resulting in deeth)  Due to (or es a consequence of):										1	weeks month	
	nsit	i i		b. SAC	RAL		700	18	170	25				month	
68760,	death certificate be axecuted e attending physician and of for use as the burial-transit	edical Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that intitleted events resulting in deeth) Lest	Due to (or es a consequence of):  C  Due to (or es e consequanca of):											
Box	aath certif attending for usa a	Physician/M		d											
P.O.		/ Physi	Pert II. Other elgnificant conditions of S/P cerebrovo					Δ.			23b. Did to	- V		the cause of death bebly 4 Unknow	
of Vital Records,	aw requir	Completed by	Redal Fish	ncula via inc	decu	bitu	D W	20	er		24e. Wes e perfor		COI	era eutopsy findings alleble prior to mpletion of cause death?	
R	The ata h	Соп									1□ Y	as 20 No	10	Yes 2□ No	
of Vita	Physician: The lather than the cartificata harries and director, paga	To Be	25. Wes casa referred to medical examiner?  1 Yes 2 No	Hospitel: 1 ☐ Inpati		Outpatient	3□ DOA	Othe	9f: 4□ Nu	rsing Ho	n <i>(Check only or</i> me 5 ☐ Resid	ence 6 🖽 Ot		Hospice	
<b>Division</b> 6	Jing Aftar funa	Certification:	27. Mennar of Déath  1 Naturel 5 Pending investigation  3 Suicide 6 Could not be determined		y Year)	farm, stre	М		ret ⟨? Yes 2⊡I	No	28d. Describe h	treet end Num		I Route Number,	
Dİ	To the Hospital or Attent within 24 hours after deatl To the Funeral Director: completaly filled in by the	edicai Certi	29e. Certifier (Check only 2 Medical Exam	building, at relctan: To the best liner: On the basis o	jury - At home, ic. (Specify) of my knowled if examination	lge, daeth	occurred at t	the tim	a, data and	d place, i	City or Tow	n, Stefa) ausa(s) and m	nanner as st	ated.	
	o the l	Med	one) 29b. Signeture end title of certifiar	end manner st	ated.				number			9d. Date sign			
	r s r 0		Kerdala	2. RA	aulk	rece	OD	5	56	4=	3	0/26	196	>	

State Registrar

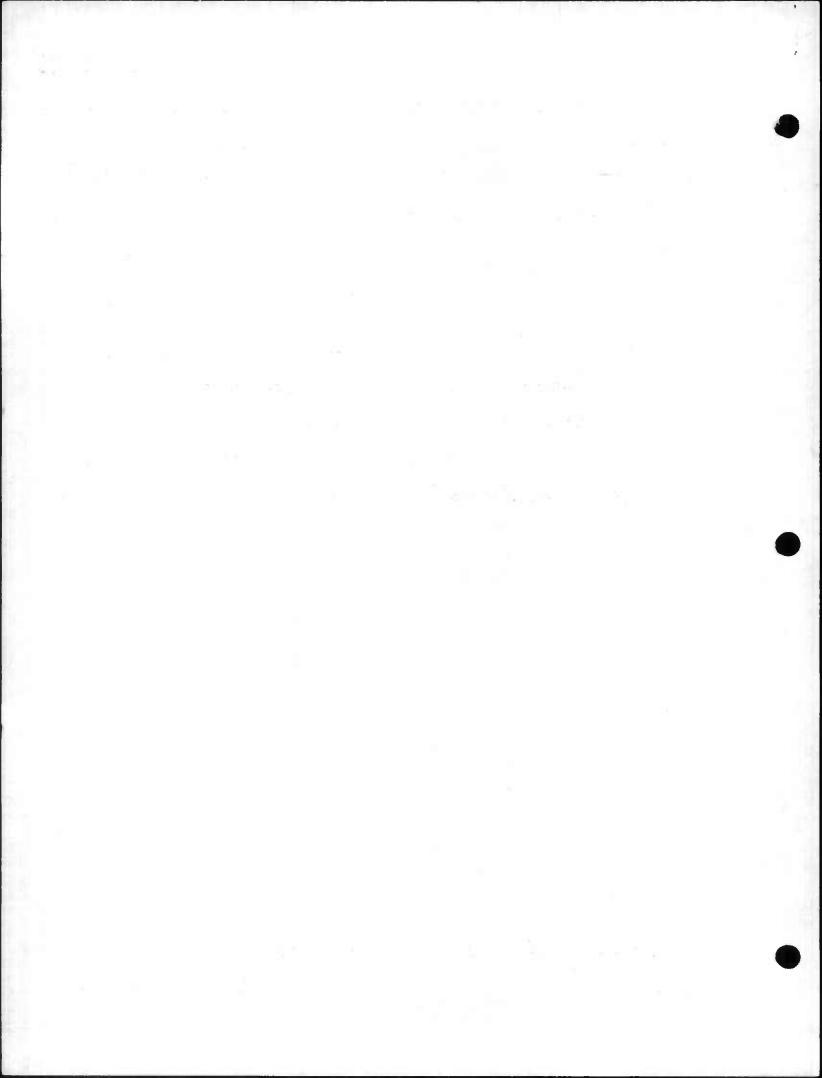
DR. KENDALL FAULKNER 2300 DULANEY VALLEY RD., TOWSON, MD 21204 31. Dete filed (Month, Day, Year) FEB 2 9 1996

30. Nama and eddress of person who completed causa of daath (Item 23e) (Type, Print)

DHMH 16 Rev 6/95

mor	.d.d # 1		on E.D. 3/5/06 G	State of Mary					(	16	07229				
ile.	Physic		er F.D. 3/5/96 Co				Douth	2. Date of De Month	Day	Year	3. Time of Death				
	/Medi Exami		4e. Fecility Neme (If not institution, give		I DONAL	DSON	4b. City, Town, or	MARCH Location of Deeth		96 of Deeth	11:30AM				
7	LAGIIII	iei	CARROLL COUNTY	GENERAL H	OSPITAI	,	WESTMI	NSTER	CA	RROL	L				
	Funeral Director		218-04-4901	7. Age (In	yrs. last birthday) 41 Yrs.	If Under 1 Yeer Months Days			h y, Year) 1954	9. Birthpli Count MARY	aca (State or Foreign ry) LAND				
	fand		Usual Residence of Decedent  10a. State 10b. County	100	c. City, Town or Lo	cation				10	d. inside City Limits				
	e Man	ctor	MD. CARRO	DLL	TANEYTO	NWO					1 ☐ Yes 2 No				
	death with the Maryland ms 23s or 28s-f show	Funeral Director	10e. Street end Number 4007 DIEHL RD.			10f. Zip Code	787		10g. Citizen of	What Count	ry?				
	items 23	era	11. Meritei Stetus	12. Wes Decedent Ever	In U,S. 13. 1			Specify Yes or Norto Rican, etc.)		ce - America	in Indian,				
020	or he	þ	1 Never Married 2 Merried 3 Widowed 4 Divorced	Armed Forces? 1 ☑ Yes 2 ☐ No II Yes, Give Year or Dates:		f Yes, specify Cut 1 ☐ Yes 2)(1) No		rto Rican, etc.)		ck, White, e					
5-0020	72 hc	eted	15. Decedent's Edu (Specify only highest grad	ication le completed)	16a. Deced	lent's Usuel Occu kind of work done	petion during most of we	orkina	16b. Kind of 8	usiness/Ind	ustry				
2121	withir than	Completed	Elementary/Secondary (0-12)	Coilege (1-4or 5+)		OO NOT use retire	during most of wo		DHO	OGRAI	DUV				
	The same of the same	Be Co	17. Father's Name (First, Middle, Last)		<u>_</u>	HOTOGRA	The second second	me (First, Middle,			. 11.1				
Maryland	should be filed nd Mental Hygi marked other urnatic avant,	TOE	JAME	S S. DONA	LDSON		HILD	DA MAE ELLIOTT							
Mar	d 2 sho		19a. iniomant'a Name/Raiationship (7) SHARON DONALDSC	Stata, Zip											
re,	ges 1 and 2 should be filed to fleelth and Mental Hyg If itam 27 is marked other or other traumatic avent,		20a. Method of Disposition	20	b. Pieca of Dispo			ANEYTOW	20c. Location						
imo	Pages nent of I ant: If its ury or o		1 ☐ Buriai 2 ☒ Cremation 3 ☐ F 4 ☐ Donation 5 ☐ Other (Specify)	Removel from State		CREMAT:	,	/4/96	HAMPST	EAD,	MD.				
Baltimore	permit. Pages Department of Important: If any Injury or once.		1. Signature of Funeral Service Licensee 22. Name and Address of Fecility FLETCHER FUNERAL HOME 254 E. MAIN ST., WESTMINSTER, MD. 21157												
			23a. Part1. Enter the disease, or compi shock, or heart feilure. List only o	ications that caused the							Approximete				
	Physician /Medical Examiner		shock, or heart feijure. List only one cause on each line.  Immediata Cause (Final disease or condition  a. Cause Gashounkeshinal bleeding  Root  Root  And Cause (Final disease)												
	LAGITITIE	-	resulting in death)		to (or as a consec	uence oi):		(	1						
	outed id ansit	Examiner	Sequentially list conditions	b. Hepa	to (or as e conseq		2,50				Lzrs				
90,	be executed sician and bunial-transit		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury		rumon	2				1	3 days				
68760,	at Fr	Physician/Medical	that initiated evants resulting in death) Last  Due to (or as e consequenca of):  d												
Box	death certific e attending p	an/N													
P.O. I	0 0 2	ysic	Part ii. Other significant conditions con	ntributing to death but not	resulting in the u	nderlying cause gi	ven in Pert I.	23b. Did 1	. /	ntribute to	the causs of death?				
		by Ph						10	Yes 200 No	3 Prob	ably 4 ☐ Unknown				
Records,	v requires been sign should be								an autopsy med?	24b. We	re autopsy ilndings ilable prior to				
Seco	2 S S	Completed								con	plation of cause eath?				
	E # 2							101	res 2000	10	Yes 20 No				
of Vital		o Be	25. Was case referred to medical examinar?  1 Yes 2 No	Hospital:	2∏EB/Outpation	ot DOA Ot	her	eth (Check only o		(0)(					
	g Physical distribution	n: To	27. Manner oi Death	1 inpatient 28e. Dete of injury (Month, Day Yes	2 ER/Outpatien 28b. Time of injury			Home 5 Resid	now injury occur		)				
Sion	Attanding Ph or death. ector: After th by the funeral	catio	12 Netural 5 ☐ Pending investigation 3 ☐ Suicide 6 ☐ Could not be	(Mornin, Day 1 da	n) Injury		Yes 2 □ No								
Division	after d Direct d in by	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	28e. Place of Injury - in building, etc. (Sp.	At home, farm, str pecify)	eet, factory, office		28f. Location (S City or Tox	Street and Numb vn, Stete)	ber or Rurel	Route Number,				
	To the Hospital or Attending I within 24 hours after death.  To the Funeral Director: After completely filled in by the funer	edicai C	29a. Certifier (Check only one) 1 Certifying Physical Examination (Check only one)	sician: To the best of my nar: On tha basis of exen and manner stated.	knowledge, death nination and/or inv	occurred at tha ti rastigation, in my	ma, data and piac opinion, death occ	e, and due to the curred at the tima,	cause(s) and maded	annar as ste and due to	itad. the cause(a)				
	To the within 2 To the comple	Me	29b. Signature end title of certifier	Ki n	20	29c. Licen	se number		29d. Date signe	d (Month, E	lay, Year)				
			30. Name and address of person who co	omplated cause oi death	(Item 23a) (Type,			/	010	1 / _					
			Choon K, Kim, 1. 31. Date filed (Month, Day, Year)	10 210 h	ashing to	n Heigh	ht. We	stminst	er m	0 2	4157				
	Sta Registr			32. Registrar's S	charlanda	ц									

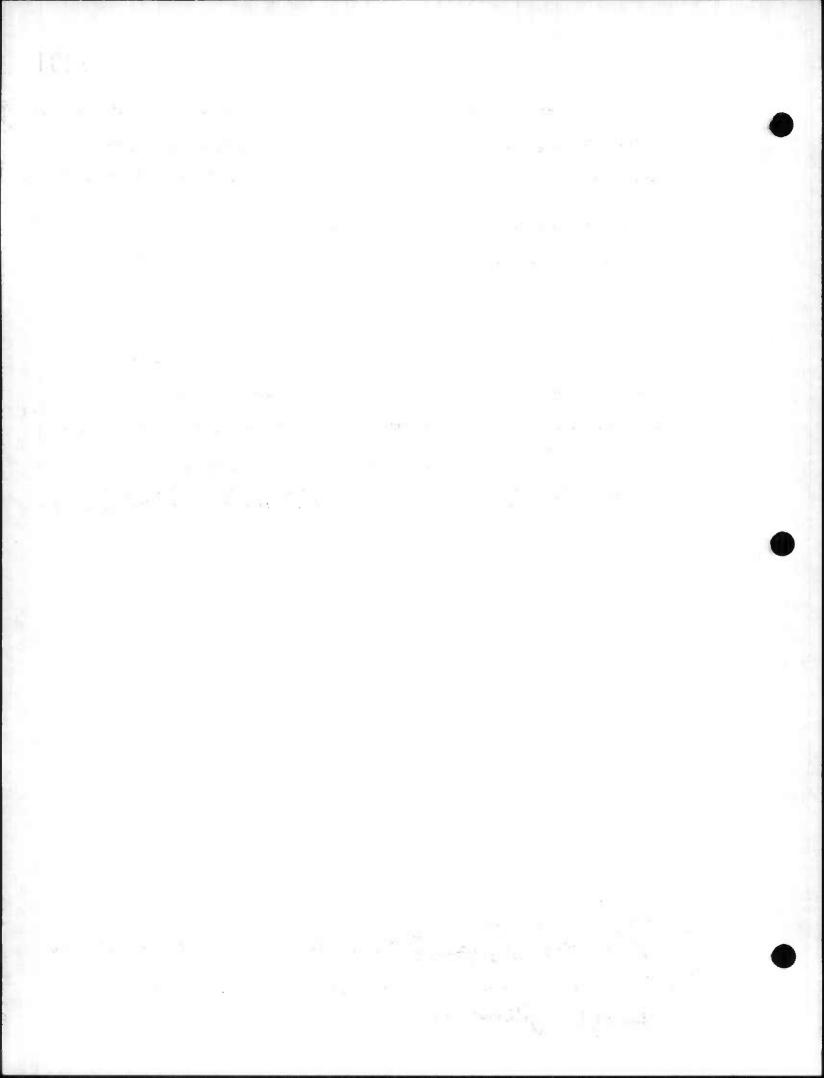
DHMH 16 Rsv 6/95



		REGISTRAR		CENTIF	TOATE	OF DEATH		REG. NO				
		1. DECEDENT'S NAME (First, Middle, Last	)				2. DAT	E OF DEATH			TIME OF DEATN	
	1 1	Eugenia Loe	wenstein d	leRabinow	1+7			February 21, 1996 10:30			10 20 - 4	
		4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)							10:30 A M	
			1	1		EAR IF UNDER 24 HRS.		th, Day, Year)	1	I. BIRTHPLI Country)	NCE (State or Foreign	
2		577-13-9223	1 M 2 X F	88 YRS.			Mar	ch 23,	1907	Lat	via	
pinous	стов	9a. FACILITY NAME (If not institution, give	atreet and number)		9b. CITY, TO	OWN OR LOCATION OF				Y OF DEAT		
co.		Hebrew Home of Gr	eator Washin	aton	77-	-1						
1, 2,	IKI	RESIDENCE OF DECEDENT	eater Washiin	gton	RO	<u>ckville</u>			Mont	gome	ry	
S	I III	10a. STATE 10b. COUN	TY	10c. CI	TY, TOWN OR I	LOCATION				10	d. INSIDE CITY	
Pages	DIR	Maryland Mo			D 1						LIMITS?	
permit.		10e. STREET AND NUMBER	ntgomery		Rockv						YES 2 NO	
	RAL	100. STREET AND NUMBER				101. ZIP CODE			10g. CITIZI	EN OF WHA	T COUNTRY?	
020 physician. burial-transit	<u> </u>	6121 Montrose R	oad			20852	)		Germany			
020 physician. burial-trar	FUNE	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED		B DECENDENT OF HISP	ANIC ORIGI		or No- 1	4. RACE -	American Indian, hita, etc.	
Phy 12		1 Never Married 2 Married	FORCES? 1 YES	DATES		es, specify Cuban, Maxi YES 2 🔯 NO Spec		Rican, etc.)			hita, etc.	
을 를 은	B	3 Widowed 4 Divorced		DATES		] 123 2 <u>25</u> ] 110 Spec	any:			Specify:	2.4.	
215-0020 attending physic ise as the burial	0	15. DECEDENT'S ED	UCATION	16a. DECEDENT'S	LISUAL OCCU	IPATION	140	b. KIND OF BUS	I INCOMINATE		ite	
2121 al or atte		(Specify only highest grad	le completed)	(Give kind of life. Do NOT u	work done duri	ng most of working	10	o. KIND OF BU	SIMESS/INDU	SIRT		
d for	💆	Elementary/Secondary (0-12)	College (1-4 or 8 +)									
AND he hospit detached once.	Σ		5+	Singer	/Music	ian		Mus	sic			
the hospital or detached for u	COMPLETE	17. FATNER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First,	Middle, Maiden	Sumame)			
# & & Z	l w	not available	Loewenstein			no	+ 277	ailable	_			
should should	00	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (S)					'ada'		
MAR retained 5 should notified	일	Harris Barris				treet and Number or Rura	TODIO TYDIO	Apt' 20	J. State, Zip C	000)		
. 9 9 .		Henry Raymont		[2311]	Connec	ticut Aver	ue.	N.W. Wa	ashino	ton,	D.C.20008	
ORE 6 may ector, pag must b		20a. METHOD OF DISPOSITION 1 ☐ Burlel 2 ② Cremetion 3 ☐ Res	noval from State	b. PLACE AND DATE	OF DISPOSITIO	ebruary 2	P9	196 20c. LO	CATION - CI	ty or Town,	Stata	
		4 Donation 5 Other (Specify)	N	lontgomer	y Crem	natorium,	Inc.	Beth	esda,	Mary	land	
ALTIMOR death. Page 6 ma thornal director, p. i.		21. SIGNATURE OF FUNERAL SERVICE L			,22. NAI	ME AND ADDRESS OF	ACILITY				200100	
death. P funeral xamine		22. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. MAME AND ADDRESS OF FACILITY ROBERT A. Pumphrey Funeral Home/ Bethesda-Chevy Chase, Inc. 7557 Wisconsin Avenue Bethesda, Maryland 20814-3501										
~ - 9 78	$\square$	Kelma	Lartes	M00202	Avei	nue Bethe	sda.	Marvla	and 2	0814	-3501	
# ≥ E 5		23. PART i. Enter the diseases, or	complications that cause	ed the death. Do	not enter the	e mode of dying, su	ch as car	diac or respi	ratory arres	11,	Approximate	
hours ed in b or rer			. List only one cause on		,						Interval Between	
42 m F F F F F F F F F F F F F F F F F F		IMMEDIATE CAUSE (Finel disease or condition	Alz	11 -100	TO'	DIS	50	5 =			Onset and Death	
within 24 mithin 24 cremation, the		resulting in death)	a. // L C			> 1/3	Z-11	32			YGARS	
executed within and completely o burial, cremar matic event,			DUE TO (OR AS	A CONSEQUENCE O	F):							
buria and cand	z	Commentative Handard Holes	b		-							
OX 68 be execut ician and c rior to buri traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE O	F):							
sician prior to	3	ceuse. Enter UNDERLYING										
Phy phy	Ē	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE O	F):							
D re gigit	F	resulting in deeth) LAST										
death certificate attending physicental Hygiene pri	핏		d									
the death the atte d Mental injury, c		PART ii. Other algnificant condition	na contributing to death	but not resulting	In the under	riving cause given i	n Part I	24a. WAS AN	AIFTOREY	245 WE	RE AUTOPSY FINDINGS	
Y # 55 -	8					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		PERFOR		AM	ILABLE PRIOR TO	
	EDICAL							1 - YES 2	NO NO		MPLETION OF CAUSE DEATH?	
requires seen sign of Heat	ME									1 [	YES 2 K NO	
w requirements of the	= 1									1		
		DID TOBACCO USE CONT	RIBUTE TO CAUSE O	OF DEATH Y	ES I NO	UNCERTA	IN IXI					
has be Dept.	₹	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL	RIBUTE TO CAUSE (				IN X					
The lanter has ate Deg	SICIAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEA	TN (Check only	one)						
CIAN: The laverificate has the State Dep	YSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Out	26. PLACE OF DEA	TN (Check only OTHER: 4 Nursing			er (Specify)				
HYSICIAN: The law is certificate has with the State Depted, or item 23	PHYSICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN	HOSPITAL:	26. PLACE OF DEA	TN (Check only OTHER: 4 Nursing	one)  Home 5 Residence c. INJURY AT	6 🗆 Oth	er (Specify) SCRIBE NOW II	NJURY OCCU	REO		
PHYSICIAN: this certifica with the St rked, or it	РНУ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending	HOSPITAL: 1   Inpatient 2   ER/Out	26. PLACE OF DEA	TN (Check only OTHER: 4 Nursing IE OF 286 JURY	one) Home 5 - Residence	6 🗆 Oth		NURY OCCU	REO		
PHYSICIAN: this certifica with the St rked, or it	ву рну	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending	HOSPITAL: 1   Inpetient 2   ER/Out 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJUR	26. PLACE OF DEA	TN (Check only OTHER: 4 Nursing IE OF 286 JURY M 1	One)  Home 5   Residence C. INJURY AT WORK?   YES 2   NO	6 Oth	SCRIBE NOW II			Number,	
PHYSICIAN: this certifica with the St rked, or it	ED BY PHY	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending 2 Accident Investigation	HOSPITAL: 1   Inpetient 2   ER/Out 28e. DATE OF INJURY (Month, Day, Year)	26. PLACE OF DEA	TN (Check only OTHER: 4 Nursing IE OF 286 JURY M 1	One)  Home 5   Residence C. INJURY AT WORK?   YES 2   NO	6 Oth				Number,	
TOON OF VI TTENDING PHYSICIAN: TOR: After this certifical after death with the St. 28 is marked, or it	ED BY PHY	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined	HOSPITAL: 1   Inpetient 2   ER/Out 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJUR building, etc. (Spo	26. PLACE OF DEA  tpetient 3 DOA  28b. Till in.  Y — At home, farm, scify)	TN (Check only OTMER: 4 Nursing IE OF JURY M 1 street, factory,	one)  Home 5 Residence  INJURY AT WORK?  YES 2 NO	6  Otho	SCRIBE NOW II  CATION (Street a or Town, State)	ind Number of	Rural Route	Number,	
OR ATTENDING PHYSICIAN: OR ATTENDING PHYSICIAN: DIRECTOR: After this certifications after death with the St ttem 28 is marked, or it	ED BY PHY	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only)	HOSPITAL: 1   Inpetient 2   ER/Out 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJUR building, etc. (Sp.	26. PLACE OF DEA  tpatient 3 DOA  28b. Till in.  Y — At home, farm, scify)	TN (Check only  CTMER: 4 Nursing IE OF 284 IN M 1  street, factory,	one)  Home 5 Residence  INJURY AT WORK?  YES 2 NO  office	6 Other	SCRIBE NOW II  CATION (Street a or Town, State)	ind Number or	Rural Route		
TAL OR ATTENDING PHYSICIAN: TAL DIRECTOR: After this certifica 72 hours after death with the St If Item 28 is marked, or it	ED BY PHY	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only)	HOSPITAL: 1   Inpetient 2   ER/Out 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJUR building, etc. (Spo	26. PLACE OF DEA  tpatient 3 DOA  28b. Till in.  Y — At home, farm, scify)	TN (Check only  CTMER: 4 Nursing IE OF 284 IN M 1  street, factory,	one)  Home 5 Residence  INJURY AT WORK?  YES 2 NO  office	6 Other	SCRIBE NOW II  CATION (Street a or Town, State)	ind Number or	Rural Route		
TAL OR ATTENDING PHYSICIAN: TAL DIRECTOR: After this certifica 72 hours after death with the St If Item 28 is marked, or it	COMPLETED BY PHY	25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1	HOSPITAL: 1   Inpetient 2   ER/Out 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJUR building, etc. (Spa	26. PLACE OF DEA  tpatient 3 DOA  28b. Till in.  Y — At home, farm, scify)	TN (Check only  CTMER: 4 Nursing IE OF 284 IN M 1  street, factory,	one)  Home 5 Residence  c. INJURY AT  WORK?  YES 2 NO  office  data and place, and de-	6 Other 28d. OE 28f. LOC City	SCRIBE NOW II  CATION (Street a or Town, State)	and Number of	r Rural Route I. cause(a) an	d manner aa stated.	
THE HOSPITAL OR ATTENDING PHYSICIAN: THE FUNERAL ORACTOR: After this certifical lied within 72 hours after death with the St OPTIANT: If Item 28 is marked, or it	COMPLETED BY PHY	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only)	HOSPITAL: 1   Inpetient 2   ER/Out 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJUR building, etc. (Spa	26. PLACE OF DEA  tpatient 3 DOA  28b. Till in.  Y — At home, farm, scify)	TN (Check only  CTMER: 4 Nursing IE OF 284 IN M 1  street, factory,	one)  Home 5 Residence  INJURY AT WORK?  YES 2 NO  office	6 Other 28d. OE 28f. LOC City	SCRIBE NOW II  CATION (Street a or Town, State)	and Number of	r Rural Route I. cause(a) an		
TAL OR ATTENDING PHYSICIAN: TAL DIRECTOR: After this certifica 72 hours after death with the St If Item 28 is marked, or it	ED BY PHY	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Natural 2 Accident 3 Suicide 4 Nomicide 6 Could not be detarmined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN  29b. HOLAT THE AND TITLE OF CERTIFIER  ALL  29b. HOLAT THE AND TITLE OF CERTIFIER  ALL  3 MEDICAL EXAMIN	HOSPITAL:  1   Inpetient 2   ER/Out  28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Spi  SICIAN: To the best of my knot  ER: On the best of axaminstic	26. PLACE OF DEA  tpatient 3 DOA  28b. Till IN.  Y — At home, farm, scift) wiedge, death occurr on and/or investigation	TN (Check only  OTHER: 4 Nursing HE OF 284 FURY M 1 street, factory, on, in my opini	one)  Home 5 Residence  c. INJURY AT  WORK?  YES 2 NO  office  data and place, and de-	6 Other 28d. OE 28f. LOC City	SCRIBE NOW II  CATION (Street a or Town, State)	and Number of	r Rural Route I. cause(a) an	d manner aa stated.	
THE HOSPITAL OR ATTENDING PHYSICIAN: THE FUNERAL ORACTOR: After this certifical lied within 72 hours after death with the St OPTIANT: If Item 28 is marked, or it	BE COMPLETED BY PHY	25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1	HOSPITAL:  1   Inpetient 2   ER/Out  28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Spi  SICIAN: To the best of my knot  ER: On the best of axaminstic	26. PLACE OF DEA  tpatient 3 DOA  28b. Till IN.  Y — At home, farm, scift) wiedge, death occurr on and/or investigation	TN (Check only  OTHER: 4 Nursing HE OF 284 FURY M 1 street, factory, on, in my opini	one)  Home 5 Residence  c. INJURY AT  WORK?  YES 2 NO  office  data and place, and de-	6 Other 28d. OE 28f. LOC City	SCRIBE NOW II  CATION (Street a or Town, State)	and Number of	r Rural Route I. cause(a) an	d manner aa stated.	
THE HOSPITAL OR ATTENDING PHYSICIAN: THE FUNERAL ORACTOR: After this certifical lied within 72 hours after death with the St OPTIANT: If Item 28 is marked, or it	BE COMPLETED BY PHY	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Natural 2 Accident 3 Suicide 4 Nomicide 6 Could not be detarmined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN  29b. HOLAT THE AND TITLE OF CERTIFIER  ALL  29b. HOLAT THE AND TITLE OF CERTIFIER  ALL  3 MEDICAL EXAMIN	HOSPITAL:  1   Inpetient 2   ER/Out  28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Spi  SICIAN: To the best of my knot  ER: On the best of axaminstic	26. PLACE OF DEA  tpatient 3 DOA  28b. Till IN.  Y— At home, farm, acily) wiedge, death occurr on and/or investigation  EATH (ITEM 27) (Type	TN (Check only  OTHER: 4 Nursing HE OF 284 FURY M 1 street, factory, on, in my opini	one)  Home 5 Residence INJURY AT WORK?  YES 2 NO office  data and piece, and de lon, death occured at th	6 Other 28d. OE 28f. LOC City	SCRIBE NOW II  CATION (Street a or Town, State)	and Number of	r Rural Route I. cause(a) an	d manner aa stated.	
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State of Maryland / Department of Health and Mental Hygiene 96 0723

							rtificate of	Death		eg. No.	b U	1231			
	Dhusia		1. Decedant's Name (First, Middla, La	st)					2. Data of Deat Month	th Dev	Yaar	3. Tima of Death			
	Physic /Medi		EMMA ELIZA	BETH I	PeTOLLA				February			9:30 AM			
	Exami		4e. Facility Name (If not institution, giv	e street and number,	)			4b. City, Town, or I		4c. County					
			Meridian Nursin	g Home				Silver	Spring	Mon	tgome	rv			
П	Funeral	Г	Social Sacurity Number     6. S		ge (In yrs. lest i	birthday)	If Under 1 Yea Months Days	r If Under 24 Hrs.				ace (Stata or Foreign try)			
	Director		182-10-4872 Usuai Rasidence of Decedant	I□M 2⊠F	90	Yrs.	MOINTS Days	nours Min.	April 1	4,1905	Pen	nsylvania			
	the Marylend r 28a-f ahow notified at	٥	10a. Stata 10b. County		10c. City, To						10	Dd. insida City Limits			
	15 P	ect	Maryland Montgo  10e. Street and Number	mery	S1	Lver	Spring		4.	0- 05	10-10-11				
	WITH NO B	ā		D	(10					0g. Citizan of 1		Ty r			
	s 23a	era	15100 Interlachen	12. Wes Decedent		112.1	20906-		nacif. Was as No	US	A e - America	n Indian			
020	filed within 72 hours after death with the Maryland Hygiene. ther then "natural", or flems 23a or 28a-f show out, the Medical Examiner must be notified at	by Funeral Director	1 Navar Married 2 Married 3 XWidowed 4 Divorced	Armed Forces: 1  Yas 2  If Yes, Give Year or Detes:	2		if Yes, specify Cul	Hispenic Origin? (Span, Maxican, Puerto Specify:	o Rican, etc.)		ck, White, e				
2-0	72 hours "natural",	ted	15. Decedant's Ed	ducation	18	e. Deced	dant's Usual Occu	pation		16b. Kind of B	usinass/Ind	ustry			
21215-0020	iene. then r	Be Completed	(Specify only highest gra Eiamantary/Secondary (0-12)	Coilege (1-4or	5+)		king of work gone DO NOT use ratin nemaker	a during most of wor. ed)	King	Own H					
	Hygi ther mt.	ŏ	17. Fathar's Nama (First, Middla, Last,	)		поп	lemaker	18 Mother's Nen	na (First, Middla, A						
Maryland	ges 1 and 2 should be filed wit tof Heelth and Mental Hygiene If Item 27 is marked other the or other traumatic event, the	B	Charles Wurth								,				
2	should nd Men marke	2	19a. Informant's Name/Reletionship (	Tuna Print)	10	Ob Mailin	a Address (Ctros	ETTZ and Number or Ru	abeth Sch		Otata The	Code			
Ma	d 2 s th en 7 is i											20900			
	1 an Heel In 2 thar		Dorothy Jenkins 20a. Mathod of Disposition		20h Piaca	of Dispo	Interla	chen Dr.,		Silver 20c. Location -					
10	P P P P P P P P P P P P P P P P P P P		1 ☐ Buriei 2 ☐ Cramation 3 ☐			tary, cran	natory or other pl	ece)	Data	zoo. Location	City of 10v	MI, Stele			
븦	tmer tant: jury		4 ☐ Donation 5 ☐ Othar (Specif		Longy	riew	Cemeter	у	3/4/96 1	Rockled	ge, P	Ά			
Baltlmore,	permit. Peges 1 and 2 Department of Heelth e important: If item 27 is any injury or other tra once.		21. Signature of Funarai Service Licensee 22. Name end Addrass of Facility Francis J. Collins Funeral Home, Inc. 500 University Blvd.W. Silver Spring, MD 2090												
			23a. Part1. Entar tha diseasa, or com shock, or heert feilura. List only	plications that cause	d tha deeth. D							Approximete			
	Physician		shock, or heert feilura. List only	ona causa on aach i	na.						i	Interval Batween Onset and Death			
2	/Medical		immediate Causa (Finai								1	2 Weeks			
	Examiner		disease or condition a. Broncho Pneumonia  Dua to (or as a consequence of):												
		5													
	hen	튑	•	ьСс				pathy			i '	Years			
	and and all-tra	Exa	Sequentially list conditions, if any, laading to immediate ceusa. Enter Underfying Cause (Disease or injury that initiated events.												
760	icete be executed physician and s the burial-transit	ig										Years			
x 68760,	E 016	Medical Examiner	rasulting in death) Last												
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	that hed he det	by P							101	2 2 140	3 - 100	nois agronition			
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ou of	To the Hospital or Attanding Physician: within 24 hours after death.  To the Funeral Director: After this certific completely filled in by the funeral director.	Certification: 1	27. Manner of Death 1 Naturei 5 Pending	28a. Date of inju (Month, Da		. Time of Injury	28c. Inju		28d. Describe ho						
Division	death death ctor: y the	ficat	2 Accident invastigation 3 Sulcide 8 Could not be		un - At homa	farm str	eet, factory, office		28f. Location (St	reet and Numb	ner or Rural	Routa Number			
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	ours ours filler		29a. Certifiar 1/X Certifying Ph	ysician: To the best	of my knowlede	na daath	occurred at the t	ima deta and niace	and due to the ce	ausa(s) and me	anner es els	ated			
	To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by	edical		niner: On the basis o	examination a	and/or inv	astigation, in my	opinion, deeth occur	rred et the time, de	ate end place,	and dua to	tha cause(s)			
	vithir To th	ž,	29b. Signature and titia of certifier	19	1	_	29c. Licen	sa number	25	9d. Data signe	d (Month, E	lay, Year)			
	H > H 0	/	1 Donald	KII AM	trus 5	>	D064	06		Februar	ry 29.	1996			
	11		30 Name and efficient of passes	nomainted and	leath flear 00	/	Drint)				,,				
			30. Nema and address of person who Donald R. Lewis M					Road, 01	nev. MD	20832-	-1802				
	Sta		31. Date filed (Month, Day, Year)	32. Registr	ar's Signature	#		U	-10j im	20052	1002				
E	Registr	ar	MAR 01 1996	Java agus	Other Armorit	4									



#### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth **∆**Ionth DOYLE, J EDWARD WILLIAM 15:00 /K EB 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Suburban Hospital Bethesda If Under 1 Year | If Under 24 Hrs. Montgomery 9. Birthplace (State or Foreign Country) 8. Dete of Birth (Month, Day, Year) 5. Sociei Security Number 6. Sex 7. Age (In yrs. last birthdey) 1 M 2 □ F Months Deys Hours Min. Yrs. 215-38-3288 56 Sept.29,1939 Pennsylvania Usual Residence of Decedent 10e. Stete 10b. County 10c. City. Town or Location 10d. Inside City Limits 1 ☐ Yes 2√2 No Maryland Montgomery Silver Spring 10e. Street and Number 10g. Citizen of What Country? 915 Arcola Avenue 20902 U.S.A. 12. Wes Decedent Ever in U,S. Armed Forces? 1 to yes 2 □ No If Yes, Give Yeer or Detes: 1957 Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Reca - American Indien, Bleck, White, etc. 11. Meritel Status 1 ☐ Never Married 2 ☑ Merried 1 ☐ Yes 2 ☐ No Specify: Specify: 3 ☐ Widowed 4 ☐ Divorced White 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 12 Self Employed General Contractor CONSTRUCTION 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Edward William Doyle, Sr. Mary Frances Lavin 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 915 Arcola Avenue Patricia Ann Doyle Silver Spring, Maryland 20902 20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete 1 Buriei 2 □ Cremetion 3 □ Removel from Stete 4 Donetion 5 Dother (Specify) Gate of Heaven Cemetery 3/01/96 | Silver Spring, Maryland 21. Signeture of Funerei Service License 22. Neme end Address of Fecility Francis J. Collins Funeral Home, Inc. 500 University Blvd., W. Sil. Spr., MD 20901 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest shock, or heart feilure. List only one cause on each line. Approximate intervai Between Onset and Deeth Immediete Cause (Finel disease or condition resulting in deeth) MULTIPLE TRAUMA Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or es e consequenca of): Due to (or es a consequence of): Pert il. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings evailable prior to 24a. Wes an autopsy completion of cause of death? 1□ Yes 2☑No 1 ☐ Yes 2 ☐ No

Physician /Medical **Examiner** 

be axecu

P.O. Box 68760.

Records,

Division of Vital

**Physician** 

/Medical

Examiner

Director

à

Completed

8

**Funeral** 

Director

r than "natural", or itema 23s or 28s-f show the Medical Examiner must be notified at

the Maryland

death

e filed within 72 hours after all Hygiene.

permit. Pages 1 and 2 should be fill.
Department of Health and Mental Hy
Important: If Item 27 is marked oth
any injury or other traumatic even

Saltimore, Maryland 21215-0020

Physician/Medical þ Completed Be 2

physician and the burial-transit 88 signed by the a Hospital or Attending PI 124 hours after death.
 Funeral Director: After the lataty filled in by the funeral Certification:

certificate has

this

After t

To the Hospital or within 24 hours aff To the Funeral Di complataly filled in

25. Wes case referred to medical 15 Yes 2 No

27. Menner of Deeth 5 Pending investigation

6 Could not be determined

28a. Dete of Injury (Month, Dey Year) EB 2296 28e. Piece of injury - At home, ferm, street, fectory, office building, etc. (Specify)

28b. Time of Injury 2300 PM

Hospital: 1 ☐ Impatient 2 ☐ ER/Outpetient 3 ☐ DOA 28c. Injury et Work? 1 Yes Z No

26. Place of Deeth (Check only one)

Other: 4 Nursing Home 5 Residence 8 Other (Specify) 28d. Describe how injury occurred FELL DOWN 15

28f. Location (Street and Number or Rural Route Number City or Town, Stete)

29e. Certifier (Check only

Medical

1 Neturel

25 Accident

4 Homicide

3 ☐ Suicide

HOME 17. Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the cause(s) and menner as stated.
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date and piece, and due to the cause(s) end menner stated. 29b. Signature and title of coalifier

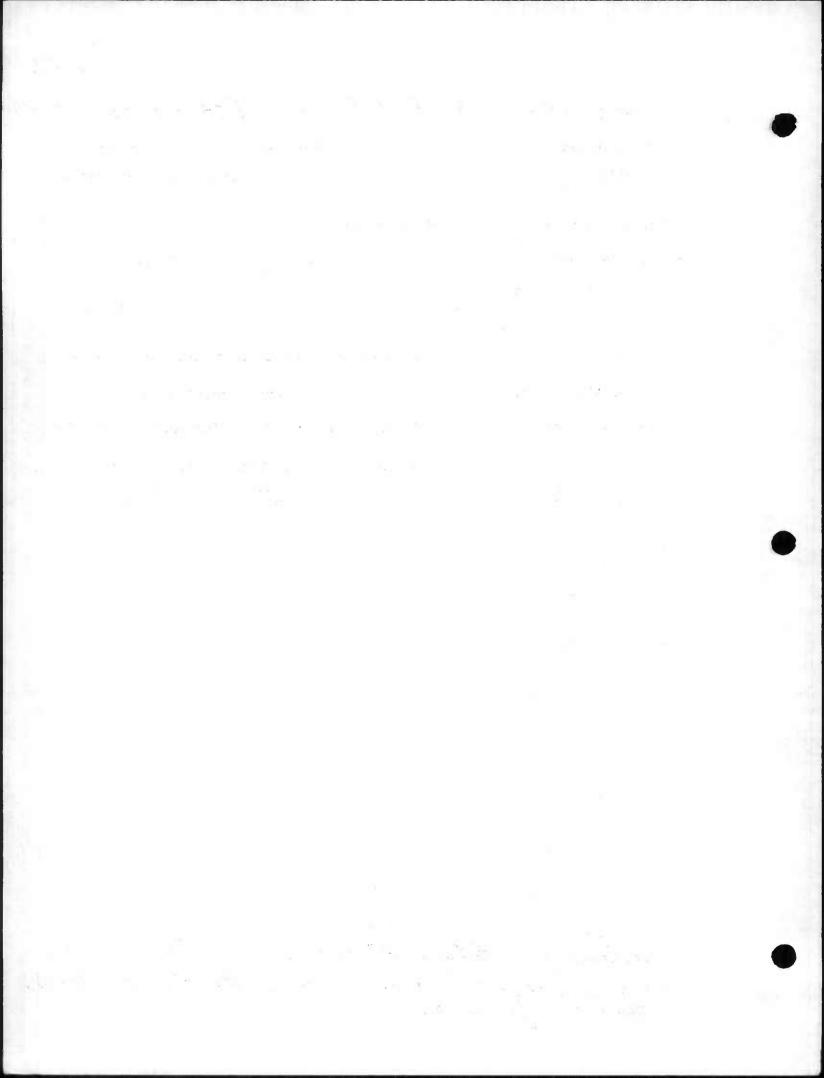
29c. License number

29d. Dete signed (Month, Day, Year)

30. Name and eddress of person who completed cause of death (Item 23e) (Type, Print)

10215 FERNWOOD RD BETTESDA R1020812 32. Registrar's Signature 31. Dete filed (Month, Day, Tear) MAR 01 1996

1401 State Registrar

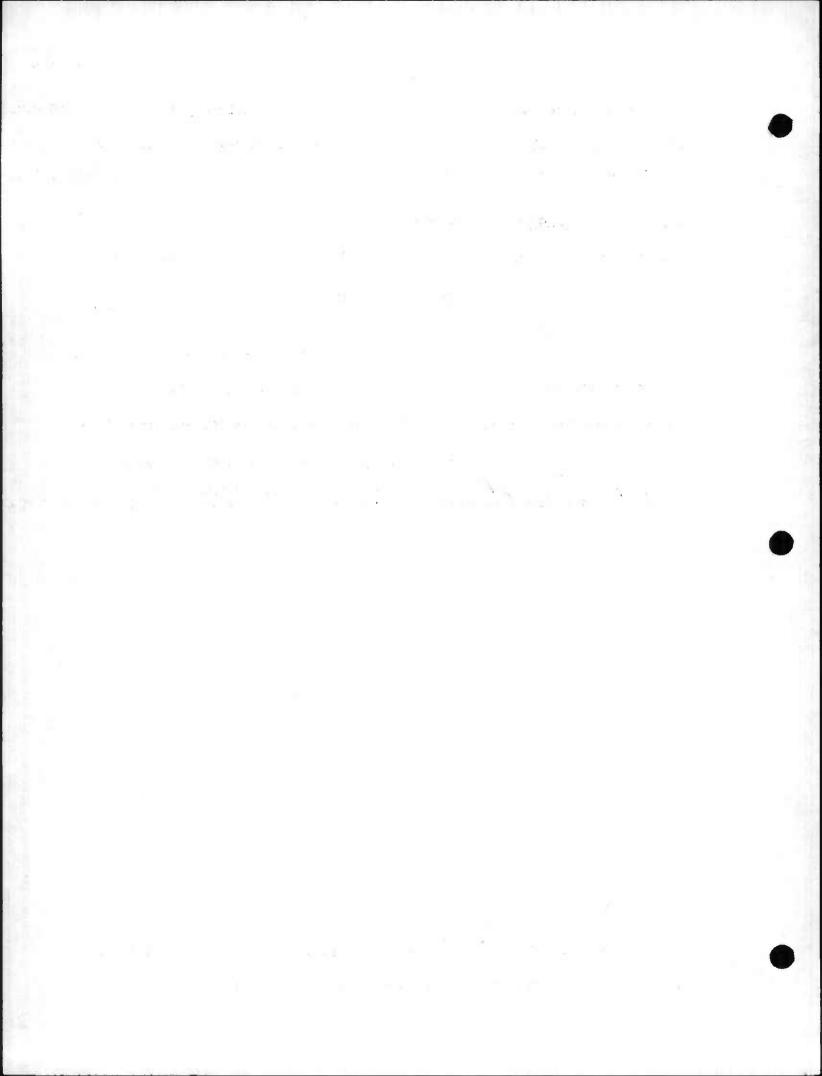


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

					Cel	Tificate of	Death		Reg. No.		
П	Physic	ian	Decedant's Nama (First, Middla, Las	1)				2. Data of Do Month	eath Day	Yaar	3. Tima of Death
Ų.	/Medi		Ernest E. DeLeon					Februa	ry 23, 1	996	8:50 P.M
	Exami	ner	4a. Facility Nama (If not Institution, giva				4b. City, Town, o	Location of Dea	th 4c. County	of Death	
_			Holy Cross Hospita  5. Social Sacurity Number 6. Se		hat hirthday	If Undar 1 Yaar	Silver S			omery	
	Funeral Director			ZM 2□F 73	Yrs.	Months Days		. (Month, D.	ay, Year)	Count	laca (Stata or Foreign try) .ngton, D.C
-			Usual Rasidance of Dacedant					MOV. I	1, 1922	WasiiI	ington, D.C
	how		10a. Stata 10b. County	10c. Ci	ty, Town or Lo	cation				10	0d. Insida City Limits
	e Me	cto	Maryland Prince (	George Bla	adensbu	rg					1 ☑ Yas 2 ☐ No
	10 P	Director	10e. Street and Number			10f. Zip Code			10g. Citizan of	What Count	try?
	ath w		3801 Kenilworth Av			20710			United		
	ier de Rem	Funeral	11. Marital Status	12. Was Decedent Evar in U Armed Forcas?	l,S.   13. V	Vas Decedent of f Yas, specify Cut	Hispanic Origin? ( ban, Maxican, Pua	Specify Yas or Norto Rican, atc.)	0- 14. Rad Bia	ce - Amarica ck, Whita, a	
20	I', or	by F	1 ☑ Navar Marrlad 2 ☐ Marrled 3 ☐ Widowed 4 ☐ Divorced	1 ⊠ Yas 2 □ No If Yas, Giva 1940 - Yaar or Datas: 1945	- 1	I□Yas 2∏ No	Specify:		Specif		
21215-0020	be filed within 72 hours after death with the Meryland stall Hygiene.  Id other than "natural", or items 23a or 28a-f ahow event, the Medical Examinat must be notified at	P	15. Decedent's Edu	ucation	16a. Deced	lant's Usual Occu	ipation	3385	16b. Kind of B	Whit usinass/Ind	- When the same of
212	within 7 ene. then "n	Completed	(Specify only highast grad Elamantary/Secondary (0-12)	fa completed)  College (1-4or 5+)	(Giva	kind of work done OO NOT usa retire	during most of w	orking			
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Maryland	tal and the state of the state	Be	17. Fathar's Nama (First, Middla, Last)				18. Mothar's Na	ama (First, Middle	a, Maidan Suman	na)	
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ā Z	s 1 and 2 should If Health and Mer Item 27 is marks other traumatic		19a. informant's Name/Ralationship (7)				ot and Number or F				
o,	Healt Healt Her Ther		Joseph DeLeonibus 20a. Mathod of Disposition			Mandan L sition (Nama of	Road, Gre	Data	Marylan 20c. Location		
ğ	ages nt of nt of		1 Burial 2 □ Cramation 3 □	Ramoval from Stata	cematary, cren	natory or other pla	•	ţ			. 100
Baitimore,	artme vrtami		4 ☐ Donation 5 ☐ Othar (Specify)  21. Signature of Funaral Sarv	10.		oln Ceme		2-27-96	Brentwo	od, M	laryland
n	permit. Pages 1 and 2 Department of Health a Important: If Item 27 is any injury or other tra once.			-4			aldi Fune	eral Home	e, Inc.		
	-		23a-Part1. Entar tha disaasa, or compl	lications that caused the deal						Sprin	MD 2090
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)	/Medical		Immediata Causa (Final	CARRIONAGO	II AD DI	OR A OR					77
	Examiner		disaasa or condition rasulting in daath)	a. CARDIOVASCI	DLAK DI oras a consaq					1	Hour
	P #	ne			or as a corroad	aanoo oiy.				1	
	eeth certificate be executed ettending physician and for use as the buriel-transit	Examiner	Sequentially list conditions,	b. Dua to (c	or as a conseq	uance of):					
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68/60,	physis the	dic	that initiated evants rasulting in death) Last	Dua to (o	r as a consequ	uance of):					
ŏ	certif ding use as	n/Medicai		d							
ă	etter d for u		Part II Other significant conditions as	stalling to done him on the	a late of the ship of the	4-4 (	San In Colonia I	ook pid			
9	res that the deeth signed by the etter I be detached for to	Physicia	Part II. Other significant conditions con	itributing to death but not ras	uiting in that un	idanying causa g	ivan in Paπ I.		Yes 2 No		the cause of death?
'n	s the	by P	TIBIAL PLATEAU FRA	ACTURE OF LEFT	r_LEG_				100 1010	0	and the state of t
DIVISION OF VITAL RECORDS, P.O.	The law requires that the deeth te has been signed by the etter page 2 should be detached for								an autopsy omed?		ra autopsy findings illable prior to
ပ္	aw re	plet						poin	omined	con	noletion of causa leath?
-	The la ate ha page	Completed						10	Yas 2∏ No	10	Yas 2□ No
2	ysician: The s certificate director, pag	Be	25. Was casa rafarred to medical axaminar?				26. Place of De	eath (Check only	ona)		
	5 00	2	1 X Yas 2 □ No		ER/Outpatient	3LI DUA		Homa 5□ Ras			•)
	After t funera	iuo iuo	27. Mannar of Death 1 □ Natural 5 □ Panding	28a. Data of Injury (Month, Day Year)	28b. Tima of Injury	28c. Inju Wo		28d. Dascribe	how injury occur	red	
2	Attending or death. ector: After by the fune	Certification:	2 ☐ Accidant invastigation 3 ☐ Sulcida 6 ☐ Could not be	Dec 1995	Unk		Yas 2 XNo	Unkno			15- 4- No. 15-
3	or Attendation after deati	ertif	4 ☐ Homicida datarmined	28a. Place of Injury - At he building, atc. (Specif		eat, factory, office		City or To	(Street and Numb wn, Stata)		MD
	ours ours filled		29a. Certifier 1□ Certifying Phys	Nursing Home		occurred at the ti	ime date and plac				ver Spring
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director. After th completely filled in by the funeral	edlcai	(Check only 2 Medical Examinations)	nar: On the besis of axamina and mannar stated.	tion and/or Inv	astigation, in my	opinion, daath occ	curred at tha tima,	data and place,	and due to	tha causa(s)
	omp thin	Me	29b. Signatura and titla of certifiar	500		29c. Lican	sa number		29d. Data signe	d (Month, E	Day, Year)
			1 dot	2 Soul		D085	546		Februar	y 26.	1996
1/	14		30. Nama and addrass of person who co	emplated causa of death (Item	n 23a) (Type, F	Print)					
10	L'		John Tauber, M.D.	8218 Wiscons	in Aven	ue, Betl	hesda, Ma	aryland			
	Sta		31. Data filed (Month, Day, Year)	32. Registrar's Signs	_						
	Registr		FEB 2 8 1996	Julia Davidson	Kardall						
PAR 18 8	H 46 Day 6M	6									

DHMH 16 Rav 6/95



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the fours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be netified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE REGISTRAR	STATE OF N	MARYLAND / DEPART CERTIFIC	MENT OF H		MENTAL HYGIE				
	1. DECEDENT'S NAME (First, Middle, Lest) George		Evans			2. DATE OF DEATH MONTH Feb 28,	1996 T	3. TIME OF OEATH 2:50 A M		
	4. SOCIAL SECURITY NUMBER 077-05-8725	5. SEX 1 [X M 2 ] F	90 YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year) Mar 23,	1905	BIRTHPLACE (State or Foreign Country) New Jersey		
TOR	90. FACILITY NAME (If not institution, give a 2133 Albert Rill RESIDENCE OF DECEDENT	Road			stead	EATH	ec. county Car	of OEATH POll		
DIRECTOR	10e. STATE 10b. COUNT	rroll	10c. CITY,	TOWN OR LOCAT	mpstead		10d. INSIDE CITY LIMITS? 1 YES 2 X NO			
FUNERAL	10. STREET AND NUMBER 2133 Albert Rill	Road		101.	21074			EN OF WHAT COUNTRY? USA		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	T EVER IN U.S. ARMED YES 2 NO AR OR DATES		city Cuben, Mexica	NIC ORIGIN? (Specify in, Puerto Rican, etc.)				
COMPLETED	15. DECEDENT'S EDU (Specily only highest grade Elementary/Secondary (0-12) 2	CATION completed) College (1-4 or 5+	Illia Do MOT una	rk done during mos retired.)	IN st of working		leham S			
BE CO	17. FATHER'S NAME (First, Middle, Lest) Arthur Evans				Ann Wo					
TO	Margaret M. Evans	5	2133	Albert	Rill Roa	Acute Number, City or 1 d, Hampst	ead, MD	21074		
	29e. METHOD OF DISPOSITION  1   Puriet 2   Cremation 3   Rem 4   Donation 5   Other (Specify)      21. SIGNATURE OF FOREPAL SERVICE LIK		20b. PLACE AND DATE OF COMMENT OF	metery		3/1	Hampste	ad, MD		
	· Steva	WEL	ne !	934		Street, H		d, MD 21074		
CERTIFICATION	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL	Malnutrofion		death but not resulting in	the underlying	cause given in	Part I. 24e. WAS PERF	AN AUTOPSY ORMED? 2 NAO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL:		OTHER:	S O Residence	eck only one)  6 ☐ Other (Specify)				
ву РНУ	27. MANNER OF DEATH  1 Metural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, De	INJURY 28b, TIME	OF 28c. INJU		28d. OESCRIBE HON	V INJURY OCCUR	ED		
	3 Suicide 8 Could not be determined	26a. PLACE Of building,	F INJURY — At home, farm, streetc. (Specify)	eet, factory, office		281. LOCATION (Stree City or Town, Sta	et and Number or F te)	Rural Route Number,		
COMPLETED	anal		my knowledge, death occurred amination end/or investigation,					suse(s) and manner se stated,		
TO BE	29b. SIGNATURE AND VITLE OF CERTIFIES	V5. N	IP		D33	MBER 3 20	29d. DATE SI	GNED (Month) Day, Year)		
-	30. NAME AND ADDRESS OF PERSON WHE	MP	95 Car	11 0	+ W	estmin	ter, 1	4021157		
	FEB 2 9 19	32. ARGISTRA	as signature Randall							

# Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

INFORMANT FILMG-734 4/17/96 t.t State of Maryland / Department of Health and Mental Hygiene

						Cert	ificate of	f Death		Reg. No.			
P.	Dharata		1. Decedant's Nama (First, Middle,	Last)					2. Date of D	eath	Vaar		ime of Death
	Physician /Medical			Jessie	Rol	and El	.ks		Februa	ary 24	, 1996	5 5	:30 AM
	Exami		4a. Facility Nema (If not Institution,			4b. City, Town, or	Location of Dea	th 4c. Co	unty of Dea	th			
		Allegis Health Care Center of Bethesda Bethesd								Mor	ntgome	ery	
Г	Funeral		5. Social Security Number 6		ga (In yrs.	last birthdey)	If Undar 1 Yas						tata or Foreig
н	Director		246-09-3093	1□M 2ÅF	84	Yrs.	Wichtins Day	S MOUIS WILL	Sept.	13, 19	11Nor	th Ca	Stata or Foreig Prolina
	pu *		Usual Rasidance of Decedant  10a. Stata  10b. County		100 08	y, Town or Loca	nation .						
	anyla ehon	-							Ide City Limits				
	Ne M	Director		RY COUNTY		hington		BETHESDA					Yas 2□No
	Vith to		10e. Street end Number 5721	GROSVENOR LAN	E		10f. Zip Coda	0		10g. Citizer			
	s 23	gra	11 <del>23 Euclid St</del>				2000				ed St		
20	swithin 72 hours after death with the Maryland plene. Than "natural", or items 23s or 28s-f show to Medical Experient must be portified at	by Funeral	11. Meritel Status  1 □ Naver Merried 2 □ Merrie  3 1 ◯ Widowed 4 □ Divorced	Armed Forcas	1 ☐ Yes 2 🕅 No If Yas, Give		as Decedant of Yes, specify Cu ☐ Yes 2 🔀 No	Specify Yas or N to Rican, etc.)	100	Race - Ame Black, White ecity:	te, atc.		
8	hour	8	15. Decedent's			16a Docada	nt's Heuri Occ	unation		16h Vind	of Business	whit	,e
21215-0020	n 72	Completed	(Specify only highast	grada complated)		(Giva ki	nt'a Usual Occi ind of work don O NOT use retii	upation e during most of wo red)	rking				
72	within ene. then	Ĕ	Elamantary/Secondary (0-12)	Collega (1-4or	5+)	Teach		50)		Publi		nenta	ry
	e filed al Hygie other		17. Fathar's Name (First, Middla, La			10001	101	18. Mothar's Na	me (First, Middle				
lan	Mental Mental arked o	o Be	Grover Clevela		,			Zella	Lloyd	Parke			
Maryland	s 1 and 2 should be filed f Health and Mental Hyg tem 27 is marked othe other traumatic event,	2	19a. Informant's Name/Ralationship			19h Mailing	Address (Stre	et and Number or R				Zin Code	
Z	and 2 she salth and 1.27 is m		Robert Lee Elks					0-3857 FARE		-	NGTON.		
e,	Health am 27		20a. Mathod of Disposition		20b. P	lace of Disposi	tion (Nama of		Data		ion - City or		
altimore,	Pagas nent of P ant: If Its ury or o		1 ☐ Burial 2 ☐ Cremetion 3		C	ematary, crama	itory or other p	,					
=======================================	it. P.		4 ☐ Donation 5 ☐ Other (Spe 21. Signature of Funaral Service Lie		Uh	esapeak			2-25-96	ReIts	ville,	, Mar	yland
Ba	pemit. Pagas 1 an Department of Heal Important: if Itam 2 any injury or other 2009.		21. Signature of Humanar Service Lin	1/ /	·	Ra	Name end Add	eral Serv	ices, P.	Α.			
_		_	1 College	7. 0	00	93	3 Gist	Avenue.	Silver S	Spring	, MD 2		
п			23a. Pert1. Entar tha disaasa, or co shock, or haart failura. List or	emplications that cause bly one cause on aach	d tha daat lina.	h. Do not antar	the mode of d	ylng, such es cardia	c or raspiratory a	arrest,		Intary	el Batween
	Physician											Unsai	t and Death
	/Medicai Examiner		Immedieta Causa (Finel disease or condition rasulting in deeth)	a Termina	l Alz	heimer'	s Disea	ase				199	2
		<u></u>	rasoning in doonly		Dua to (o	r as a consequ	ance of):						
_	p ii	oline.		Sepsis								199	6
_	rificata be axecuted ng physician and as the burlat-transit	Examiner	Sequentially list conditions, if any, laeding to immediata causa. Entar Underlying		Due to (o	r as e consaqua	ance of):					1	
68760,	be a	<u>=</u>	Causa (Disaasa or injury	c. Acute &	Recu	rrent /	\spirat:	ion Pneum	onia			199	6
87	physi the	Medical	that initiated evants resulting in death) Last		Dua to (or	r as a conseque	ance of):						
	Jing I			ASCVD								199	2
Вох	aath cer attandir i for use	Physician/											
P.0.	es that the death igned by the atte be deteched for	ysic	Part II. Other significant conditions	contributing to death I	out not rasi	uiting In tha und	lartying causa g	ivan in Part I.	23b. Did	tobacco use	e contribute	a to the ca	nuse of death
	hat the od by datac		HBP, Anemia						1 🗆	Yes 2 I	No 3□P	robably	4 Unknow
S,	Tha law requires that tha death certificate be axecuted that has been signed by the attending physician and page 2 should be datached for use as the burial-transit	l by									0.45	Mara aut	a a a vidio dia a a
0	v require been si	Completed							perf	s an autopsy ormed?		evallabla	opsy findings prior to on of causa
Sec	a law has t	Idu										of daath?	
2		ပိ							1 🗆	Yas 2□X	10	1 🗆 Yas	2X) No
Zii.	Physician: Tha I r this cartificata he ral director, paga	Be	25. Was casa rafarred to madical axaminar?	11-1-2-1					ath (Chack only				
5	Physic this o	10	1 ☐ Yes 2 📉 No			ER/Outpatient	3□ DOA	thar: XX Nursing I				cify)	
Ē	ding P. After I	Certification:	27. Mannar of Death 1 X Natural 5 ☐ Pending	28e. Deta of Inj (Month, De	ay Year)	28b. Time of Injury	28c. Inj		28d. Dascribe	how injury o	ccurred		
Division of Vital Records,	leat tha	cat	2 Accident Investigat 3 Suicide 6 Could no	he				☐ Yas 2 ☐ No					
<u> </u>	or Attendation of Director:	를	4 ☐ Homicide datarmine		jury - At ho tc. (Specif)	oma, farm, stree /)	t, fectory, office	9	28f. Location City or To	(Straat and N wn, Stata)	lum <i>ber</i> or R	ural Roufe	Number,
	rel Dellied										_		
	Hosp 4 hor Fune tely fi	edical	(Check only 2 Medicat Ex	Physician: To the bast aminer: On the basis of	of axaminat	wladga, daath o	occurred at the stigation, in my	time, deta end plece opinion, daath occi	e, end due to the	ceuse(s) en	d menner a	s steted.	use(s)
	To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by	Med	one)	and menner s	ated.								
	5 × 5 00	-	29b. Signatura and title of certifiar	h				nsa number		29d. Data s			
			DBP atrul	2 III MO			D 1	7729		Febru	ary 2	4, 19	196
	15		30. Nama and address of person wh				*						
	1-		G. B. Patrick,				esville	Road, Si	lver Sp:	ring,	MD 20	910	
	Sta	te	31. Data filed (Month, Day, Year)	32. Ragist	rar's Signa	tura							

DHMH 16 Rev 6/95

State Registrar

FEB 2 7 1996

Talk Savilson Reveall

DSPTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	INERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	TANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL	TO THE FUNERAL	be filed within 72 !	IMPORTANT: If I

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		NENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Lest)			1	2. DATE OF GEATH			3. TIME OF DE	ATH	
		Ellwood L	. Engla	nder	- 1		29, 1	996	9:00	A M
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTH	PLACE (State or	Foreign	
	577-60-1164	1)(_X M 2					sylvani	ia		
٤	90. FACILITY NAME (If not institution, give s 15206 Clondesley	Spring	oc. COUNTY OF DEATH  Montgomery							
ן ל	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT	Υ	the CITY	TOWN OR LOCAT			1 11011	rgoin	10d. INSIDE CI	TV
		gomery	,	lver Spi		LIMITS?				
1	10e. STREET AND NUMBER				ZIP COOE		10g. CITIZ	ZEN OF W	HAT COUNTRY	•
ONE I	15206 Clondesley	Court		2	0906		Un:	ited	States	5
5	tt. MARITAL STATUS t Never Married 2 X Married	t2. WAS DECEDENT EVER I FORCES? 1 YES	N U.S. ARMED	t3. WAS OEC	ENDENT OF HISPANI ocify Cuban, Maxican	C ORIGIN? (Specify Yar	s or No—	t4. RACE Black	- American In White, atc.	dlen,
	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 TYES	NO Specify:			Specif	hite	
3	15. DECEDENT'S EOU (Specify only highest grade	CATION completed)	16e. DECEDENT'S U	SUAL OCCUPATION done during mo	N et al working	16b. KINO OF BU	SINESS/IND		11100	
	Elementary/Secondary (8-12)	College (1-4 or 5+)	life. Do NOT use	retired.)	SCOL WORKING	C -	0			
1	17. FATHER'S NAME (First, Middle, Last)	8	Lawyer		18 MOTHER'S NAM	S. E.				
5	Samuel Englande	er				Schoenf				
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a		oute Number, City or Tox		Code)		
	Joel S. Davis		8817 R:	idge Roa	d, Beth	esda, MD	20817			711
	20a. METHOD OF DISPOSITION 1 Burlel 2 X Cremetion 3 Rem		netery, crematory or oth	er place)			CATION —			
	4 Donation 6 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	Chesapeal		D ADDRESS OF FAC	3-1   Bel	tsvil	re,	Maryla	na
	· Olean	H. Kar	40			ervices,			MD 000	10
$\dashv$	23. PART i. Enter the diseases, or	complications that cause	d the death. Do no			e, Silver			Approxi	
	shock, or heert feliure.  iMMEDIATE CAUSE (Fine)	List only one ceuse on e	ech line.		1					Between nd Desth
	disesse or condition resulting in desth)	· Cardio	pulous	n. Ar	rest	,				
		DUE TO (OR AS	CONSEQUENCE OF	11/	/	/ /				
	Sequentially list conditions, if sny, lesding to immediate	b. DUE JO. OR AS	CONSEQUENCE OF	ma	VENTO	cu/or				
3	csuse. Enter UNDERLYING CAUSE (Disesse or Injury	c. (a)	monunco	the						
	that initieted events resulting in death) LAST	DUE TO (OR AS	CONSTIDURNCE OF	7						
	d									
7	PART II. Other significent condition	ne contributing to death i		the underlying	cause given in f	Part i. 24e. WAS AN		24b.	WERE AUTOPSY AVAILABLE PRICE	
	- Hoeumon HS	, and C	0/00,1	nema		1 YES :	2 NO		OF DEATH?	FCAUSE
Ε	DID TOBACCO USE CONT	DIDLITE TO CALISE (	DE DEATH VEG	S □ NO F	UNCERTAIN				1   YES 2	NO
N N	25. WAS CASE REFERRED TO MEDICAL	KIBOTE TO CAUSE C	26, PLACE OF DEATH		UNCERIAIN	· ⊔			-	
2	EXAMINER?	HOSPITAL:		OTHER:	5 N Residence	8 Other (Specify)				
Ê	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJ		28d. DESCRIBE HOW	INJURY OCC	URED		
6	1 Natural 6 Pending 2 Accident Investigation M 1 YES 2 NO									
3	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Spe	city)	reet, rectory, ornic		281. LOCATION (Street City or Town, State	and Number )	or Hurel H	toute Number,	
	29e. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my know	vledge, death occurred	d at the time, data	and place, and due t	to the cause(s) and me	nner as state	ed.		
5		ER: On the beats of examination	on and/or investigation	, in my opinion, d	eath occured at the t	time, data and placa, a	nd due to the	e Cause(s	) and menner a	stated.
2	290. SIGNATURE AND SYTLE OF CONTINUE	(1010)	/		A 2.13	824 224	29d. DATE	129	(Morth, Day the	19
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, i	Print)	0010	1//-	/	1	, , ,	20906
	laniel Golde	Deg 330	5 N. Le	ive a	bold B	lad S.	100	pri	x 10	
	MAR 01 1996	22. REGISTRAR'S SIGN	NATURE				. 5			
	2		•		-					1.16 Pay 1/90

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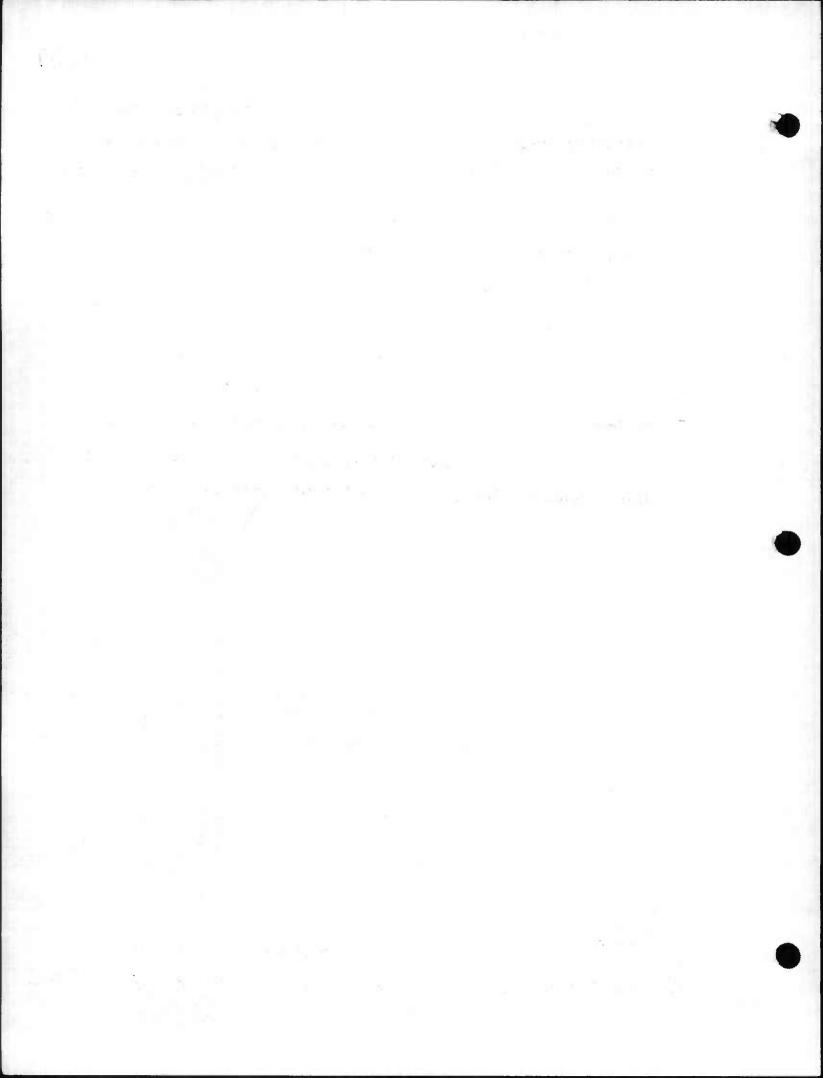
#### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Month Yeer RALPH P. FRANZESE 1996 February 26 12:01 AM /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner 5607 Randolph Street Hyattsville Prince Georges If Under 1 Year | If Under 24 Hrs. 8. Date of Birth Months | Deys | Hours | Min. | Jan/05/1929 5. Sociel Security Number 7. Age (In yrs. lest birthdey) 9. Birthplece (State or Foreign **Funeral** 1√M 2□ F Connecticut Yrs Director 045 16 1870 Usual Residence of Decedent 10b. County 10a State 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Medical Examiner must be notified at 1 Yes 2 No Director Prince Georges Hvattsville 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 5 20784 USA Items 23a 5607 Randolph Street death Funeral 12. Wes Decedent Ever in U,S Armed Forces? 13. Wes Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. Pages 1 and 2 should be filed within 72 hours after of the tof Health and Mentai Hygiene. nt: If item 27 is marked other than "natural", or item 1 ☐ Yes 2 No If Yes, Give Yeer or Detes: 1 ☐ Never Merried 2 ☑ Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: white þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede com 16b. Kind of Business/Industry completed) Elementery/Secondery (0-12) College (1-4or 5+) Printer Printing 12 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surneme) Antonette Vacelli Carlo Franzese 19a. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 5607 Randolph Street/Hyattsville MD 20784 Department of Health Important: If item 27 Kay Franzese 20b. Plece of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Alexandria VA 2/26/96 Metropolitan Crematory 21. Signeture of Funerel Service Licensee 22. Neme end Address of Fecility Advent Funeral & Cremation Services Melane Wilhelm Nagoner Annapolis MD 21401 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart fellure. List only one cause on each line. Approximete Intervel Between Onset and Death Physician /Medical Immediate Cause (Finel disease or condition resulting in deeth) Examiner The law requires that the death certificate be executed Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Lest Records, P.O. Box 68760, physician Physician/Medical the Accept John Brain Lunas signed by the a Id be detached for Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 20 No 3 Probably 4 Unknown ģ 24b. Were autopsy findings evallable prior to completion of cause of deeth? Be Completed 24a. Wes an eutopsy performed? page 2 2/200 certificate 1 Yes 1 ☐ Yes 2 ☐ No Division of Vital or Attanding Physician: 25. Wes case referred to medical director 26. Plece of Deeth (Check only one) Other: 4 Nursing Home Residence 6 Other (Specify) 1 Yes No 2 1 ☐ inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA this Medical Certification: 27. Menner of Death 28e. Dete of injury (Month, Day Year) 28b. Time of 28c. injury et Work? 28d. Describe how Injury occurred After <del>Malurel</del> 5 Pending 1 ☐ Yes 🐉 Q No death. 2 Accident investigetion Director: / d in by the f 3 Suicide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide within 24 hours aft To the Funeral Di completely filled in the Hospital Certifying Physicien: To the best of my knowledge, deeth occurred at the time, dete end plece, end due to the ceuse(s) and menner as stated.

| Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, dete and plece, end due to the cause(s) end menner stated. 29a. Certifier (Check only 29b. Signeture and title of carryller 29c. License number 29d. Dete signed (Month, Day, Year) D34722 02/26/1996 30 Name and address of person who completed cause of deeth (Item 23a) (Type, Print) 3632-Annapolis Ed Blad And 20710 hikemmD 31. Dete filed (Month, Day, Year) FEB 2 7 1996 32. Registrer's Signeture State

Registrar



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

07238

Certificate of Death 1. Decedent's Neme (First, Middla, Last) 2. Dete of Death 3. Tima of Death **Physician** Month Year JOROTHY. 7:50 AM FEBRUARY 25, 1896 /Medical 4c. County of Death 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death Examiner ANNE ARUNDEL NORTH ARUNDEL HOSPITAL GLEN BURNIE If Under 1 Year If Under 24 Hrs. 8. Date of Birth Months Days Hours Min. Nov 7, 5. Social Sacurity Number 9. Birthpiace (Stata or Foraign 7. Aga (In yrs. last birthdey) **Funeral** 1 □ M 2 🕅 E Yrs Director 578-05-0658 85 Virginia Usual Residence of Dacedan with the Maryland 10a. Stata 10b. County 10c. City. Town or Location 10d. Insida City Limits r than "natural", or flems 23s or 28s-f show the Medical Examiner must be notified at 1 Yes 2 No Directo Maryland Anne Arundel Crownsville 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 969 Waterview Drive 21032 USA Funeral death 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yas 2 ☒ No If Yas, Giva Year or Detes: Was Decedent of Hispanic Origin? (Specify Yes or No-it Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 11. Marital Status permit. Peges 1 and 2 should be filed within 72 hours after c Department of Health and Mental Hygiene. Important: if frem 27 le marked other than "natural", or hen eny injury or other traumatic event, the Medical Experience. 1 Never Married 2 ☐ Married Baitimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify White þ 3 Widowed 4 Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highast grade completed) United States Elamantary/Secondery (0-12) College (1-4or 5+) Grade 12 unknown Government 17. Father'a Name (First, Middle, Last) 18. Mothar's Name (First, Middla, Meiden Sumeme) William M. Fling Fannie Sherman 19a. Intorment'a Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) George W. Fling Brother 3420 Greencastle Road, Burtonsville, MD 20866 20b. Placa of Disposition (Nema of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 X Cramation 3 ☐ Ramoval from State Metro Crematory, Inc. 2/26 4 ☐ Donation 5 ☐ Other (Specify) Catonsville, Maryland 21. Signeture of Funaral Sarvice License 22. Name and Address of Facility Donaldson Funeral Home, P.A. 313 Talbott Ave. Laurel, Maryland 20707 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or raspiratory arrast, shock, or haed failure. List only one ceuse on each line. Approximata Interval Between Onset and Death Physician 9 DAYS /Medical Immediate Cause (Final NEUMONIA disease or condition resulting in death) Examiner Due to (or as a consequence of): Examiner ettending physician and for use as the burial-transit certificete be executed Sequentially list conditions, if any, leading to immediate ceuse. Enter Undarlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as e consequenca ot): P.O. Box 68760. Physician/Medical Dua to (or as a consequenca of): ed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Dtd tobacco use contribute to the cause of death? signed by id be detect 1 Yes 2 No 3 Probably 4 Unknown DEMENTIA Records, ģ page 2 should b 24b. Were autopsy tindinga available prior to completion of ceuse of death? Completed 24e. Was an autopsy 1 Yes 2 No 1 Yas all No Division of Vital Be 25. Waa case referred to medical axaminer? 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 28c. Injury at Work? 27. Manner of Death 28a. Date of injury (Month, Dey Year) After t 28b. Tima of 28d. Describe how Injury occurred Certification: 1 Maturel 5 Panding invastigation i or Attending s after death. 1 Yea 2 No filled in by the 2 Accident 3 Sulcida 6 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide Hospital of 24 hours at Funerel D 1 Certifying Phyalctan: To the best of my knowledge, deeth occurred at the time, dete end piece, end due to the cause(s) end manner as stated.
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) end manner stated. 29a. Certifier To the Hosp within 24 hor To the Fune completely fi Medical 29b. Signature and titla of certifiar 29c. Licansa number 29d. Date signed (Month, Day, Year) D46962 FEBRUARY 25, 1996 30. Neme and address of person who completed cause of deeth (Item 23e) (Type, Print) PHYSICIAN. NORTH ARUNDEL HOSPITAL MD 21061 M. SHIRAZI, MD. HOUSE STAFF 31. Deta tiled (Month, Day, Year) 32. Registrar's Signature

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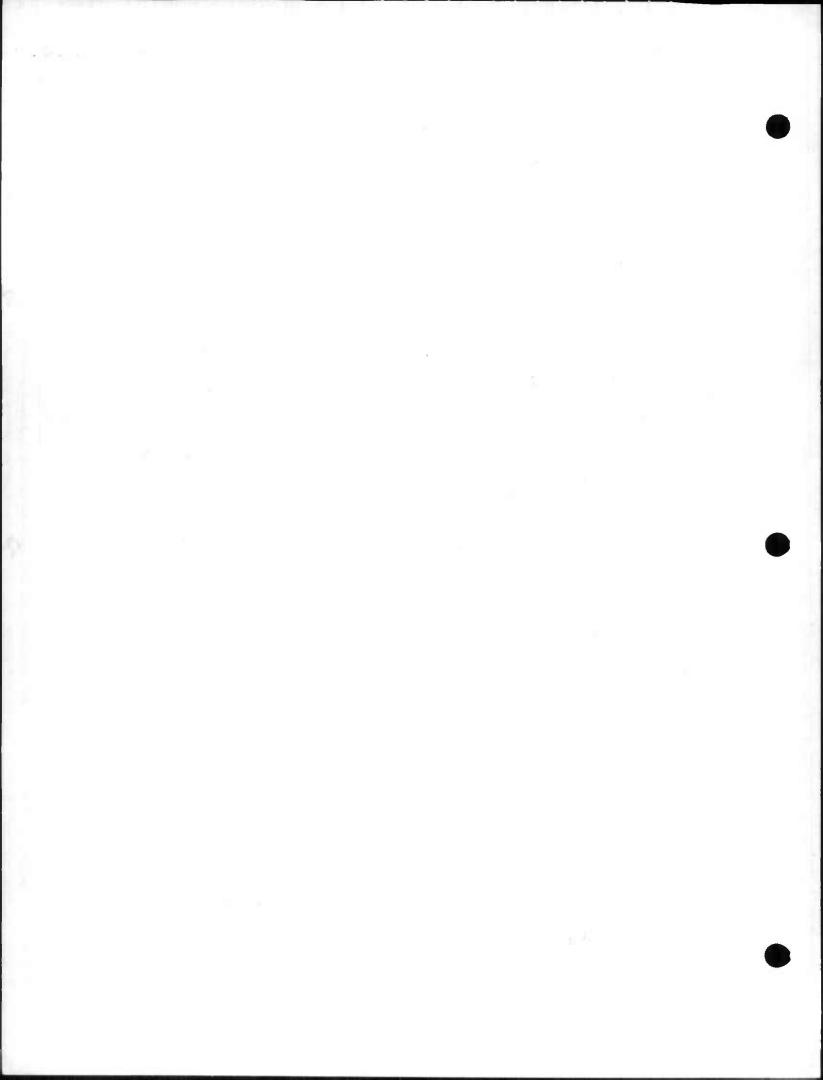
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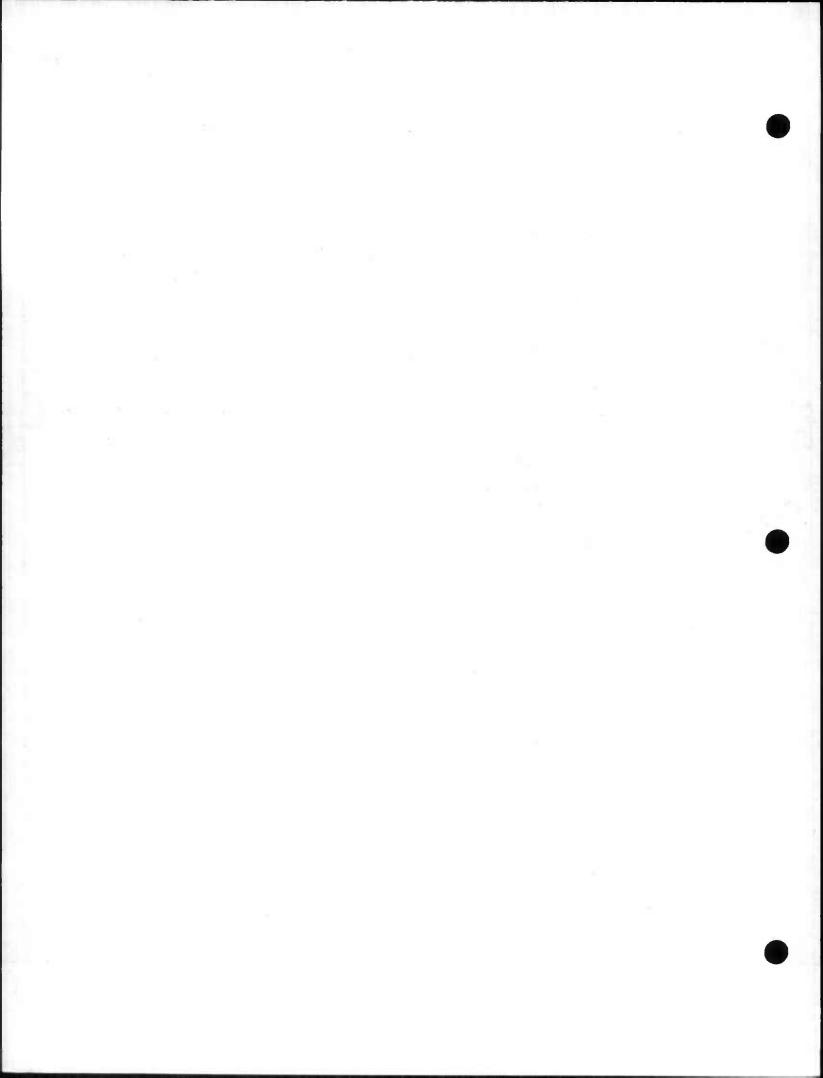
		1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALT CERTIFICATE OF DE		NTAL HYGIEN						
		t. DECEDENT'S NAME (First, Middle, Last)  IAMES  OF THE BOTTON AND	2.		21. 1	YEAR 996	3. TIME OF D	EATN M		
		4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. lest birthday) if under 1 year if under 1 y	DATE OF BIRTH (Month, Day, Year)			PLACE (State of	Foreign			
2, 3 should	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY									
020 physician. burial-transit permit. Pages 1,	Sacred Heart Hospital Cumberland Allegar  RESIDENCE OF DECEDENT  ROSTATE MARYLAND  ADD. COUNTY ALLEGANY  Lonaconing									
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the find	ВУ	1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Co	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yea, specify Cuban, Maxican, Puarto Rican, etc.)  1 ☐ YES 2 ★ NO Specify:					14. RACE — American Indian, Black, White, etc. White		
21215 ital or attend of for use as	LETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  19b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired.)  WOOD								
RYLAND ed by the hospit uld be detached ed at once.	BE COMPLET	12 1 Carpenter  17. FATHER'S NAME (First, Middle, Last) James Oliver Fazenbaker Sr.  18. M		First, Middle, Melde Lis K.	n Surname) Spike	er				
. 2 8 0	TO B	196. INFORMANT'S NAME (Type/Print)  Catherine Jones  11 Florida Way, I	Lonaconi	ing,Md.	21539					
BALTIMORE, after death. Page 6 may by the funeral director, page moval. Ical examiner must be		21. SIGNATURE OF FUNERAL SERVICE LICENSEE / / 22. NAME AND ADD	Feb. 24	1996		w Mi				
		Eichhorn Lonaconir  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of	ng,Md. 2	21539		- Initia	1 1	2		
within 24 hours pletely filled in Icemation, or re-		ahock, or heert failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Due TO (OR AS A CONSEQUENCE OF):					Onsat :	i Batween and Death		
P.O. BOX 68 n certificate be executed physician and Hygiene prior to burn or other traumatite.	SERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  1  YES 2 NO OF DEAT  1  YES 2 NO OF DEAT								
CORD:	AL									
AL has thas to Dept n 23	PHYSICIAN: MEDIC	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO USES. WAS CASE REFERRED TO MEDICAL 25. WAS CASE REFERRED TO MEDICAL EXAMINER? OTHER:	INCERTAIN [							
OF VI PHYSICIAN this certifical with the St ried, or it		1   YES 2   NO   1   Nonetient 2   ER/Outpetient 3   DOA   4   Nursing Nome 5	AT 28	Other (Specify)	INJURY OC	CORED				
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4 3 4 2 =	COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and pi one) 2 MEDICAL EXAMINER: On the best of axamination and/or investigation, in my opinion, death oc					) and manner	es stated.		
TO THE HOSPIT TO THE FUNERA be filed within ?	TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER  29c.  30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Printy)	D2124	r 4		R/22	196	ier)		
nes		Jesus Jan M.D Frostburg Plaza Frostburg  31. DATE FILED (Morth, Dev. Year)  12. DEGISTRAP'S SIGNATURE  FEB 2 3 1996  32. DEGISTRAP'S SIGNATURE	ng MI	) 215	3 Q					
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10 THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  MPORTANT: If item 28 is marked, or litem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	) BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIAT disease or resulting if any, lead cause. End CAUSE (D) that initiat resulting if any lead cause. End CAUSE (D) that initiat resulting if any lead cause. End CAUSE (CAUSE (C) that initiat resulting if any lead to be a cause of the

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	4. SOCIAL SECURITY NUMBER	7								8. BIRTI	HPLACE (Stote		_
	215-18-8086  1 M 2XF 74  YRS. MONTHS DAYS HOURS MIN. (Month, Deg. West) Mar 23, 1921  1111no:  98. FACILITY NAME (If not institution, give street and number)  99. CTY, TOWN OR LOCATION OF DEATH  90. COUNTY)  90. CTY, TOWN OR LOCATION OF DEATH										inois		,
Mamorial Hospital & Madical Center Cumberland Allegany													
ECTO	RESIDENCE OF DECEDENT	a Medical C	encer		uiiibe	LIAIIU	_		ATTE	gan	У		
Ä	10e. STATE 10b. COUNTY		10c.	CITY, TOWN	OR LOCAT	ION					10d. INSIDE		
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FUNERAL	10e. STREET AND NUMBER				101	ZIP CODE	10g. CITIZEN OF WHA					RY?	
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	12. WAS DECEDENT EVER IN U.S. ARMED 12. WAS DECEDENT OF IN U.S. ARMED 13. WAS DECEDENT OF IN U.S. ARMED 14. WAS DECEDENT OF IN U.S. ARMED 15. WAS DECEDENT OF IN U.S. ARMED 16. WAS DECEDENT OF IN U.S. ARMED 17. WAS DECEDENT OF IN U.S. ARMED 18. WAS DECEDENT OF IN U.S. ARMED 19. WAS DECEDED OF IN U.S. ARMED 19. WAS DECEDED OF IN U.S. ARMED 19. WAS DECEDED OF IN U.S. ARMED 19. WAS DECEDED OF IN U.S. ARMED 19. WAS DECEDENT OF IN U.S. ARMED 19. WAS DECEDED OF IN U.S. ARMED 19. WAS D							IGIN? (Specify Yes rto Rican, etc.)	or No-	14. RAC Blec	E — American ck, White, atc.	Indian,	
B	3 Widowed 4 X Divorced	IF YES, GIVE WAR OR DA	TES		1 YES	2 X NO Specify	y:			Spec	hite		
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0	19e. INFORMANT'S NAME (Type/Print)					nd Number or Rural I l Bank &				-	MD C	1500	,
	Mary A. Moen											1302	
	XBuriel 2 Cremetion 3 Remov	rai Irom State 20b.	PLACE AND DA stary, crematory	or other place	SITION (Na	ry, Feb.	0.5	DATE 20c. LO	CATION —				
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- 1	23. PART I. Enter the diseases, or co shock, or heart failure. Li	ist only one cause on as	the deem. L	JO NO1 ente	r ine mo	de of dying, suc	h ae c	cardiac or reapi	ratory arr	eat,	Interv	oximata rai Betwe	
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	resulting in death) a.	Sepsis with			yste	m organ	tai	Llure			2. we	eks	
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A	PART II. Other algoriticent conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY FINDING									IGS			
Renal and Pulmonary Insufficiency								OF CAUS	E				
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PHYSICIAN:		HOSPITAL:		OTHE	R:								
<u>¥</u>	27. MANNER OF DEATH	1 Inpatient 2 ER/Oulps 28s, DATE OF INJURY		TIME OF	rsing Norm	e 5 Residence		Other (Specify) DESCRIBE NOW II	HILIBA OCC	TIBED			_
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B√	2 Accident Investigation 3 Suicide 6 Could not be	26e. PLACE OF INJURY	- At home, le	rm, street, lec	tory, offic			LOCATION (Street e	nd Number	or Rural	Route Number,		
MPLETED	4 Nomicide determined	building, atc. (Speci	ny)				'	City or Town, State)					
	29a. CERTIFIER 1 CERTIFYING PHYSICI	IAN: To the best of my knowle	edge, death oc	curred at the	time, data	end place, end due	to the	ceuse(s) end men	ner ss stat	ed.			
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ш	200. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE NUI	MBER				D (Month, Day,		
0 8	1 / Down					D 3015	9		DFE.	3.2	3,199	6	
-	30. NAME AND ADDITIONS OF PERSON WHO				(D ====			1500					
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3. TIME OF DEATH

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1996

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2. DATE OF DEATH

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FOR STATE REGISTRAR

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4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. lest birthday) 7. DATE OF BIRTH
(Month, Day, Year)
April 22 IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 70 YRS. DAYS HOURS 234-38-8098 1 M 2 XX West Virginia 1925 Pages 1, 2, 3 should Se. FACILITY NAME (If not Institution, give street and number) 9b. CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Memorial Hospital & Medical Center Cumberland Allegany RESIDENCE OF DECEDENT 10b. COUNTY IOc. CITY, TOWN OR LOCATION 10d. INSIDE CITY West Virginia Mineral Keyser 1 YES 2 NO permit. FUNERAL IOe. STREET AND NUMBER tot. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Rt. 5 Box 142 page 5 should be detached for use as the burial-transit 26726 United States hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-12. WAS DECEDENT EVER IN U.S. ARMED t4. RACE — American Indian, Black, While, etc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES If yes, specify Cuben, Mexican, Puerto Rican, etc.)

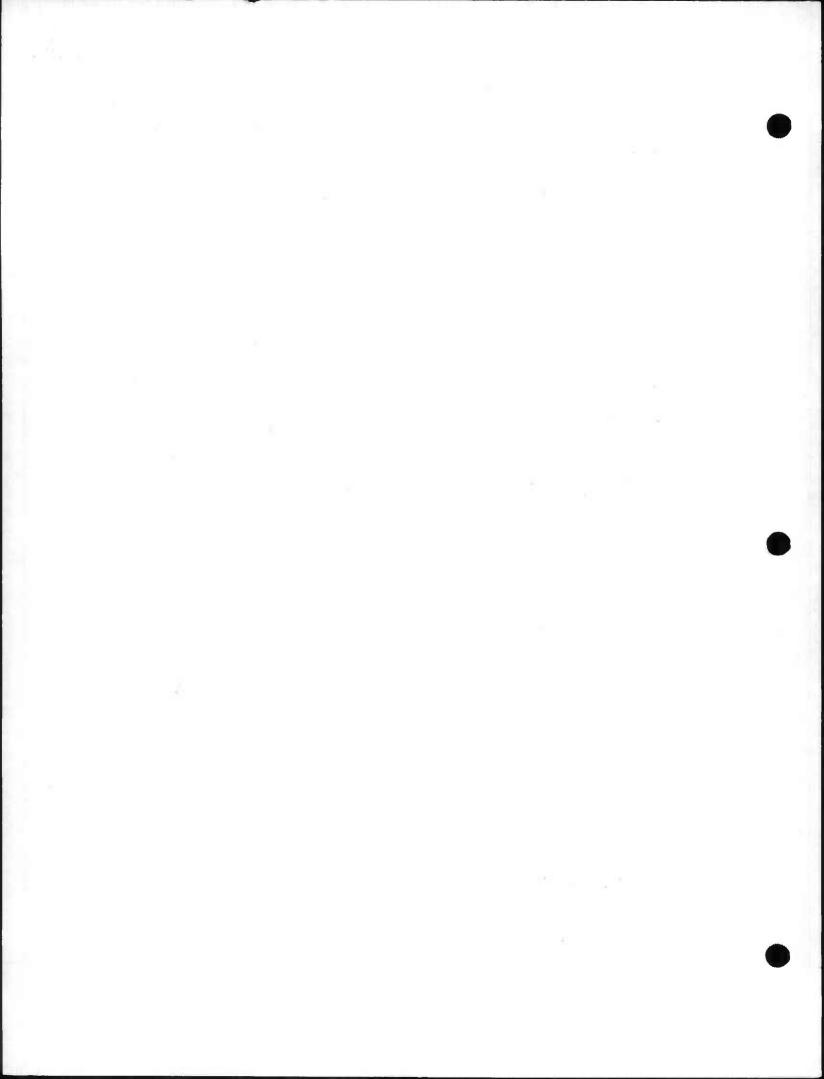
1 ☐ YES 2 ▼ NO Specify: 1 Never Married 2 Merried Specify BY 3 Widowed 4 Divorced White 16e. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY COMPLET Elementary/Secondary (0-12) College (1-4 or 5 a) Unknown Westvaco Finishing Room Paper Manufacture notified at once. 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First Middle Meiden Sumame) Louis LaRue Mabel Sheetz 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Kim Larue 5 Box 142 Keyser, WV. 26726 be 20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must 20s. METHOD OF DISPOSITION

1 Burlel 2 Cremellon 3 Removal Irom Stale
4 Donallon 5 Other (Specify) funeral director, Philos Cemetery

Philos Cemetery 2-24-96 Westernport, examiner 21. SIGNATURE OF FUNIFICAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Boal Funeral Home 111 Church St. Westernport, the removal. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, about, or near feliure. List only one ceuse on each line. Approximate Interval Between filled in by 0 **Onset and Death** IMMEDIATE CAUSE (Final the cremation, disease or condition Acute myocardial Infarction 80 mins. completely event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF): executed prior to burial, Coronary Artery Disease 10 years traumatic CERTIFICATION and Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): attending physician 8 Insulin Dependent Diabetes Mellitus 20 Years cause. Enter UNDERLYING CAUSE (Disease or injury certificate or other DUE TO (OR AS A CONSEQUENCE OF): Hygiene that initiated evente resulting in deeth) LAST Congestive Failure 5 Years death the atter Injury, PART II. Other aignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24e. WAS AN AUTOPSY the 24b. WERE AUTOPSY FINDINGS MEDICAL Health and N PERFORMED? AVAILABLE PRIOR TO Respiratory Failure that any COMPLETION OF CAUSE 1 YES 2 OF DEATH? Shows Pneumonia t TYES 2 T NO has been of h DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: MB 23 28. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL Item certificate I I YES 2 NO HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) PHYSICIAN: Inpatient 2 - ER/Outpatient 3 - DOA 0 the 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED this c marked, 1 Natural 2 Accident INJURY 5 Pending Investigation м 1 YES 2 NO BY After 1 ATTENDING 28e. PLACE OF INJURY — At home, larm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 ls 8 Could not be determined DIRECTOR: / COMPLETED 4 Homicide Item DR 29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. FUNERAL I HOSPITAL TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: I 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Mor BE 18769 0 ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) RAVER M.D., MEMORIAL HOSPITAL, CUMBERLAND, MD 21502 31. DATE FILED (Month, Day, Year) 32 REGISTRAR'S SIGNATURE FEB 2 6 1996 DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

FLICK



## Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent'a Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month De 23,1996 10:30 AM FRYE February 4a. Facility Name (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death 1001 Notley Road Silver Spring Montgomery If Under 1 Year If Under 24 Hrs. 8. Date of Birth
Monthe Days Hours Min. (Month, Dey, Year) 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country) Monthe 1□ M 20 F 89 Yrs Nov. 14, 1906 Washington, D.C. Usual Residence of Decedent 10c. City, Town or Location 10b. County 10d. Inside City Limits 1X Yes 2 □ No Silver Spring Montgomery 10f. Zip Code 10g. Citizen of What Country? 1001 Notley Road 20904 IISA 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Raca - American Indian, Bleck, White, etc. 1 ☐ Yes 2 2 No if Yes, Give Year or Detes: 1 Never Married 2 Married 1 ☐ Yes 2 ☒ No White Specify: Specify: 3 Widowed 4 □ Divorced 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Homemaker Own Home 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) James Stewart Macdonald Abigale Herbert 19a. informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Donald W. Frye 213 East Franklin Avenue, Silver Spring, MD 20901 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, State Date 1 Burial 2 □ Cremation 3 □ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) Fort Lincoln Cemetery 2/28/96 Brentwood, Maryland 21. Signeture of Funeral Service Licensee 22. Name and Address of Fecility Francis J. Collins Funeral Home, Inc. 500 University Blvd.W., Silver Spring, MD 20901 Willen 23a. Part1. Enter the disease, or complications thet caused the death. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart failure. List only one ceuse on each line. Approximate Interval Between Onset and Death Coronary Artery Disease Years Due to (or as a consequence of) Due to (or as a consequence of): Due to (or as a consequence of) Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2X No 3 ☐ Probably 4 ☐ Unknown 24b. Were autopsy findings avelleble prior to completion of cause of death? 24a. Was an autopsy performed? 1 ☐ Yes 2 ☑ No 1 ☐ Yes 2 ☑ No 25. Wes cese referred to medical examiner? 28. Place of Death (Check only one) Hospital: Other: 4 ☐ Nursing Home 5 🖾 Residence 6 ☐ Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred 28c. injury at Work? 5 Pending 1 ☐ Yes 2 ☐ No investigation 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) Location (Street end Number or Rural Route Number, City or Town, Stete) 1 Cartifying Physician: To the best of my knowledge, death occurred at the time, dete end place, end due to the cause(s) and manner as stated.

2 Medical Examiner: On the best of examination and/or investigetion, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and menner stated. 29b. Signature and thie of certified 29d. Date signed (Month, Dey, Year)

Drugry

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hyglene.
Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Mexical Examiner must be notified at once. Baitimore, Maryland 21215-0020 **Physician** /Medicai **Examiner** physician and s the burial-transit Division of Vital Records, P.O. Box 68760, 88 attending f

**Physician** 

/Medical

**Examiner** 

**Funeral** 

**Director** 

FLORA

10a. Stete

Director

Funeral

Š

Completed

5. Social Security Number

Maryland

10a. Street end Number

12

20a. Method of Disposition

Immediate Cause (Final diseese or condition resulting in death)

Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last

1 Yes 2 No

27. Manner of Deeth

1 Naturai

2 Accident

4 Homicide

3 Sulcide

29a. Certifier

Medical

11. Maritei Stetus

579-24-9881

Examiner Physician/Medical 950 signed by the a d be detached f p Completed page 2 To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director, Be Certification:

peed has

certificate

State

Registrar

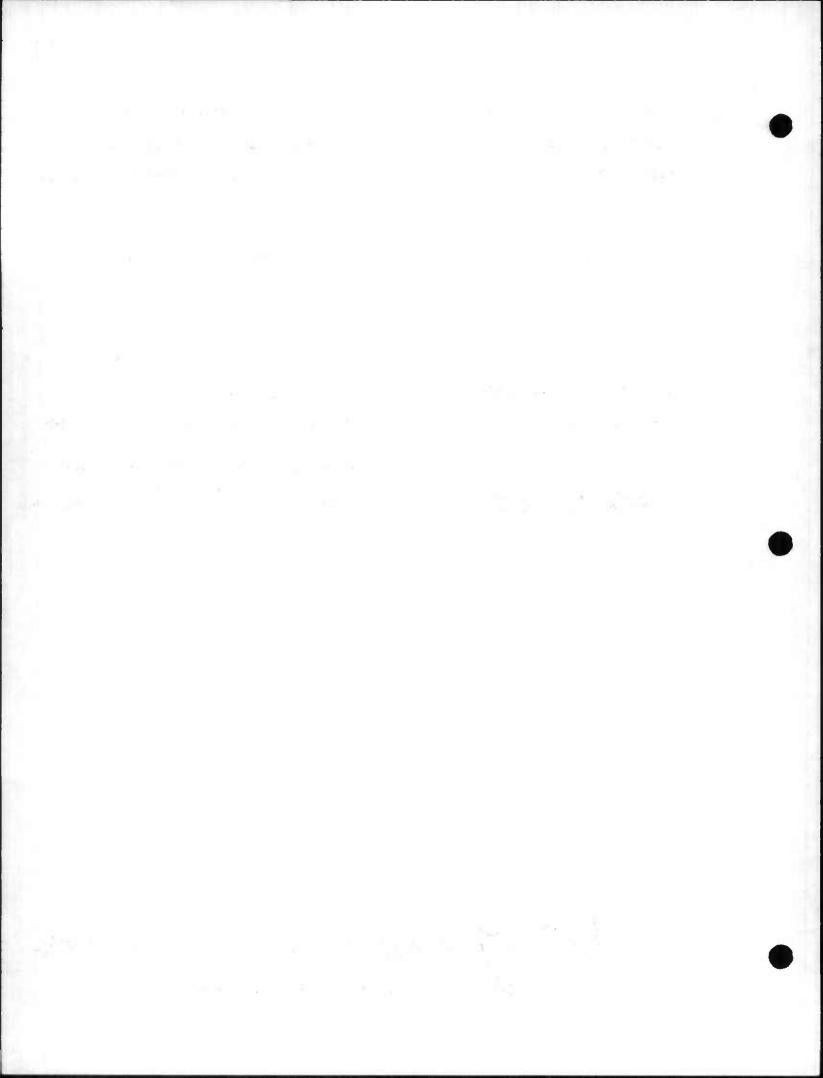
Nakul Goyal M.D.

30. Name and address of person who complimed cause of death (Item 23a) (Type, Print) 1811 Prince Philip Drive, Olney, MD 20832

31. Date filed (Month, Day, Year)

32. Registrer's Signature Jula Davidson Rardall

**DHMH 16 Rev 6/95** 



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State of Maryland / Department of Health and Mental Hygiene 96 07243

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	niner	4a. Facility Nama (It not in Montgome		e street end num	Hosp	o i tal			4b. City, Town, or Olney	Location of Deeth	4c. County		evy		
Funer Direct		5. Social Sacurity Numbe  216-10-4411  Usuel Residence of Dece	1	Sex	7. Aga (in yrs 82		Month	dar 1 Yaar s Deys	If Under 24 Hrs Hours Min.	8. Dete of Birth (Month, Dey OCT 16,	Year) 1913	9. Birthpla Countr BALTII	ca (State	or Foreign	
yland			County		10c. C	ity, Town	or Location					100	d. Inside	City Limits	
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th with the	al Director	10e. Street and Number 12308 CON	NECTIO	CUT AVE			10f. 2	Zip Code 2090	6	1	0g. Citizen of \ UNIT	Whet Countr ED ST.	y? ATES		
Fe, Maryland 21215-0020  s 1 and 2 should be filed within 72 hours after death with the Maryland Health and Mental Hygliene. tem 27 is marked other than "nature!", or items 23a or 28a-f show other traumatic event, the Medical Examiner must be notified as	by Funeral	3 Widowed 4 □ D		12. Was Daced Armed Ford 1  Yes 2 If Yes, Give Year or De	ces? 2 ∰ No	J,S.	If Yes, s	cedent of Foecify Cubo	Ilspenic Origin? (Sen, Maxican, Puerl Specify:	pecify Yas or No- o Rican, atc.)		a - America ck, Whita, at WHI	tc.		
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Baltim Sermit. Pag Department Important: I	8	21. Signature of Fungeri				PARKI	AWN C	EMETE and Addre	RY ss of Fecility		COCKAIL	LE, MI	)		
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State of Maryland / Department of Health and Mental Hygiene Amended #1, 2/28/96, MRT, Montg. CtyCertificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death AUREL Physician Month FOSTER OVERTON FOSTER om. /Medical 4e. Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Johns Hopkins Bayview Hospital Baltimore Baltimore If Under 1 Yeer | If Under 24 Hrs. | 8. Date of Birth (Month, Dey, Year) 5. Social Security Number 6. Sex 7. Age (In yrs. lest birthdey) Birthplace (State or Foreign Country) **Funeral** XXM 2□F 213-42-6340 89 Yrs. Director September 25, 1906 New York Usual Residence of Decedent death with the Merylend 10b. County 10c. City, Town or Location 10d. inside City Limits 7 is marked other than "naturel", or items 23s or 28s-f show traumatic event, the Modical Exeminar must be notified at Prince George's College Park XYes 2 □ No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 4613 Drexel Road 20740 United States Funeral permit. Peges 1 and 2 should be filed within 72 hours after deat Department of Heelth and Mental Hygiene. important: if than 27 is marked other them. 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes XXNo If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Raca - American Indien, Bleck, White, etc. 11. Marital Status 1 Never Married 2X Merried 1 ☐ Yes XXNo Specify: White Specify: þ 3 ☐ Widowed 4 ☐ Divorced Decedent's Usuei Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grede completed) Elementary/Secondery (0-12) Coilege (1-4or 5+) 12 4 +5 Research Scientist U.S.D.A. 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) F. Orson Foster Flora Overton 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Margaret B. Foster same as #10 20b. Place of Disposition (Name of cametery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Buriel 2 Cremation 3 Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) Fort Lincoln Cemetery 3/1/1996 Brentwood, Maryland 21. Signature of Funerel Service Licens Durald V. Borowardt Funeral Home, P.A. 4400 Powder Mill Road Beltsville, Maryland 23a. Part1. Enter the disease, or complications in a caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause in each line. Approximate Interval Between Onset and Death Physician /Medical Immediate Cause (Finel · CHRONIC OBSTRUCTIVE PULMONARY DISFASE unknown disease or condition resulting in deeth) Examiner Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest Due to (or as a consequence of): and Division of Vital Records, P.O. Box 68760. physiolan the death certificate be Physician/Medical \$ Due to (or es e consequence of): USB BS jo signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown þ 24b. Were autopsy findings available prior to completion of cause of death? 24e. Was an autopsy performed? Completed peen page 2 hes Yes 2 No 1 ☐ Yes 2 No certificate or Attanding Physicien: after death. Director: After this certifica director. 25. Was case referred to medical Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 No 2 ER/Outpatient 3 DOA 1 Inpatient funeral 27. Manner of Death 28e. Date of tnjury (Month, Dey Year) 28c. Injury at Work? 28d. Describe how injury occurred Certification: 28b. Time of 1 Naturai 5 Pending 1 ☐ Yes 2 💢 o 2 Accident investigation 6 Could not be determined 3 ☐ Suicide 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) Location (Street end Number or Rural Route Number, City or Town, Stete) completely filled in by 4 Homicide Hospital 24 hours a Funeral C 12 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.
2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. 29a. Certifier Medical (Check only one) To the Within 2 To the 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) MEDICAL ph7. Whuhay MO 96 RESIDENT 2/25 96018 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) AVENUE 21224. 4940 EASTERN BALTIMORE 31. Date filed (Month, Dey, Year) 32, Registrer's Signature State De Savelson hardall Registrar 1996

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State of Maryland / Department of Health and Mental Hygiene

07245 Certificate of Death 1. Decedent's Nema (First, Middla, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Patrick Gorman Thomas 22 1996 /Medical February, 6:30AM4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 15 Sheridan Road Anne Arundel Arnold If Under 1 Year If Under 24 Hrs.
Months Deys Hours Min. 5. Sociel Security Number Birthplece (State or Foreign Country) 7. Age (In yrs. lest birthdey) 8. Dete of Birth (Month, Dey, Year) **Funeral** Deys 1₩ 2□ F Yrs. Director 118-24-2345 Feb 25 1929 66 New Jersey Usuei Rasidence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show the Medical Examiner must be notified at 1 Yas XX No Director MD Anne Arundel Arnold 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 6 21012 United States 15 Sheridan Road items 23a Funeral 12. Wes Decedant Evar in U,S Armed Forces? Wes Decedant of Hispanic Origin? (Specify Yas or No. It Yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. Race - Amaricen Indian, Black, White, etc. 11. Merital Status Peges 1 and 2 should be filed within 72 hours efter of nent of Health end Mentel Hygiene. Int: If item 27 is marked other than "natural", or item 1 ☐ Never Merried 2 ☐ Married 1 ☐ Yas 2 ☒ Ŋo it Yes, Give Yaar or Dates: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: þ Specify: 3 ☐ Widowed 4 ☐ Divorced White Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT usa retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) Collega (1-4or 5+) Computer Industry Computer Programer 17. Fether's Nema (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Edith Ward Thomas Francis Gorman 2 19e. Intormant's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) nt of Health e If item 27 is or other tra Arnold, Maryland 21012 15 Sheridan Road Roberta W. Gorman 20a. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, Stete Department of Fi 1 Buriel XXCremetion 3 Removal from State 4 Donetion 5 Other (Specify) Ft. Lincoln Crematory 2/24/96 Brentwood, Maryland 22. Name and Address of Facility ohn M. Taylor Funeral Home, Inc. in of Funeral Service Licenses 147 Duke of Gloucester St. Annapolis, MD 21401 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart feliura. List only one cause on each line. Approximata Intervei Between Onset and Deeth Physician /Medical Immediete Ceuse (Finei dyears disease or condition resulting in deeth) momary Examiner Due to (or es e consequence of) Examiner The lew requires that the death certificate be executed Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Disease or Injury that initieted events resulting In death) Last Due to (or es e consequence ot) Division of Vital Records, P.O. Box 68760, ettending physician for use es the burie Physician/Medical Due to (or es a consequence of): signed by the e Part II. Other significant conditions contributing to death but not resulting in the undarlying ceuse given in Pert I. 23b. Did tobacco usa contributs to the cause of death? 2 No 1 Yes 3 Probably 4 Unknown þ been signature 24b. Were autopsy findings available prior to completion of causa of death? Completed 24a. Was en eutopsy performed? certificate hes tirrector, page 2 s 2XXV0 1 ☐ Yes 2 ☐ No To the Hospital or Attending Physician: 1 within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director, p Be 25. Was case refarred to medical 28. Piece of Deeth (Check only one) Other: 4 Nursing Homa 5 Residence 8 Other (Specify) Certification: To 1 ☐ Yes 2 ☐ No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Tima of 28c. Injury et Work? 28d. Describe how injury occurred 1 Neturel 5 Pending 1 ☐ Yes 2 ☐ No Investigation 2 Accident 3 Sulcide 8 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) Plece of Injury - At home, ferm, street, tectory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete end piece, and due to the cause(s) end manner es stated.

2 Medical Examinar: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, dete and piece, and due to the cause(s) and menner stated. 29e. Certifier Medical 29b. Signeture and titla of certities 29c. Licansa number 29d. Dete signed (Month, Day, Year) D24804 February 22, 1996 30. Neme end eddrass of person who completed ceusa of deeth (Item 23e) (Type, Print) Robert T. Peterson, M.D. 600 Ridgley Avenue Annapolis, MD 21401(410-266-1644) 31. Data filed (Month, Dey, Yeer) FEB 2 6 1996

State Registrar

32. Registrer's Signeture

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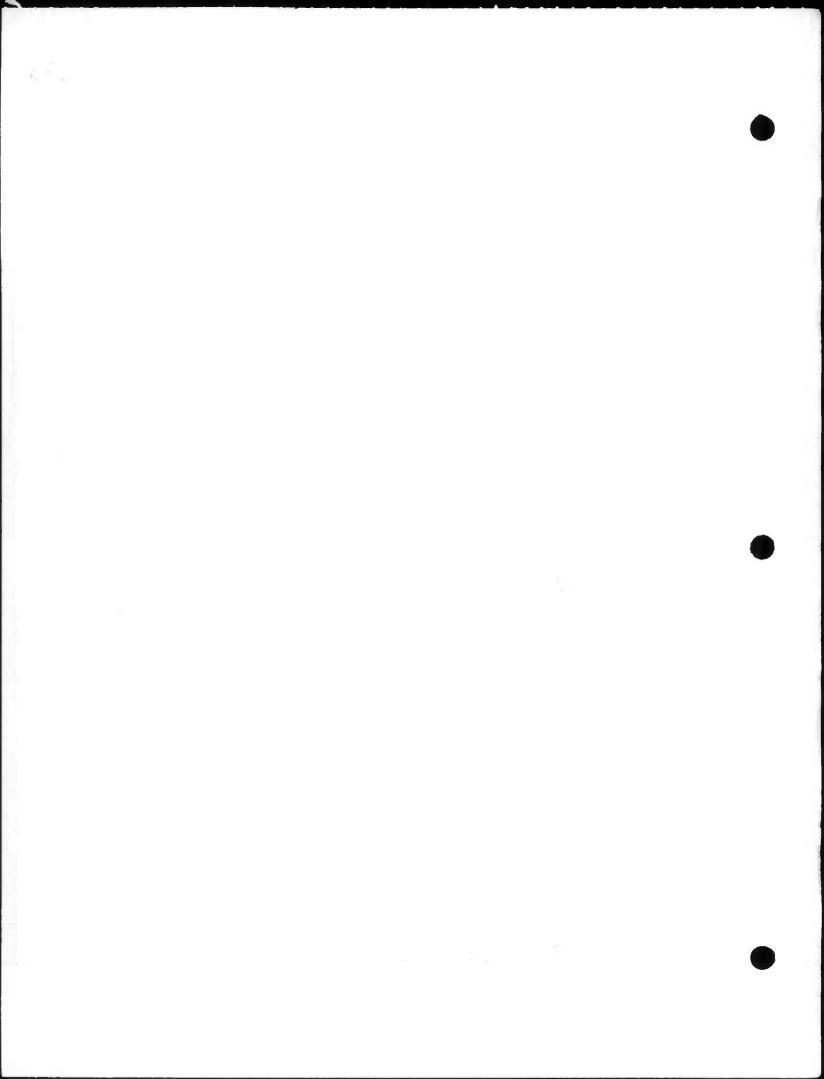
31. DATE FILED (Month, Day, Year)

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within whoms after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examining must be notified at nace

96 07246 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last, 2. DATE OF DEATH 3. TIME OF DEATH IRGIL EURA 2-25 DAY YEAR 11:30 Pm A SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 16-1905 365-07-7736 1 XM 2 - F 90 YRS 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH RUTA Rd 429 RUTA DIRECTOR Arnok - it 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MO Arnold 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 429 154 N 21012 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-it yes, specify Cuban, Maxican, Puerto Rican, stc.) 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 1 Never Married 2 Married BY 1 YES 2 NO Specify 3 Widowed 4 Divorced , hitc 6 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest H Elementary/Secondary (0-12) College (1-4 or 5 +) PAINTINGon tractor COMPL 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) GRIGG5 ERT FLORENCE UNRNOWN BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 YRA SAXON SAME # 10 20s. METHOD OF DISPOSITION
1 Buriel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, Stata 3-1-96 KI, WILKESBORD, NC 22. NAME AND ADDRESS OF FACILITY

BARRANCO AND 21. SIGNATURE OF FUNERAL SERVICE LICENSES RUNERAL HOME SEVERNA PARK, mo 21146 23. PART 1. Enter the diseases, or complications the caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Batween **IMMEDIATE CAUSE (Final Onset and Death** disease or condition arrest andrac resulting in death) Minu DUE TO (OR AS A CONSEQUENCE OF PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated evants resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 JAN OF DEATH? t YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES INO X UNCERTAIN I 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL . 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 Nursing Home 5 Affasidence 6 Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending BY 1 YES 2 NO Investigation 2 Accident 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, tactory, office building, atc. (Specify) 3 Suicide COMPLETED 6 Could not be 4 Homicide determined 1 DEERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurse at the time, data and place, and due to the cause(s) and manner as stated.

200. SANATURE AND TITLE OF CENTERIN 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Your) regu 6 6 30. NAME AND JODRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 15-4 09 ouci 32. REGISTRAR'S SIGNATURE 2 8 1996



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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other trannatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF MARYL		IENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIE!		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	-	3. TIME OF DEATH
	Catherine (	Gertrude Gutl	hrie		1.0	28 1996	4:16A M
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. B	BIRTHPLACE (State or Foreign
	577-16-5866	1 □ M 2 □ F	80 YRS.	NTHE DAYS HOURS MIN.	December		Washington, DC
	9a. FACILITY NAME (If not inatitution, give str			. CITY, TOWN OR LOCATION OF		9c. COUNTY	
E	Anno Amundol Mod	dical Conton		Annanalia		A	a Amum da 1
DIRECTOR	Anne Arundel Med			Annapolis		Allile	e Arundel
뿐	10s. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCATION			10d. INSIDE CITY LIMITS?
		Arundel		Annapolis			YES 2 NO
FUNERAL	10e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
l iii	705 Americana Dr	ive Apartme	nt 58	2140			ed States
15	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D		13. WAS DECENDENT OF HISP If yes, specify Cuban, Mexi		18 or No- 14.1	RACE — American Indian, Black, White, atc.
BY	3 XVIdowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 TYES 2 NO Spec	olfy:		Specify: White
	15. DECEDENT'S EDUC	CATION	16s. DECEDENT'S US	UAL OCCUPATION	16b. KIND OF BI	JSINESS/INDUST	
	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of work life. Do NOT use n	done during most of working	1	ited Sta	
12	Lienary decorately (0-12)	2	Civiliar	Employee		val Acad	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		01711101		IAME (First, Middle, Maide		cmy
ш	Robert E. Jacks	son		E1	sie Skotch		
00	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street and Number or Run		wn, State, Zip Cod	(e)
2	Robert D. Guthrie	2	100 Gre	at Oak Drive	Annapolis	. Marvla	and 21403
	29ayMETHDD OF DISPOSITION 4¥ABurtal 2 ☐ Cremation 3 ☐ Ramo	20th	PLACE ANO DATE OF		DATE 20c. L	OCATION — City	or Town, Stata
	4 Donation 5 Other (Specify)	Н	netery, cremetory or other illcrest N	femorial Garde	ns 3/1/96	Annapol:	is, Maryland
	21. SIGNATURE DE FRIHEIVAD SERVICE LIC	ENSEE		22. NAME AND ADDRESS OF	FACILITY John M.	Taylor	Funeral Home
	MASSINE	i lati		147 Duke of	Gloucester	St. An	napolis, MD
	23. PART i. Enter the diseases, or c	complications that cause	d the daeth. Do not	enter the mode of dying, so	uch as cerdisc or rea	piratory srrest,	Approximate
	ahock, or heert fallure. I IMMEDIATE CAUSE (Final	List only one ceuse on e	ech line.	1			Onset and Death
	disease or condition resulting in death)	Carion	AC H	YYP51			
	resulting in death)	DUE TO (OR AS	A CONSEQUENCE OF):	- 1	1		
z		MUDO	CARDI	A Infa Ather	YCTIDY	7	1 ugh
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUEDO (OR AS	A CONSEQUENCE OF):	111-	10.10		
2	CAUSE (Disease or Injury	· COYDY	A CONSEQUENCE OF:	Merc	SLIEY	0215	> 1775
Ē	that initiated events reaulting in death) LAST	DUE TO (OR AS )	A CONSEQUENCE OF):				
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AL	PART II. Other significant condition	a contributing to deeth b	out not resulting in	the undarlying ceuse given		N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
					1 □ YES		COMPLETION DF CAUSE OF DEATH?
MEDIC							1 YES 2 NO
ä	DID TOBACCO USE CONTE	RIBUTE TO CAUSE C	OF DEATH YES	☐ NO ☐ UNCERTA	IN Z		
N S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSEHTAL:	26. PLACE OF DEATH				
/SI	1 TES 2 DAO	1 Inpatient 2 ER/Out		THER:  Nursing Home 5 Residence	a 6 Other (Specify)		
PHYSICIAN:	27, MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME C	Y 28c, INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCURE	D
BY	1 Natural 5 Pending 2 Accident Investigation			M 1 YES 2 NO			
	3 Suicide 6 Could not be	28e. PLACE OF INJURY building, atc. (Spe	Y — At home, ferm, stre pcify)	et, factory, offica	26f. LOCATION (Stree City or Town, Stat		iural Route Number,
COMPLETED	CONSTRUCTION OF THE PARTY OF TH			nt the time, data and place, and d			
Ó	2 MEDICAL EXAMINE	R on the seals of examination	on and/or investigation,	n my opinion, death occured at t	he time, date and place,	and due to the ca	use(e) and manner as stated.
ш	29b. SIGNATURE AND TITLE OF CENTREE	.0	2110	29c. LICENSE N	UMBER	29d. DATE SIG	GNED (Month, Day, Veer)
TO B	-/01/	Joure V	78)	1218	529	1 7	128/96
F	30. NAME AND ADDRESS OF PERSON WA	O COMPLETEO CAUSE OF DE	EATH (ITEM 27) (Type, Pr	int) A	- L 0	1	11101
	BOOTGINGELY	TWE.	Le 15/	TYINAL	1019 1H	d. 1	1401
	31. DATE FILED (Month, Day, Year)		NATURE				
	MAR 01 19	98 de 185	Mary Port	y			

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the completely filled fin by the funeral director, page 5 may be retained by the hospital or attending physician.

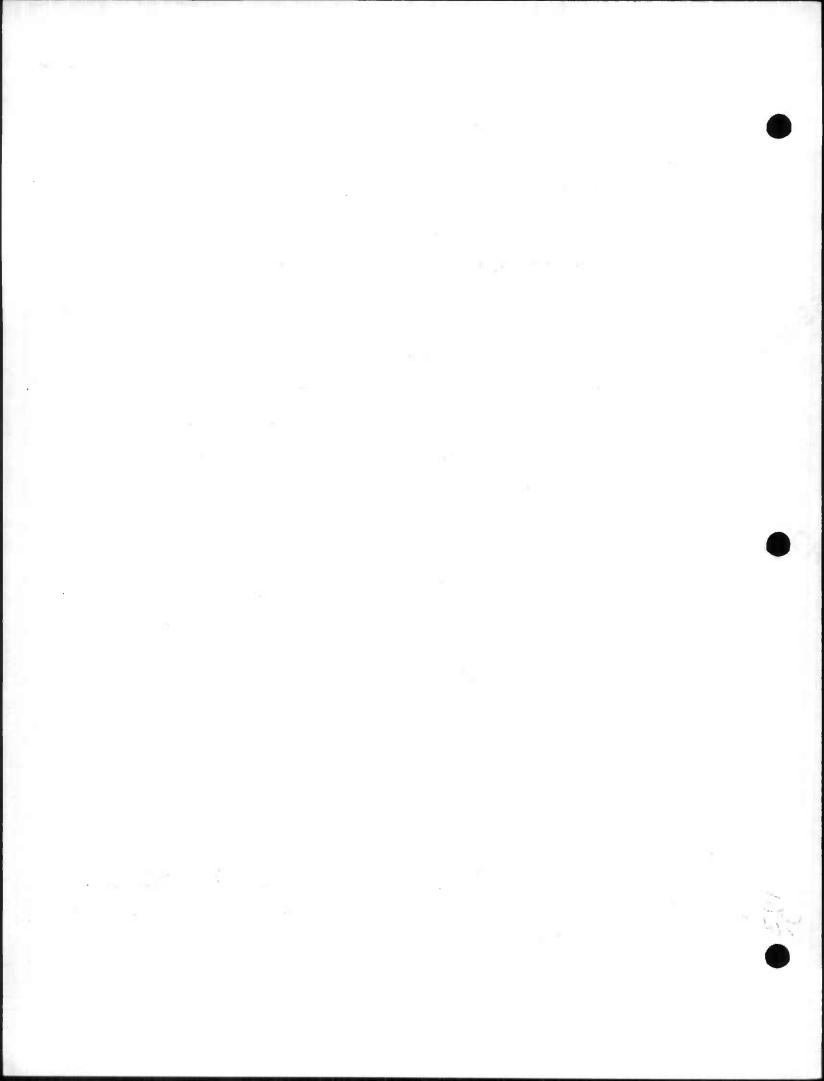
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MAI			ENT OF H		MENTAL HYGI				
Ì	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF GEATH	_		3. TIME OF DEATH	
3	Robert Dalton		Gani	naway		Februar	7 26,1	YEAR QQG	1:05	a M
	4. SOCIAL SECURITY NUMBER 5. SEX 8.	AGE (in yrs. last bi	irthday) IF L	INDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		0. BIRTH	IPLACE (State or Form	
	216 - 07 - 8719 1 <sup>™</sup> 2□ F	95	YRS. MON	THS DAYS	HOURS MIN.	Feb 15,		Count	m ginia	
	9e. FACILITY NAME (If not institution, give street and number)		9b.	CITY, TOWN O	R LOCATION OF DI			NTY OF D		$\dashv$
S.	Wilson Health Care Center		G	aither	sburg		Mon	tgom	erv	- 1
5	RESIDENCE OF DECEDENT							90		
DIRECTOR	10e. STATE 10b. COUNTY	1		WN OR LOCAT	ON				10d. INSIDE CITY LIMITS?	
	Maryland Prince George		Laure						1 🔀 YES 2 🗌 N	0
RAI	10e. STREET AND NUMBER				ZIP CODE				WHAT COUNTRY?	
FUNERAL	417½ Laurel Avenue				0707		USA			
5	11. MARITAL STATUS  1 Never Married 2 Merried  12. WAS DECEDENT EVER FORCES? 1 1	YES 2 NO	ED	13. WAS OECI if yee, spe	INDENT OF HISPAI city Cuban, Mexice	HC ORIGIN? (Specify n, Puerto Ricen, atc.)	Yee or No-	14. RACI Black	E — American Indian k, White, etc.	,
B	3 M Widowed 4 Divorced IF YES GIVE WAR	1920		1 TYES	2 NO Specify	<i>r</i> :		Spec	•	
	15. OECEDENT'S EDUCATION		DENT'S USU	AL OCCUPATIO	N	16b, KIND OF	RI ISINESS/IN		√hite	-
	(Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5+)	(Glve	kind of work of NOT use reti	done during mos	t of working	100.11.11.0	5551112557111	DOGIIII		
7	Grade 9	Plum	ber			Plumb:	ina			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	1 - 2 - 3			18. MOTHER'S NA	ME (First, Middle, Maid				
	Gid Gannaway				Minnie	Bowles	,			- 1
B	19e. INFORMANT'S NAME (Type/Print)	19b. N	MAILING ADD	RESS (Street at		Route Number, City or	Town, State, Zi	p Code)	2087	,
임	Douglas L. Benton					ve. #104			burg, MD	_
	20e. METHOD OF DISPOSITION 1   Burlel 2 □ Cremetion 3 □ Removal from State	20h PLACE AND	DATEGEDIS	SPOSITION (Na	ne of		LOCATION -			
	4 Donetion 5 Other (Specify)	cemetery, crama Ivy Hi	LII Ce	metery		2/29 La	urel,	Mary	land	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			22. NAME AN	D ADDRESS OF FA	CILITY				
	V11.1-110 6 1.11					eral Home			1 00000	
$\neg$	23. PART I. Enter the diseases, or complications that ca	used the death	h. Do not e	nter the mod	le of dving, suc	ve. Laure	apiratory ar	ryıa	Approximat	
	shock, or heart failure. List only one cause	on each line.							interval Bet	ween
	IMMEDIATE CAUSE (Final disease or condition	Pneu	mn	nia					Fow a	7
	resulting in death) s	AS A CONSEQUE		11-1					10000	The same
z										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	AS A CONSEQUE	ENCE OF):							
2	cause. Enter UNDERLYING CAUSE (Disease or injury									
느	that initiated eventa DUE TO (OR resulting in death) LAST	AS A CONSEQUE	ENCE OF):							
H.	d									
AL 0	PART ii. Other significant conditions contributing to dea	ath but not read	uiting in the	e underlying	cause given in	Part I. 24a. WAS	AN AUTOPSY	24b	. WERE AUTOPSY FINI	DINGS
	STROKET					PERI	2 NO		AVAILABLE PRIOR TO COMPLETION OF CA	
MEDIC						'   YES	2 Di NO		OF DEATH?	
	DID TOBACCO USE CONTRIBUTE TO CAUS	E OF DEATH	YES [	M ON F	UNCERTAIL				1 YES 2 NO	
Ž	25. WAS CASE REFERRED TO MEDICAL			heck only one)	OTTOLKIAII	1 0				
S	EXAMINER?  1 YES 2 NO 1 Inpution 2 ER	/Outpatient 3 🗆	DOA ST	MER:	5 Residence	8 Other (Specify)				
<u></u>	27. MANNER OF DEATH 28e. DATE OF INJU		8b. TIME OF	28c. INJU	RY AT	28d. DESCRIBE HO	W INJURY OC	CURED		
BY PHYSICIAN:	1 Netural 5 Pending (Month, Day, M	our)	INJURY	M 1 Y	ES 2 NO					- 1
	3 Suicide 8 Could not be	JURY — At home,	, farm, street,	factory, office		281. LOCATION (Stre	et end Numbe	or Rural F	loute Number,	$\neg$
ED	4 Homicide detarmined	(Gpoony)				City or Town, St	He)			
COMPLET	29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the beat of my	knowledge, death	occurred at 1	the time, data i	and place, end due	to the cause(a) and a	namner aa sta	ted.		
	One) 2 MEDICAL EXAMINER: On the beals of exemi								) end manner ee stat	ed.
_ 11	29b. SIGNATURE AND TITLE OF CERTIFIER	. ~			29c. LICENSE NUM	IBER	29d, DAT	E SIGNED	(Month, Day, Year)	-
BE	y. Wratilan	Luns	,			1518	D F	eb.	26, 199	6
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE O	F DEATH (ITEM 2	7) (Type, Print)	_			1		6	
	ou CHABUNI,	1117	9	Koch	WILL	= Ple	t #	316	Rocker	yuz
	31. DATE FILED (Month, Day, Year) 32. AEGISTRAR'S	SIGNATURE							2009	
	FEB 2 7 1996 Julia d'ave	clear Rando	Щ							
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	ges 1, 2, 3 should	
ittending physician.	use as the burial-transit permit. Pa	
retained by the hospital or a	5 should be detached for use as the	
after death. Page 6 may be	y the funeral director, page	noval.
executed within 24 hours	sician and completely filled in b	to burial, cremation, or ren
at the death certificate be	attending phy	and Mental Hygiene prior
HYSICIAN: The law requires that th	this certificate has been signed by the	the State Dept. of Health
ITAL OR ATTENDING PHYS	CTOR: After	72 hours after death with

		1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.
		1. DECEDENT'S NAME (First, Middle, Lest)  2. DATE OF DEATH S. TIME OF DEATH MONTH DAY YEAR  3. TIME OF DEATH
		MARY HENRIETTA GARLITZ FEBRUARY 22, 1996 0415 A M
		4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (in yrs. lest birthdey)  1
3 should		9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH
2,	CTOR	Sacred Heart Hospital Cumberland Allegany
020 physician. burial-transit permit. Pages 1,	DIREC	10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY
Til. P		Maryland Garrett Lonaconing 1
sit per	ERAL	8515 Avilton-Lonaconing Road 21539 USA
Sician.	FUN	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No. 14. RACE — American Indian,
MARYLAND 21215-0020 retained by the hospital or attending physician. S should be detached for use as the burial-tran	BY	1 Never Merried 2 Merried  3 Wildowed 4 Divorced    PORCES   1   YES 2 NO   No Specify Cuben, Maxican, Puerto Rican, etc.)   Specify:   White
r attend	9	15, DECEDENT'S EDUCATION (Specify only highest grade completed)  18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working
otal or d for u		Elementary/Secondary (0-12) College (1-4 or 5+) iffe. Do NOT use retired.)
AND he hospit detached	once. COMPLET	8 th Homemaker Own Home  17. FATHER'S NAME (First, Middle, Maiden Surname)  18. MOTHER'S NAME (First, Middle, Maiden Surname)
YL d by th	m 8	James F. McKenzie Emma Gray
MARYLAND retained by the hospit S should be detached	TO BI	196. INFORMANT'S NAME (Type/Print)  Merla Murray  196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21539  8515 Avilton-Lonaconing Rd., Lonaconing, MD
AE, last be	e e	20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State
MOF ge 6 rr lirector,	must	1   Commetter
ALTIMOR death. Page 6 ma	examiner	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Newman Funeral Homes, P.A., P.O. Box 275
60 L Z 60		23. PART I. Enter the efficience, or complications that caused the death. On not enter the mode of dying, such as cardiac or respiratory arrest,   Approximate
hours ad in or re	medical	shock, or heart feliure. List only one ceuse on eech line.  immediate Cause (Final Onset and Death Onset and Death Onset and Death Onset and Death
	event, the	disease or condition a. RESPIRATURY ARREST 5 min
N 8 5 3		BUE TO (OR AS A CONSEQUÊNCE OF):  ACRICATION OF A CONTRACT
	traumatic ATION	Sequentially liet conditions, if any, leading to immediate  D. BILATERIAL ASPIRATION MENINGNITIS  DUE TO (OR AS A CONSEQUENCE OF):
BOX cate be e physician e prior to	CA LE	CAUSE. Disease or injury  DUE TO (OR AS A CONSEQUENCE OF):
eath certification attending printed Hygien	y, or other traumatic CERTIFICATION	that initiated events resulting in death) LAST
S 5 5 8	600	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS
that than	E 0	Slucie Comentia Performed?    Performed?   AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
RECOR v requires that been signed by t. of Health an	ME	1 UES 2 NO
AL I	S S	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO WOLLD UNCERTAIN 125. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)
<b>⊢</b>	or item YSICI	EXAMINER?  1   YES 2   NO   NO   No   No   No   No   No   No
OF VI PHYSICIAN: this certifical	E le	27. MANNER OF DEATH  28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  1 A Watural 5 Pending
ON DING F After 1 death	is marked D BY PI	2 Accident Investigation 3 Suicide 28 Could call 28e. PLACE OF INJURY — At home, farm, street, factory, office 28t. LOCATION (Street and Number or Rural Route Number,
DIVISION OR ATTENDING I DIRECTOR: After	00 III	4   Homicide detarmined building, etc. (Specify)  City or Town, State)
4 4 K	ANT: If item 2 COMPLET	29a. CERTIFIER (Check only one)  CERTIFIER (Check only one)  CERTIFIER (Check only one)
HOSPITAL FUNERAL Within 72	CON	2 MEDICAL EXAMINER: If the basis of examination and/or investigation, in my opinion, death occured at the time, data and piece, and due to the cause(a) and menner as stated.
TO THE HOSPIT TO THE FUNER De filed within 7	WPOR	296. SIGNATURE AND THE OF CHIPTER  296. LICENSE NUMBER  296. CARE SIGNED (Month, Day, Year)
3	₹ 2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
nds		31. DATE FILED (HOURD, Day, Waly) 32. REGISTRAR'S & GIGNATURE 2
		FEB 2 3 1996 Julia Mandon Randelle



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31. DATE FILED (MO)
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	Pages		
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY 3. TIME OF DEATN LAWRENCE EDWARD GEIGER SR. 2232 FEBRUARY 21,1996 4. SOCIAL SECURITY NUMBER 8. BIRTHPLACE (State or Foreign Country) 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 24 HRS. DAYS HOURS MIN 1 X M 2 - F 176033071 76 Jan 30, 9e. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR SACRED HEART HOSPITAL CUMBERLAND ALLEGANY RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY YES 2 NO Allegany Cumberland FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? USA 21502 804 Tanpley Avenue

11. MARITAL STATUS

12. WAS DECEDENT EVER IN U.S. ARIMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yee, specify Cuben, Mexican, Puerto Ricen, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? TY YES 2 IF YES, GIVE WAR OR DATES 1 Never Merried 2 Merried 3 Widowed 4 Divorced Specify: BY white WW II 18e. DECEDENT'S USUAL OCCUPATION ETED. 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5 +) COMPL Retired Salesman Prudential Insurance Co. 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Meiden Sumeme) Christina (Bartholomai) BE Henry Geiger 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Judy A Schubert

20e. METHOD OF DISPOSITION

1%] Buriel 2 Cremation 3 Removal from State
4 Donetton 5 Other (Specify) 326 Cumberland Street: Cumberland, MD 21502 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — Cify or Town, State DATE Cumberland, MD Paul Cemetery 02 02/24 Peter. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Scarpelli Funeral Home Cumberland, MD 21502 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Batween Onset and Death **IMMEDIATE CAUSE (Final** disease or condition O. CARDIDICESPICATORY AMECT resulting in death) ARRHYTHAIA CERTIFICATION Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL

SEVENE P	RIBUTE TO CAUSE OF DEA		NO UNCERTAL		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 70	26. PLAC HOSPITAL: 1   Inpetient 2   ER/Outpatient 3	E OF DEATN (Check OTHE DOA 4 \( \text{Nu} \) Nui		8 Other (Specify)	
27. MANNER OF DEATN  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK?  1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCURE	ED
3 Suicide 6 Could not be determined	26e. PLACE OF INJURY — At ho building, etc. (Specify)	me, ferm, street, fec	tory, office	261. LOCATION (Street and Number or R City or Town, State)	lurel Route Number,
(Oridon Oriny				e to the cause(e) end menner ee atated. e time, date end plece, end due to the ce	use(e) and manner ee stated.
29b. SIGNATURE AND TITLE OF CERTIFIER	1	7	29c LICENSE NU		GNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

22. REGISTRAR'S SIGNATURE

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VTO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 ma	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, it	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 3. TIME OF DEATH GORDON LESLIE GARLITZ FEBRUARY 23, 1996 PM 6:00 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH
(Month, Day, Year)
May 27, 1940 6. BIRTHPLACE (State or Foreign Country) DAYS HOURS 17 M 2 | F 55 218-38-0237 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH ALLEGANY **CUMBERLAND** DIRECTOR SACRED HEART HOSPITAL 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Allegany Cresaptown T YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? USA 21502 14403 Brant Road 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Maxican, Puarto Rican, etc.)
1 YES 2 NO Specify: RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married Specify BY 3 Widowed 4 Divorced white 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) during most of working COMPLET Elamentary/Secondary (0-12) College (1-4 or 5 +) Stroehmann Bakeries Retired Truck Driver 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) Evelyn (Hetz) Clarence Garlitz 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 21502 14403 Brant Road; Cresaptown, MD Jeanette Garlitz 20a. METHOD OF DISPOSITION
1 X Burlel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) DATE 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of 02/26 Finzel, MD Blocher Cemetery 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Scarpelli Funeral Home 23. PART / Enter the diseases, or complications that ceuced the death. Do not enter the mode of dying, such as cerdiac or respiratory erreat, ahock, or heart failura. List only one cause on each line. Approximate intarvai Between **Onset and Death** IMMEDIATE CAUSE (Final disease pr condition ARDIGENIC reaulting in death) CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in desth) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 246. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 ZING OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 12 UNCERTAIN 1 PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPIPAL: OTHER: 1 YES 2 THO 1 Impatient 2 ER/Outpatient 3 IDOA 4 Nursing Home 5 Rasidence 8 Other (Specify) 27. MANNER QE-DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED INJURY 1 Natural 5 Pending м 1 YES 2 NO BY 2 Accident Investigation 26a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(a) and manner as atteted. 2 MEDICAL EXAMINER: On Ibi ation end/or investigation, in my opinion, death occured at the time, date and place, end due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 2 30. MAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Gary Wagoner 31. DATE FILED (Month, Day, Year)

ath. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 68760	0	25
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	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after de	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR PEARL 1996 GROVE February 28 21:05 M 4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (In yrs. last birthday 7. DATE OF BIRTH (Month, Day, Year)
Dec. 28,1901 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 🗆 M 2 😾 219-54-1492 Maryland 9a. FACILITY NAME (If not institution 96. CITY, TOWN OR LOCATION OF DEATH Cumberland Allegany Memorial Hospital DIRECTOR RESIDENCE OF DECEDENT 10a, STATE 10b. COUNTY 18c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Allegany Maryland Lonaconing TY YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 21539 10g, CITIZEN OF WHAT COUNTRY? USA 4 Washington St. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-II yes, specify Cuban, Maxicon, Puarto Rican, atc.) RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO 1 Never Married 2 Merried specWhite 1 TYES 2 NO Specify BY 3 💢 Widowed 4 🗌 Divorced 16a. DECEDENT'S USUAL OCCUPATION ED 15. DECEOENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highes (Give kind of work done life. Do NOT use retired.) Ш Elementary/Secondary (0-12) College (1-4 or 5+) Home COMPL Homemaker 0 17, FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Charles Nicol Annie Teasdale 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stets, Zip Code) 2 Betty Holshey 4 Washington St., Lonaconing, Md. 21539 20a. METHOD OF DISPOSITION OATE 20c. LOCATION - City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of 1 XBurial 2 Cremation 3 Removal from State Trostburg Men. Park March 2, 1996 Frostburg, Md. 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Eichhorn-McKenzie Funeral Home Lonaconing, Md. 21539 23. PART/. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, auch as cardiec or respiratory errest, shock, or heart feiture. List only one cause on each line. Approximata Interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition One Hour Respiratory Arrest reaulting in death) DUE TO (OR AS A CONSEQUENCE OF) 24 Hours Hypoxia-Pneumonia CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES INO UNCERTAIN PHYSICIAN: 28. PLACE OF OEATH (Check only of 25. WAS CASE REFERRED TO MEDICAL EXAMINER? SPITAL OTHER: Inpatient 2 - ER/Outpatient 3 - DOA 4 Thursing Home 5 Residence 6 Other (Specify) 27. MANNER OF GEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending 1 YES 2 NO BY Investigation 28e. PLACE OF INJURY — At home, tarm, street, factory, office building, atc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 29a, CERTIFIER 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(a) and manner as stated.

n. Day. 29c. LICENSE NUMBER D 16041 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Terry Williams M.D Memorial Hospital Medical Bldg. Cumberland, MD 21502 1996 Jana Shuster Robell 31. DATE FILED (Month, Day, Year) DHMH-t8 Rev t/89

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

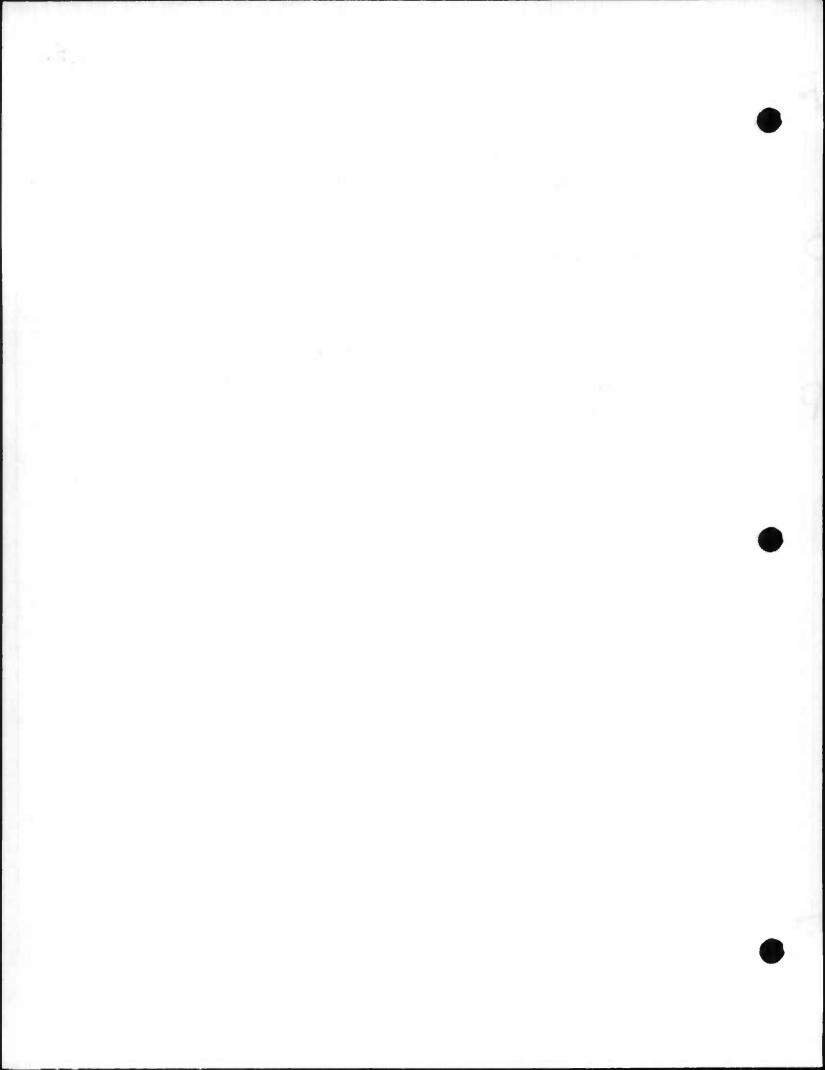
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR STATE

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

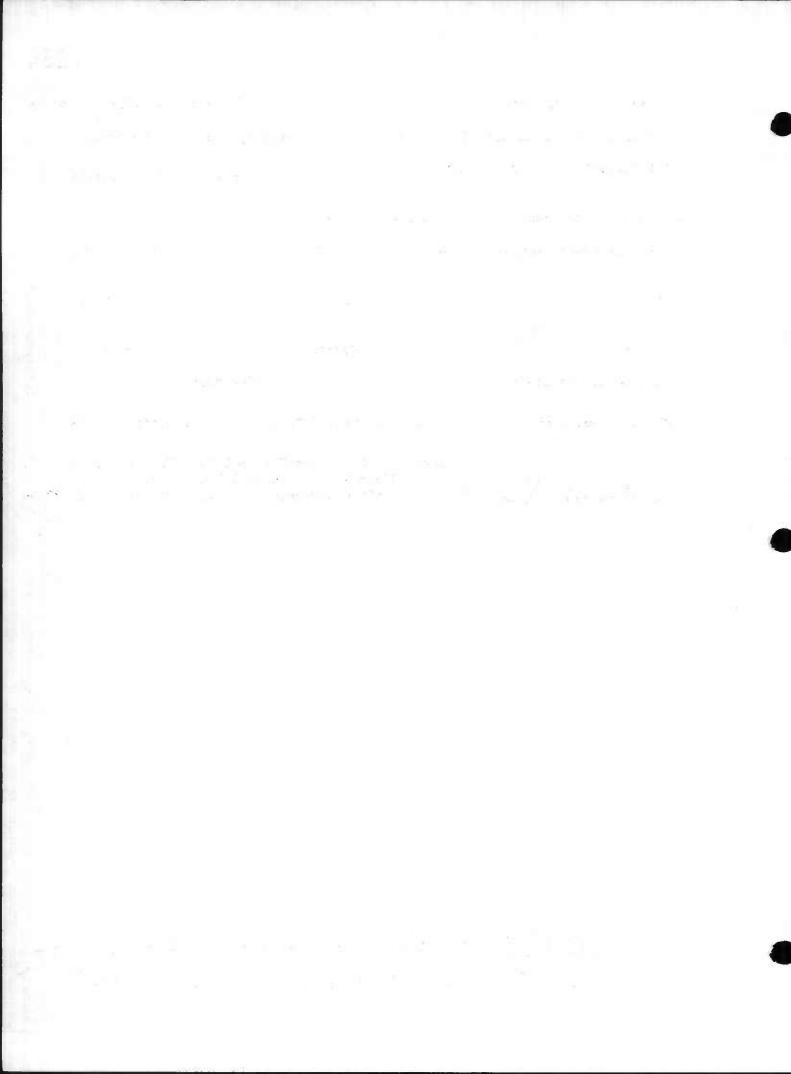
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		GOLDBÉI	26						2. DATE OF DEA MONTH Feb 27	CAN	996 YEAR	3. TIME OF DEATH 1:10 A M
	4. SOCIAL SECURITY NUMBER 215-30-5087	5. SEX	6. AGE (In yrs. les	st birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS.	Jan 23,	Н	B. BIRT	HPLACE (State or Foreign try)
	9a. FACILITY NAME (If not institution, give :	street and number)			9b. CITY,	TOWN C	R LOCATION	ON OF DE			COUNTY OF	
E	4266 Sycamore Dri	ve			H	lamp	stead	d		-	Carr	
DIRECTOR	RESIDENCE OF DECEDENT											
H	10a. STATE 10b. COUNT			10c. CITY	, TOWN O							10d. INSIDE CITY LIMITS?
	Maryland C	arroll				Ham	pste	ad				1 YES 2 X NO
A	10e. STREET AND NUMBER					101	ZIP CODE			10g		WHAT COUNTRY?
FUNERAL	4266 Sycamore Dri	ve					2	1074			US	Α
5	11. MARITAL STATUS	12. WAS DECEDEN			13. V	AS DEC	ENDENT O	F HISPAN	IC ORIGIN? (Speci	y Yes or No	- 14. RAC	CE - American Indian,
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	YES 2 X I	NO				in, Mexicar Specify:	n, Puerto Rican, et	<b>∟)</b>	Spe	ck, White, etc.
	3   Widowed 4   Divorced	l			1							White
Ĭ	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DE	CEOENT'S live kind of w Do NOT us	USUAL OC	CUPATIO	N st of workin	10	16b. KIND O	F BUSINES	S/INDUSTRY	
ш	Elementary/Secondary (0-12)	College (1-4 or 5+	)					•	Not	h (		Address
COMPLETED	12			.egal	Secr	eta						Attorney
8	17. FATHER'S NAME (First, Middle, Last)						16. MOTH	HER'S NAM	ME (First, Middle, M	siden Sumai	me)	
BE	Carl P. Schaller							9	Stallin	-		
2	19a. INFORMANT'S NAME (Typo/Print)  John Edward Coope	n In	19	SOSE	ADDRESS	(Street as	nd Number	or Rural R	, Cockey	Town, Stat	a, Zip Code)	21020
.		, 01.						NO du	, cockey	3 4 1 1 .	te, MD	21030
	20a. METHOD OF DISPOSITION 1 ☐ Burlal 2 ☐ Cremation 3 ☐ Ram	oval from State	cemetery, cre	metory or ot	per placel						N — City or T	
	4 Donation 6 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIC	-	Carr	oll	remo				2/27	Hamp	ostead	, MD
		PENSEE			22. N	IAME AN	D ADDRES	SS OF FAC	Eli	ne Fu	uneral	Home
	•				9	34	S Ma	in S	t, Hamps	tead.	MD 2	1074
	23. PART I. Enter the diseases, or	complications that	caused the de	ath. Do n								Approximata
	ahock, or heart failure.  IMMEDIATE CAUSE (Final	List only one cau	se on each iina	1.								Interval Between Onset and Death
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	resorting in death)	DUE TO	OR AS A CONSE	DUENCE OF	):	/						1 113
z	C	b										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	OUE TO	OR AS A CONSEC	DUENCE OF	):							
2	CAUSE (Disease or injury	c										
E	that initiated events resulting in death) LAST	OUE TO	OR AS A CONSEC	GUENCE OF	):							
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	PART II. Other aignificant condition	a contributing to	death but not r	eaulting is	the und	lerlying	cause g	given in F	Part I. 24a. WA	S AN AUTOI	PSY 24	b. WERE AUTOPSY FINDINGS
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									יי ו	S 2 (V)	°	OF DEATH?
Σ.	DID TOBACCO USE CONT	PIBLITE TO CAL	ISE OF DEA	TH VE	я П м	OR	LINC	EDTAIN			İ	1 YES 2 NO
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PHYSICIAN	EXAMINER?  1 YES 2 ANO	HOSPITAL:			OTHER		- kala		- 507 Decem			
¥∥	27. MANNER OF DEATH	28a. DATE OF		28b. TIME		ng Home 28c. INJL	-		28d. OESCRIBE H		OCCUPED	
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B	2 Accident Investigation 3 Suicide & Could not be	28s. PLACE OF	INJURY — At ho	me, farm, si	reet, facto			_	201. LOCATION (S	met and No	mhas as Romal	Davida Mirahas
	4 Homicide 8 Could not be determined	bullding,	rtc. (Specify)			,,			City or Town,	State)	moer or norar	noole rumber,
9 1	29a. CERTIFIER				_		-					
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI	CIAN: To the best of a	ny knowledge, de	eth occurre	f at the tin	ne, data	and place,	and due t	to the cause(a) and	menner as	stated.	
8	2 MEDICAL EXAMINE		ministron and/or i	inventigation	, in my op	inion, de	enth occur	ed at the t	ime, data and plac	e, and dua	to the cause(	s) and manner as stated.
B	296. SIGNATURE AND TITLE OF CERTIFIER	3						NSE NUM		29d.	DATE SIGNE	(Month, Day, Year)
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2	20 NAME AND ADDRESS	0.000										
2	30. NAME AND ADDRESS OF PERSON WHO			(1) (Type,		57	e		SALTO.	40	212	04
10		P 650		CHAN		ST	ď	- 6	SAN	40	212	04



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State of Maryland / Department of Health and Mental Hygiene 95

						Cei	rtificate (	of Death		Re	g. No.		71207
	Physic /Medi		1. Decedent's Neme (First, Middle, L Natalie (	ası) Gulevich					P F	Dete of Deeth Month ebruary	y 26,	1996	3. Time of Deeth 8:30 PM
	Exami		4e. Fecility Neme (If not institution, g 2112 Belveder			pt. #1			own, or Local ver Sp	tion of Deeth ring	4c. County	of Deeth	ery
	Funeral Director	F	134-26-7962	Sex 7 1 □ M 2 1 F	7. Age (In yrs. I 83	ast birthdey) Yrs.	If Under 1 Y Months De			Dete of Birth (Month, Dey, uly 12			ca (Stete or Foreig y) Sia
	he Maryland 8a-f show outlied at	ector		gomery	10c. City	, Town or Lo Silve	r Sprin						d. Inside City Limit
	th with the	Funeral Directo	10e. Street end Number 2112 Belvedere	Bouleva	rd, Apt	#1	10f. Zip Cod 20	902		10	g. Citizen of V	What Country ed Sta	•
020	J within 72 hours effer death with the Maryland lene. Then "natural", or frems 23a or 28s-f show the Medical Examiner must be notified at		11. Meritel Stetus  1 Never Married 2 Merried  3 Widowed 4 Divorced	12. Wes Deced Armed Ford 1 Tyes 2 If Yes, Give Yeer or Det	966? 21 No	1	Wes Decedent f Yes, specify (	of Hispenic Ori Cuban, Mexican No Specify:	n, Puerto Ric	y Yes or No- can, etc.)		ce - American ck, White, etc	c.
121	within then	Completed by	15. Decedent's (Specify only highest g Elementery/Secondery (0-12)	Education rede completed) College (1-4	4or 5+)	(Give life. L	dent's Usuei Oc kind of work do DO NOT use re ice Wor	one during mos otired)	st of working		6b. Kind of Business/Industry  AcGraw Hill		
nd	tel Hyg d other event,	To Be C	17. Father's Neme (First, Middle, Les George Eltchar	*				18. Mothe		First, Middle, Mi	eiden Suman	пе)	
Z	1 and 2 sh Health and om 27 is m ther traum		19e. Informent's Neme/Reletionship Wladimir Gulevi 20e. Method of Disposition		20b. PI	1126 ece of Dispo	Locksf	ord Ter	rrace,	Silver		ng, MD	20901
Baltimore,	permit. Pages Depertment of I Important: If its eny injury or or once.		1 Burial 2 Cremetion 3 4 Donetion 5 Other (Spec	ify)	tete	ssian (	or thodo ingsental	plece) x Conve trass of Facili	ent 2- Funera	28-96 1 Home,	Sprin	ng Val	ley, N.Y
3	Physician /Medical Examiner	J.	23a. Psrt1. Enter the disesse, or conshock, or heart feilure. List only immediate Cause (Final disesse or condition resulting in deeth)	nplicetions that cause on each	etre		er the mode of	_	cardiac or re		st,	A Ir	Approximete IntervsI Between Onset end Deeth
_	seth certificate be axecuted attanding physician end for usa as the burlal-transit	n/Medical Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Last	c		es s conseques a conseques				Dis	See See		years
.C. D.	the d	Physician	Pert II. Other significant conditions	contributing to deal	th but not resu	iting in the ur	nderlying cause	given in Pert i	l.				he cause of death
necolds,	aw requires ts been sign 2 should be	Completed by								24e. Wes sn perform		availe	s sutopsy findings able prior to pletion of cause eath?
	The ate h	e Com	25. Was case referred to medical	1				00 81			s 2 No	101	Yes 2□ No
VIIA	S 00 0	To B	examiner? 1 ≥ Yes 2 □ No	Hospitel:	patient 2 E	R/Outpatien	t 3D DOA	Other		5 Residen		er (Specify)	
	After fune	Certification: 7	27. Manner of Deeth  1 Neturel 5 Pending 2 Accident investigatic 3 Sulcide 6 Could not	28e. Dete of (Month,	injury Dey Year)	28b. Time of Injury	28c. I	njury et Work? 1 ☐ Yes 2 ☐	No 280	d. Describe how	w Injury occur	red	
	5 1 1 5 G	- F	4 Homicide determined	288. Piece of	f Injury - At hor , etc. (Specify, est of my know	)				Location (Stre City or Town,	State)		
	To the Hospital within 24 hours a To the Funeral C completely filled	Medical		miner: On the basi end menne	is of examineti		restigetion, in n			et the time, det		end due to th	he cause(s)
	= 3 <del>=</del> 8		> >0		0			200	54	6 -	7.1		91
			30. Neme and address of person who	completed cause	of deeth (Item	23a) (Type, I		- 0 6			TRD	- 9	30 ths
			31. Date filed (Month, Pay Year)	10	rietrarie Sinner	- 6	3218	8 C	250	en Si	2 4	and	No.
ľ	Sta Registr		31. Dete filed (Month, Dey, Year) FEB 2 8 1996	32 Rec	dudler (	ordall							



# TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit, Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 28 is marked, or litem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR	STATE OF MARY		MENT OF I		MENTAL	HYGIEN	E		
1. DECEDENT'S NAME (First, Middle, Last)  Alice Shelton	Geiger				MONTH	OF DEATH DA	2, 19	EAR	TIME OF DEATH
4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	8.	BIRTHPLA	CE (State or Foreign
214-42-5629	1 M 2 X F 8	2 YRS.	MONTHS DAYS	HOURS MIN.	May	16,19		orth	Carolina
9e. FACILITY NAME (If not institution, give st				OR LOCATION OF D	EATH		9c. COUNTY		
8008 Old Georget	own Koad		Beth	esda			Mon	tgome	ery
10e. STATE 10b. COUNTY		10c. CITY	TOWN OR LOCA	112					I. INSIDE CITY LIMITS?
Maryland Mo	ontgomery		Bethe	esda oi. zip code			40- 0171701		YES 2 XNO
8008 Old Georgetov	vn Road			20814			Unite		
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YE IF YES, GIVE WAR OF	S 2 XNO	If yes, s	DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— s, specify Cuben, Mexican, Puerto Rican, etc.)  YES 2 MO Specify:  White					
16. DECEDENT'S EDUC	CATION	16a. DECEDENT'S			16b.	KIND OF BUS	SINESS/INDUS	TRY	WILLCC
(Specify only highest grade Elementery/Secondary (0-12)	College (1-4 or 5+)	(Give kind of w	ork done during m retired.)	ost of working					
	2	Homema	ker				Home		
17. FATNER'S NAME (First, Middle, Last)  Theodore Shelt	ton			18. MOTHER'S NA			Surname)		
190. INFORMANT'S NAME (Type/Print)	LOII	19b. MAILINO	ADDRESS (Street	and Number or Rural				ode)	
Jenny Geiger									and 20904
20e. METHOD OF DISPOSITION  1	numl from State	20b. PLACE AND DATE Cometery, crematory or of					CATION CH		
4 Donation 5 Other (Specify)		Montgomery Montgomery	Cremat	torium, I	nc.	Bet	hesda,	, Mar	yland
21. SIGNATURE OF FUNERAL SERVICE LIC	7. Kulle	M00348	Home,	Bethesda Onsin Ave	i-Che	vy Cha	se, ir	1C.,	
23. PART I. Enter the diseases, or a shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause of		scular 1		ch as card	liac or respi	ratory arrea	ıt,	Approximata Interval Batwee Onset and Daa Sudden
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR A	S A CONSEQUENCE OF	7):						
PART II. Other significant condition	s contributing to deat	h but not resulting i	n the underlyle	ng ceuse given in	Part I.	24a. WAS AN PERFOR	PMED?	CC	ERE AUTOPSY FINDING AILABLE PRIOR TO IMPLETION OF CAUSE DEATH?
DID TOBACCO USE CONTI	RIBUTE TO CAUSE	OF DEATH YE	S NO [	UNCERTAI	N 🗆				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEAT	N (Check only one	)					
1 XYES 2 NO	1 Inpatient 2 ER/0			me 5 Residence			NJURY OCCU	OED.	
1 X Natural 5 Pending	(Month, Day, Yes	ir) INJ	URY W	YES 2 NO	260. DE:	CHIBE HOW I	MJOHT OCCO	neu	
2 Accident Investigation	28e. PLACE OF INJ building, etc. (	JRY — Al home, lerm, s Specify)	street, factory, off	Ice		ATION (Street or Town, State)	end Number or	Runel Rout	e Number,
3 Suicide 6 Could not be 4 Homicide determined				i e i e i e e e e e e	e to the car	rse(s) end me			
4 Homicide determined  29a. CERTIFIER (Check only 1 X CERTIFYINO PHYSI	CIAN: To the best of my ki								nd menner es stated,
4 Homicide determined  29a. CERTIFIER (Check only 1 CERTIFYINO PHYSI	R: On the basis of ensuin				e Ilme, date		nd due to the	ceuse(s) e	onth, Day, Yeer)
4   Homicide determined  29e. CERTIFIER (Check only one) 2   MEDICAL EXAMINE	R: On the basis of ensuin			death occured at the	e Ilme, date		29d. DATE 1	ceuse(s) e	
4 Homicide determined  29a. CERTIFIER (Check only One)  2 MEDICAL EXAMINE	R: On the basis of exemple	DEATH (ITEM 27) (Type,	n, In my opinion, Print)	29c. LICENSE NU D20065	e Ilme, date	and place, er	29d. DATE 1	ceuse(s) e	onth, Day, Yeer)



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Durs after death, Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - STATE

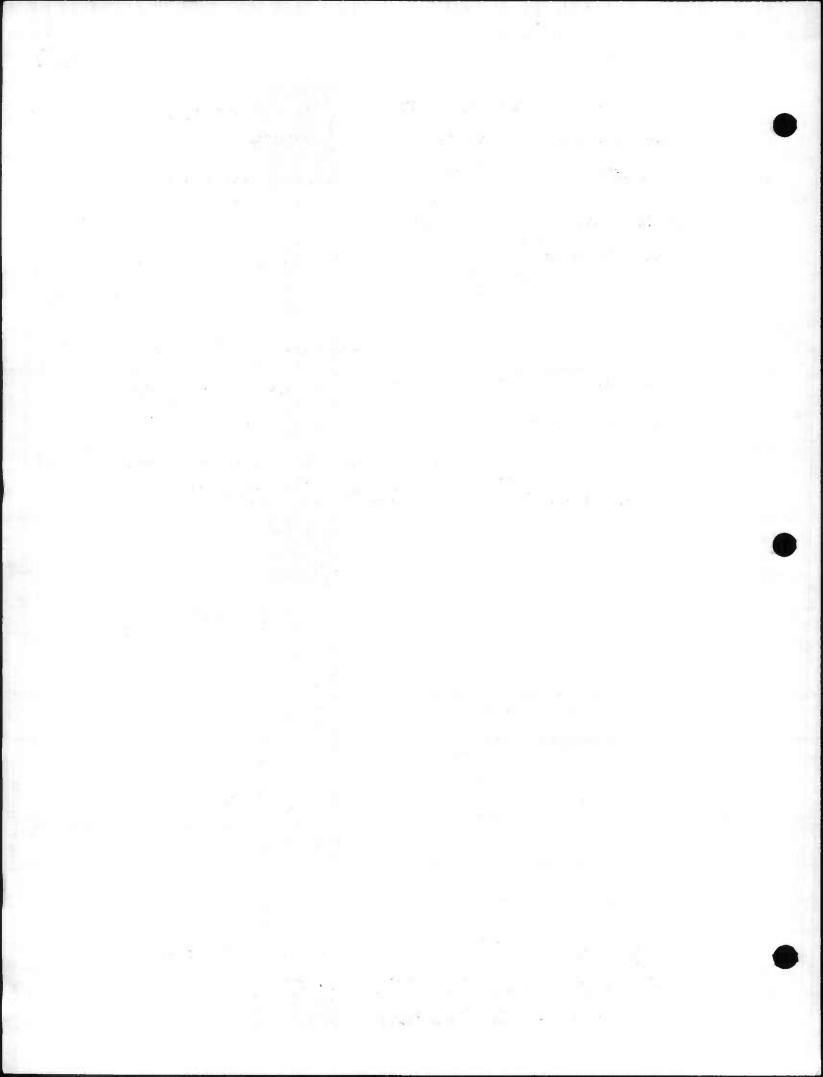
## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	REGISTRAN		C	ENTIF	TOATE	- Ur	DEAL	п	H	IEG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)  Robert Will	lie Harmo	ก				E H		2. DATE OF I	DEATH DAY 24	YEAR 96	3. TIME OF DEATH 5:40 DM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Ia:		IF UNDER							
- 4	212-72-0235	17 M 2 . F	37	YRS.	MONTHS	DAYS	HOURS	MIN.	7. DATE OF E	, 1958	B Mai	HPLACE (State or Foreign try)  Cyland
	Se. FACILITY NAME (If not institution, give a	street end number)	-		9b. CITY	, TOWN	OR LOCATIO	N OF D			COUNTY OF	DEATH
DIRECTOR	Waterview Nursing	ng Center			Sa	lis	oury				Wicon	nico
EC	10e. STATE 10b. COUNT	γ		10c CIT	Y, TOWN	OR LOCA	TION	_				10d. INSIDE CITY
		ester			Poco							LIMITS?
AL	10a. STREET AND NUMBER		11-2			10	. ZIP CODE			10	g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	1552 Union	ville Roa	d					218	51		USA	4
BY FU	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2 X			If yes, sp	ENDENT OF	, Mexica	NIC ORIGIN? (S on, Puerto Ricar y:	pecify Yes or N n, etc.)	fo- 14. RAC Blac Spe	E — American Indian, ck, White, etc.
	15. DECEDENT'S EDU		16a. Of	ECEDENT'S	USUAL O	CCUPATION	DN	_	16b. KIN	ID OF BUSINES	SS/INDUSTRY	
ETED	(Specify only highest grade Elementary/Secondary (0-12)		Life.	live kind of a. Do NOT u	work done se retired.)	during mo	as of working	7				
COMPLI	Elementary/Secondary (U-12)	4 year		Sale	sman	1			Lowe	es & Se	ervice	Merchandise
O	17. FATHER'S NAME (First, Middle, Last)	4 year	3				18. MOTH	ER'S NA	ME (First, Middl			
	Willie Robe	ert Harmo	n				III. MOTH		cy Ann			
BE	19e. INFORMANT'S NAME (Type/Print)			b. MAILING	ADDRESS	S (Street o	nd Number		Route Number, C			
5	Willie R. H	Harmon							l, Poco			351
	20a. METHOD OF DISPOSITION 1 Suriel 2 Cremation 3 Rem	ound from State	20b. PLACE	ANDDATE	OF DISPOS	ITION /N	ame of		OATE	20c. LOCATIO	ON — City or T	
	4 Donation 5 Other (Specify)		Trini	Ly C	Nurch	Cer	neter	у	2/28/9	Unic	pnville	e MD
	21. SIGNATURE OF FUNERAL-SERVICE LA	CENSEE	_	-	22.	NAME A	ADDRES	S OF FA	necal H	TINO		
	1/20								Pocomo		ty MD 2	21851
	23. PART I. Enter the diseases, or	complications the	t caused the de	eath. Do								Approximata
	shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cau	LDS .	ð.								Interval Between Onset and Death
	in addition		(OR AS A CONSE		,							
z	0	a_ Tore	OP AS A CONSE	NA	BE	m	N 1	NE				217v
E	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSE	OUENCE O	F):					1.0		
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	C. DUE TO	(OR AS A CONSE	OHENOE O	-							
CERTIFICATION	that initiated events resulting in death) LAST	1	(On AS A CONSE	OUENCE O	τ.							
		d										
EDICAL	PART II. Other significant condition	na contributing to	death but not	reaulting	In the ur	darfyln	g cause g	iven in		PERFORMED	7	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE
									_   10	YES 2-01	NO	OF DEATH?
2												1   123 2   NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOORITA					ACE OF DE	ATH (Ch	eck only one)			
Si	1 TES 2 P-NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHEI 4-1 Nur		e 5 🗆 Res	sidence	8 Other (Sp	ecify)		
F	27. MANNER OF DEATH	28e. DATE OF (Month, D		28b. TIN		28c. INJ	URY AT			BE HOW INJUR	RY OCCURED	
ВУБ	1. Natural 5 Pending 2 Accident Investigation	prom, p	ray, roury	100	M		YES 2	NO				
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE Obuilding,	OF INJURY — At he etc. (Specify)	ome, farm,	street, fect	ory, offic	•			N (Street end A wn, State)	lumber or Rural	Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS											e) end menner ee stated.
E C	296. SIGNATURE AND TITLE OF CERTIFIE			3			29c. LIÇEI					D (Month, Day, Year)
8	commy ly le	CA MI				1			14		2/20	
2	30. NAME AND AODRESS OF PERSON WI	O COMPLETED CAU	SE OF DEATH (ITE	M 27) (Type	Print)	0		_				
	31. DATE FILED (Month, Day, Year)	32 PEGISTRA	P'S SIGNATION	1-6	KIU.	evs	106	IR	10= 70	9/13/50	154"	19-100
	MAHESH MOOK 31. DATE FILED (Morith, Day, Year) FEB 27 1998	Julia di	water ha	rdall								

### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 07257

						Ce	rtificate	of	Death			Reg. No.		0 / 2 0 1
	Dhuaia		1. Decedent'e Neme (First, Middle, La	*							2. Date of De Month	eth Day	Year	3. Time of Death
	Physic /Medi		Emma	Marga		Har	rison				Februar	y 21,	1996	4:50 AM
}	Exami	ner	4a. Facility Name (If not institution, giv University of Ma						Balt	imor			of Death N/A	
	Funeral Director		220-26-1346	Sex I□M 2∏F	7. Age (In yrs. las	t birthday) Yrs.	If Under 1 Months	Year Days	If Under Hours	24 Hrs. Min.	8. Date of Bird (Month, Da NOV.5,	h y, <i>Year)</i> 1917	Cou	place (Stete or Foreign http:/ yland
	fand fand		Usual Residence of Decedent  10a. Stete 10b. County		10c. City, 1	Town or Lo	ocation							10d. Inside City Limits
	the Mary 28a-f eh notified	Director	Maryland Caroli	ne	1	Dento		ada				ton Chinas at	After Court	XXYes 2□No
	ath with 23e or	rai Dir	420 Colonial D				10f. Zip C	216					JSA	
21215-0020	filed within 72 hours after death with the Maryland Hyglene. ther than "natural", or items 23s or 28s-f show ent, the Medical Examiner must be notified at	by Funeral	11. Maritel Stetus  1 Never Married 2 Married  3 D Widowed 4 Divorced	12. Was Dece Armed For 1 Tes If Yes, Giv Year or Da	2 🐧 No e		Was Deceder If Yes, specify 1 ☐ Yes 2X			gin? (Spe i, Puerto	ecify Yes or No Rican, etc.)	Specif	ck, White,	can Indian, etc. ite
5-0	in 72 hours "natural", colon Eur	eted	15. Decedent's Ed (Specify only highest gra	ducation ade completed)		16a. Dece (Give	dent's Usual ( kind of work DO NOT use	Occup done	ation during mos	t of worki	ing	16b. Kind of B	usiness/in	duatry
12	d within plene. r then	Completed	Elementary/Secondery (0-12)	College (1	-4or 5+)	life.			s Aid			Nurs	ing	
DQ 5	be filed ttal Hygi d other event,	Be Co	17. Father's Nama (First, Middle, Last,						18. Mothe	r'e Name	(First, Middle,	Maiden Sumer	ne)	
/lar		To B	William	Edw	in	Lor	'd		Man	ry	Emi	ly M	athis	S
, Maryland	and and le m		19e. tnformant's Name/Reletionship ( Thomas F.Kelley				-					or, City or Town Md. 212		o Code)
Baltimore,	permit. Peges 1 end Department of Heelth Important: If item 27 any Injury or other to once.		20e. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specif.		State	etery, crei	esition (Name metory or other emator	er pla		2	Date /22/96	20c. Location Baltim		own, Stata Maryland
Balt	Departiment importuant in in in in in in in in in in in in in		21. Signeture of Funeral Service Upper	1500		F	Name end ellows	Addre	ss of Fecilit Telfer	ibeir	n, Newn	am Funer ton, Md	ral H	lomes
		П	23a. Part1. Enter the disease, or com shock, or heart failure. List only	plications that co	aused the death.	Do not ent	er the mode	of dyir	ng, such as	cardiac o	or respiratory e	rest,	210	Approximete Interval Between
1	Physician			00	-1.	/	,		/					Onset and Death
	/Medical Examiner		Immediata Cause (Final disease or condition resulting in daath)	a. 1/h	alamie	_h	enov	nf	mg 2				1	10 days
		Je.		11	Dua to for a	s a consec	quanca of):		0				i	1
	cuted	Examiner	Sequentially list conditions,	b	Due to (or a	s a consec	quence of):							
68760,	iceta be executed physician and s the buriel-transit		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disease or Injury that initiated events	· 13	Til f	- Lbr	illat.	7	_					
×	E 00	n/Medical	resulting in death) Lest	d	Due to (or es	s e conseq	uence or):							
. Bo	death ce	Physician/	Part II. Other significant conditions of	ontributing to de	ath but not resulting	ng in the u	nderlying cau	se giv	en in Part I		23b. Dld	lobacco use co	ntribute t	o the cause of death?
P.O	that the de led by the detached											Yes 2 No	3 Pro	
Records,	iaw requires that les been signed b s 2 should be deta	Completed by									24a. Was perfo	an autopay rmed?	av	fere autopsy findings vallable prior to ompletion of cause death?
ž	0 - 5	Com									101	res 20 No	1	□Yes 💥 No
Vital	ysician: The is certificate director, pag	Be	25. Was case referred to medical examiner?	11				100		of Death	(Check only o	ne)		
0	5 00	To To	1 ☐ Yes 2 No 27. Mannar of Death	-		VOutpatier		Oth	4 🗆 140			denca 6 Ott		ty)
Division	eath. cor: After the fune	Certification:	Neturat 5 Panding investigation 3 Sulcide 6 Could not be	n	n, Day Year)	Injury	М		k? Yes 2	No		now injury occur		
DIV	5 4 5 E		4 Homicide determined	20e. Place	of Injury - At home ig, etc. <i>(Specify)</i>	e, ferm, str	eet, factory, o	office			28f. Location (3 City or Tou	Street and Numi vn, State)	ber or Run	al Route Number,
	To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by	edical	29a. Certifier Check only one) Certifying Ph	ysician: To the l ntner: On the ba and mann	sis of examination	dge, death and/or in	occurred at vestigation, In	the tir my o	ne, date an pinlon, dea	d place, a th occurr	and due to the ed at the time,	cause(s) and m date and placa,	ennar as a and dua t	stated. o tha cause(s)
	To t To t	Σ	29b. Signeture end title of certifier	11.					e number			29d. Date signe	d (Month,	Day, Year)
			N Clo	1 /1.	リ.				7673			tob.	21/	760
			30. Name and address of parson who	completed cause	of death (Itam 23	Ba) (Type,	Print)	U	MMS					
	Sta Registr		31. Date filed (Month, Day, Year) FEB 26 19		agistrar's Signatur									



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

					Cer	tificate o	f Death		Reg	. No.	U	01238
	Dhamis	·	1. Decedent's Name (First, Middla, Last)						Date of Death Month	Day	Year	3. Time of Death
	Physic /Medi		RICHARD E. HI	EPDING					EBRUARY			9:00 AM
	Exami		4a. Facility Nama (If not Institution, giva s	treet and number)			4b. City, To	wn, or Location	on of Death	4c. County	of Death	
			6901 Carl Avenue				Balti			Mary	land	
	Funeral Director		5. Social Security Number 6. Sex 215-12-1789	7. Age (In yr. 73	s. last birthday) Yrs.	If Undar 1 Ye Months Day		Min.	Date of Birth Month, Dey, Y			lace (Steta or Foreign try) Land
	P .		Usual Residence of Decedent				,	50		fre fee	THAT	1 dild
	anylar	4	10a. State 10b. County	10c. C	City, Town or Lo	cation					1	Od. Insida City Limits
	h the Marylan r 28a-f ahow s notified at	Sct	MD Baltimore	В	altimor							1 ☐ Yas 2 ☐ No
	with the Maryland a or 28a-f ahow be notified at	금	10e. Street and Number			10f. Zip Code	9		10g	. Citizan of V	Vhat Cour	itry?
	€ 23 mm	ra	6901 Carl Avenue			212				ited S		_
		Funeral Director		2. Was Decedent Ever In Armed Forcas?	U,S. 13. V	Vas Decedent of Yas, specify C	of Hispanic Ori uban, Mexicar	igin? (Specify n, Puarto Rica	Yes or No- in, atc.)		s - Amaric k, Whita,	an Indian, atc.
320	B 6	by F	1 Nevar Married 2 Married 3 Widowed 4 Divorced	tye Yes 2 □ No If Yas, Giva Yaar or Dates:	1	☐Yes 2√∑N	lo Specify:	,		Specify	whit	е
5-0020	n 72 hours natural,	Pa	15. Decedant's Educ		16a, Deced	ent's Usual Occ	cupation		16	b. Kind of Bu	siness/Inc	dustry
215		Completed	(Specify only highest grade Elamentary/Secondary (0-12)	completed) Coilege (1-4or 5+)	(Give I	kind of work don OO NOT use ret	na during mos ired)	t of working				,
21	d withi giene. or then	mo.	Clameriary/Secondary (C-12)	2	midd:	le mana	gement		De	fense	Indu	stry
P	be filed itel Hygi d other event, t	Be	17. Fether'a Neme (First, Middle, Last)				18. Mothe	er'a Name (Fil	rst, Middla, Ma	idan Sumem	θ)	
yla	should be filed within and Mentel Hygiene. marked other than imatic event, tre.	2	Edward Hepding				From	nnie W:	isner			
Maryland	- A		19a. Informant's Name/Relationship (Type	pe, Print)	19b. Maiiin	g Address (Stre	et end Numbe	er or Rural Ro	outa Number, C	City or Town,	Steta, Zip	Code)
an.	s 1 and 2 should f Health and Mer frem 27 Is marks other traumatic		Ethel Hepding (wife			arl Ave					212	
Baltimore	permit. Pages 1 and 2 Department of Health 8 Important: If them 27 is any Injury or other tra		20a. Method of Disposition 1 ☐ Burlai 22☐ Cremation 3 ☐ Re	amovai from Stata	Place of Dispos cematery, crem	sition (Neme of setory or other p	olace)	D	ata 20	c. Location -	City or To	wn, Stata
tim	tant:		4 □ Donation 5 □ Other (Specify)	A DOT	Linco	ln Crem	atory :	2/24/9	6 Br	entwoo	od, M	aryland
39	Depermit Import any In		21. Signature of Europe Service Coense	11/1/	22.	Name and Add	dress of Facili	John M	. Taylo	r Fune	eral	Home, Inc.
	20200		· maca	wit							apol	is, MD 2140
			23a. Part1. Enter the disease, or compile shock, or heart failure. List only on	cations that causad the de a cause on each line.	ath. Do not ante	er tha moda of o	tying, such as	cardiac or ra	spiratory arrast	t,		Approximate Interval Between
	Physician /Medical		Immediete Ceuse (Final	L		. (	) ,				1	Onset end Deeth
	Examiner		diseasa or condition resulting In deeth)	Myoca	rde	ou «	Ma	rele	en			
		ē			(or as a conseq	uenca of):	. 0				1	12,60
	od dansit	Examiner	Convention list conditions	Dualo	(or as a consequ	uslo	~					12915
ó	ifficete be executed g physician and as the buriel-transit	EX	Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Diseese or Injury	Attour	C 0 1 0	Jenos Orj.	- 0	n	1 10	sel	000	disco
68760,	ysici he bu	Medical	Cause (Diseese or injury that initiated events rasulting in death) Last	Due to	or as a consequ	ienca of):		engi	Love	1000	XUN	1000
		Med									1	agris
Box	ires thet the death certificate be execu signed by the attending physician and d be detached for use as the buriel-tran	Physician/	d								I	0
0	the a	/slc	Part II. Other eignificant conditions conf	nbuting to death but not re	sulting in the un	darlying causa	given in Part I	1.	23b. Did tobs	cco use cor	tribute to	the cause of death?
σ.	law requires thet the as been signed by the 2 should be detache	P	Peripheral	Hascu	lan	dis	0 00	0'	JEY00	2□ No	3 Prol	bably 4 Unknown
ds,	signe d be	d by				00 0		-	040 11100000		245 144	ere autopsy findings
Records,	need	Completed	Deprelsia	n					24a. Was an a performe		ava	ailable prior to mpletion of cause death?
Re	The law ate has page 2:	du	Genalia-	0 10	-	_ `			_	1		_/
	ician: The certificate rector, pag		25. Was case referred to medical	4 10	asli	ng			1 ☐ Yes	20 No	1[	Yes 22No
of Vital	Physician: this certific ral director,	To Be	eveminer?	ospital:	TER/Outpation	3□ DOA	Other		heck only one) 5.2 Residence	- 6 □0±b	ne /Canalé	
10	a Phys er this eral di		27. Menger of Death	28a. Dete of Injury (Month, Dey Year)	28b. Time of		jury at Vork?		Describe how			77
Ö	Attending or death.	atlo	1.☑ Netural 5 ☐ Pending 2 ☐ Accident Investigation	(MONIII, Day rear)	Injury		Yes 2	No				
Division	Atte er de recto by th	Certification:	3 Sulcide 6 Could not be determined	28e. Placa of Injury - At building, etc. (Spec	home, farm, stre	et, factory, offic	æ	281.	Location (Stree City or Town, S	et end Numb	er or Rura	l Route Number,
۵	rs after or all Dir	Cer		ounding, etc. (Opoc	,				0.17 0. 70, 0	51010)		
	To the Hospital or Atlanding Physicien: The is within 24 hours after death. To the Funeral Director: After this certificate he completely filled in by the funeral director, page	edical	(Uneck only 21 Medical Examin	clan: To the best of my kr er: On the bests of examin	owledge, death	occurred at the	time, date an	d piace, end	due to the caus	se(s) and me	nner as si	ated.
	the hin 2 the hubbet	Med	une)	and manner stated.								
	5 × 5 0		29b. Signature and title of cartifier	0 - 1			inse number		29d	. Date/signed	Month,	Dey, Year)
			r I kausa				2112			x la	7 19	6.
			30. Name and address of person who cor	npleted cause of death (Ite	m 23a) (Type, F	Print)	Coeul	- Rd	Ra	ndo	lel	oun
	Sta	10	31. Date filed (Month, Dey, Year) 6 10	AC 32. Projecter's Sign						MC	)211	33.
	Sta Registr		55000	JO July de	Car France	44						
DH	MH 16 Rev 6/9	5	1 FR % 6 1996	Jahn diware	WARRAN .							

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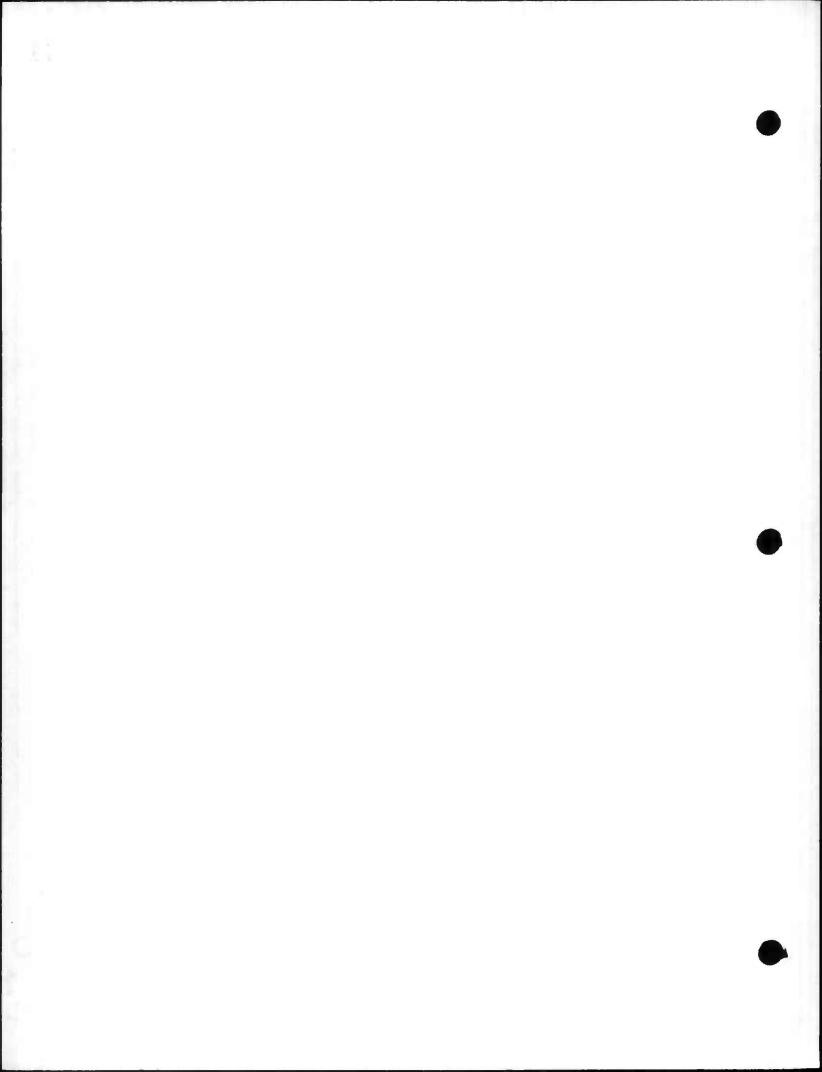
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

ned by the hospital or attending physician.	wid be detached for use as the burial-transit permit. Pages 1, 2, 3 should	
D THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should a with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	form Off absence come factors for able to second to second the most of the factors for the factors and the fac
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requi	TO THE FUNERAL DIRECTOR: After this certificate has been s be filed within 72 hours after death with the State Dept. of H	SUBDOTTENT: H Ham 90 is marked or Ham 93 shore

MAR 01

								9	6 07259
		FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAR	TMENT OF	HEALTH AND	MENTAL HYGIEN		
Γ		1. DECEDENT'S NAME (First, Middle, Last)	11 1-			DEATH	2. DATE OF DEATH		3. TIME OF DEATH
		Edward 1	41CKS					5 19	96 0256 AM
		4. SOCIAL SECURITY NUMBER	110-400	(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (State or Foreign Country)
		213-26-3377		65 YRS.	months bars	MOORS WIN.	OCT. 3 193	30	MARYLAND
	_	9a. FACILITY NAME (If not institution, give str			9b. CITY, TOWN	OR LOCATION OF O	EATH	9c. COUN	TY OF DEATH
	ECTOR	ANNE ARUNDEL MED	ICAL CENTER		ANNAP	OLIS		ANNE	ARUNDEL
		10s. STATE 10b. COUNTY		10c, CIT	Y, TOWN OR LOC	ATION			10d. INSIDE CITY
	DIE		ARUNDEL	CHU	RCHTON				LIMITS? 1 XYES 2 NO
	FUNERAL	10a. STREET AND NUMBER			1	of. ZIP CODE		10g. CITIZ	EN OF WHAT COUNTRY?
	NE	5823 SHADY SIDE RO				20733		US	
i	2	1 Never Married 2 X Married	12. WAS DECEDENT EVER FORCES? 1 YES	2 NO	13. WAS DI If yes, :	ECENDENT OF HISPAN specify Cuban, Mexica	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	a or No—	14. RACE — American Indian, Black, White, atc.
i	R	3 Widowed 4 Divorced	IF YES, GIVE WAR OR I		1 🗆 YE	S 2 NO Specify	y:		Specify: BLACK
	3	15. DECEDENT'S EDUC. (Specify only highest grade of	ATION	16a. DECEDENT'S	USUAL OCCUPAT	TION	16b. KIND OF BU	SINESS/INDL	
		Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	se retired.)	nost or worlding			
9	COMPL	12th	0	CARPEN	TER				OSPITAL CENTER
to the	- 1	17. FATHER'S NAME (First, Middle, Last)				2	ME (First, Middle, Maiden	Sumame)	
led a	מ	EDWARD A. HICE	(5	19h MAII INO	AODRESS (State		MATTHEWS  Ploute Number, City or Tow		
be notified at once.	2	CHARLOTTE HICKS					HURCHTON,		
50	1	20s. METHOD OF DISPOSITION 1X Burlal 2 Cremetion 3 Ramon	20	b. PLACE AND DATE	OF DISPOSITION /				Ity or Town, State
must -		4 Donation 5 Other (Specify)	N	metery, cramatory or of MARYLAND	ther place) VETERAN	CEME. 2	/29/96 CRC	WNSVI	LLE, MD.
examiner	Ì	21. SIGNATURE OF FUNERAL SERVICE LICE		-		AND ADDRESS OF FA			
		Harry	17.7-	else			NNAPOLIS.		1/01
odica		23. PART I. Enter the diseases, or co shock, or haert failure. L	omplications that cause	d the death. Do r	not enter the m	ode of dying, auc	h aa cerdlec or resp	iratory arre	et, Approximate
Ē		IMMEDIATE CAUSE (Final	4						Interval Batween Onset and Death
#		disease or condition resulting in death)	Meta	otatic	Lie	ng Co	In Clar		4 month
or other traumatic event, the medical	.	_	DUE TO (OR AS	A CONSEQUENCE OF	F):	J			100
ir other traumatic	5	Sequentially list conditions, if any, leading to immediate		A CONSEQUENCE OF					
Ten de	3	cause. Enter UNDERLYING CAUSE (Disease or Injury							ļ
othe		that initiated eventa resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF	ŋ:				
7 9		d.							
7	۱	PART II. Other algnificant conditions	contributing to death i	but not resulting i	n the underlyl	ng cause given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS
ws any inj	3						PERFOR 1 ☐ YES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
shows	ž I							7	1 YES 2 NO
23 5		DID TOBACCO USE CONTR	IBUTE TO CAUSE C				۷ 🗆		
item 23 s		25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEAT	H (Check only one OTHER:	)			
0 >	2	1 VES 2 NO	1 Inpatient 2 ER/Out		4 - Nursing Ho	me 5 Rasidence			
		1 Natural 8 Pending	(Month, Day, Year)	26b. TIMI	URY W	JURY AT ORK? YES 2 ND	28d. DESCRIBE HOW I	NJURY OCCL	JRED
		Z	280. PLACE OF INJURY	Y — At home, term, a			281. LOCATION (Street )	and Number o	r Rural Route Number.
28 T		4 Homicide determined	building, atc. (Spe	icify)			City or Town, State)		
ANT: If Item 2		29a. CERTIFIER 1 CERTIFYINO PHYSICI	TAN: To the best of my know	vledge, death occurre	d at the time, dat	s and place, end due	to the cause(s) and mar	ner as state	4.
H C									ceuse(s) and manner as stated.
틸	. 1	29b. SIGNATURE AND TITLE OF CERVIFIER				296 LICENSE NUM	IBER	29d. DATE	SIGNEO (Month, Day, Year)
IMPO PA	- 11	/CW Colle	14			D163	54	D 2	125/96
1,		30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type,	Print)	1.1.	100	110	21101
	-	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	NATURE	7716	/70/	V11/ /	VU	440/
	- 10								



HE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	er thi	2	28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
O THE HOSPITAL OR ATTENDING PHYSICIAN	THE FUNERAL DIRECTOR: After this certifi	e filed within 72 hours after death with the	MPORTANT: If Item 28 Is marked, or

	FOR STATE REGISTRAR		STATE OF M			TMENT (				MENTAL HYGI		50	01200
	1. DECEDENT'S NAME (First CHE / S	1	DUEN!	, , , , ,						2. DATE OF DEATH	19/	976	3. TIME OF DEATH  1050 A M
	4. SOCIAL SECURITY NUMBERS ASSESSED ASS	1847	1 🔀 M 2 🗆 F	8. AGE (In yrs. le	YRS.		DAYS .	IF UNDER	MIN.	7. DATE OF BIRTH (Month, Day, Year Oct 28,	Year) Country)		
DIRECTOR	Howard Coun	ty Ger		ital		Colu			ON OF DE	EATH		ward	EATH
E	10a. STATE	10b. COUNT	Y		10c. CIT	Y, TOWN OR	LOCATI	ON					10d. INSIDE CITY LIMITS?
ä	Florida	Desot	:0		Arc	adia							1 X YES 2 NO
FUNERAL	3410 North		Stroot					ZIP CODE 3821			10g. C		WHAT COUNTRY?
빌	11. MARITAL STATUS	Davis	12. WAS DECEDENT	EVED IN II Q A	BMED	10 W				IIC ORIGIN? (Specif			E American Indian,
ВУ	1 Never Married 2 3 Widowed 4 Dive		FORCES? 1 [ IF YES, GIVE WA	YES 2 X		37.3	res, spe		n, Mexica	n, Puerto Rican, atc.		Spec	k, White, etc.
	15. DEC (Specify on	CEDENT'S EDU ly highest grade	CATION completed)	(	Give kind of	USUAL OCC			g	16b. KIND OF	BUSINESS/	NDUSTRY	
COMPLETED	Elementary/Secondary (I Grade 8		College (1-4 or 8+)		mer	se retired.)				Farmi			
8	17. FATHER'S NAME (First, A	-112								ME (First, Middle, Ma		)	
開	Berend Hove									Kristiaar			
2	Bert Hovenk									Route Number, City or			10001
	20a. METHOD OF DISPOSIT					OFDISPOSIT			n Av	re. Kalam	LOCATION		
	1 Duriel 2 Crematic	on 3 K Ram	oval from State	Harr	son (	cemete	אינום			2/22 De			
	21. SIGNATURE OF JUNEAU	A BEHAICE IN	cenyuet 1	/		22. N/	AME AN	O AOORES		CILITY			
	De ///	40	211							neral Hom			. 3 20707
	23. PART I. Enter the t	liseases, or	complications that	ceused the c	leeth. Do								and 20707
	ahock, or in		Liet only one ceut	e on each lir	10.								Interval Between Onset and Death
1	disease or condition resulting in death)	<b>→</b>	. SMA	14 6	dax	60	BS	TA	217	(now			ZUNGES
	resolding in death)		DUE TO (	OR AS A CONS	EOUENCE O	F):				ALRE	4		
Z	Sequentially list condi-	tions	· METI	4STA	TIC.	BL	AL	DE	e C	HUCE	2		4 months
CERTIFICATION	It sny, leading to imme	ediats	DI M	OR AS A CONS	EOUENCE O	FI: GUC	EA						26ADAK
음	CAUSE (Disease or Injuthat Initiated events		c. JULTU	OR AS A CONS	EOUENCE O	1	ساد						d Jenes
E	resulting in deeth) LAS	ST											
핑			d										
NA I	PART II. Other significa	ent condition	ns contributing to	deeth but not	reculting	in the und	erlying	cause	given in		S AN AUTOPS	240	MERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDICA										1 🗆 YE	S 2 10		DF DEATH?
2	DID TOBACCO U	ICE CONT	DIRLITE TO CAL	ICE OF DE	ATLI VI	EC 🗆 N	<b>○</b> □	VIIN IC	EDTAN				1 YES 2 MO
AN	25. WAS CASE REFERRED		RIBUTE TO CAL			TH (Check on		UNC	EKIAR	иП			
S	EXAMINER?	TO MEDIONE	HOSPITAL:			OTHER:		- 5 D D	nidanta	6 Other (Specify			
PHYSICIAN:	27. MANNER OF DEATH		28a. DATE OF	INJURY	286. TIR	ME OF 2	8c. INJ	URY AT	saloerice	28d. DESCRIBE H		DCCURED	
		Pending Investigation	(Month, De	y, Year)	10	JURY M	t 🔲 Y	RK7 (ES 2 .	NO	W,	119		
D BY	2 Accident 3 Suicide 8	Could not be	28e. PLACE OF	INJURY — At I	home, term,	street, factor	ry, office			28f. LOCATION (S City or Town,		ber or Rural	Route Number,
ETE	4 Homicide	determined		11/1	9					101	IA		
12	29e. CERTIFIER (Check only	TIFYING PHYS	ICIAN: To the best of	my knowledge,	dasth occur	red at the tim	ne, data	and place	, and due	to the cause(s) and	I manner as	stated.	ALL TAKE
COMPL	anal	DICAL EXAMIN	ER: On the beals of ax	amination and/o	r investigati	on, in my op	inlon, d	eath occu	red at the	time, data and place	e, and due t	the cause(	(a) and manner as stated.
B	29b. SIGNATURE AND TITL	E OF CERTIFIE	/lepen	Kell	7			29c. LICI	ENSE NU	MBER 763	29d, [	CER	19 (Month, Day, Year)
5	30. NAME AND ADDRESS OF	F PERSON W		E OF DEATH (I)	TEM 27) (Typ)	Pring A	COL	VEU;		PKWY.	#10	3	1
	31. DATE FILED (Month, Day)	Ybar)	32. REGISTRA	R'S SIGNATURE	0	21 17	101	-	7/6	77	_		
	FEB	2 0 199	36 Julia	Hudian	Revol	6							
													DHMH-18 Rev 1/89

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFIC	CATE OF	DEATH	RE	EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)  VEICH D  RICHARD	HART	11116		2. DATE OF D MONTH Febru	DAY	1996	3. TIME OF DEATH
	217 - 01 - 1162   1⅓ M 2 □ F   78		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS, HOURS MIN.	7 DATE OF B		a. BIRTH Countr Mai	PLACE (State or Foreign Cyland
DIRECTOR	9a. FACILITY NAME (If not Institution, give street and number)  Laurel Regional Hospital  RESIDENCE OF DECEDENT	9	9b. CITY, TOWN OR LOCATION OF DEATH  Laurel  Prince George					
EC	10a. STATE 10b. COUNTY	10c. CITY,	TOWN OR LOCA	ATION				10d, INSIDE CITY
	Maryland Howard	Laur	el					LIMITS?
IAL	10e. STREET AND NUMBER	1	10	of, ZIP CODE		10g. (	STIZEN OF Y	VHAT COUNTRY?
FUNERAL	9410 Fairview Avenue			20723			SA	
B	11. MARITAL STATUS  1 Never Merried 2 Married  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U FORCES? 1 STYPE HF YES, GIVE WAR OR DAT WO'LD WAR I	2 NO	II yes, s	CENDENT OF HISPAN pecify Cuban, Maxica S 2 XNO Specify	n, Puerto Rican,	ecify Yes or No- , etc.)	Specif	: — American Indian, c, White, etc. fy: 1110
COMPLETED	15. DECEDENT'S EOUCATION (Specify only highest grade completed)	6a. DECEOENT'S US	SUAL OCCUPAT	ION ost of working	16b. KIND	OF BUSINESS		
9	Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of wor. life. Do NOT use i						
₹ I	Grade 12  17. FATHER'S NAME (First, Middle, Last)	Electric	cian Co	ntractor		ctrical		
	John Wesley Harding			16. MOTHER'S NAI			<i>i</i> )	
BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING A	DORESS (Street	and Number or Rural F			Zin Code)	
유	Helen L. Harding			Avenue,				20723
	20a. METHOD OF DISPOSITION 20b.P	LACE AND DATE OF	DISPOSITION (A		OATE	20c. LOCATION		
	4 Donation 6 Other (Specify) Me	eadowride	je Memo	rial Parl		Dorsey	, Mary	rland
	21. SIGNATURE OF PUNEIPAL SERVICE LICENSEE		Donal	dson Fundada	eral Ho			20707
	23. PART I. Enter the diseases, or complications that caused to	he death. Do not	enter the m	lalbott Av	sa cardiac	or respiratory	aryran	Approximate
	shock, or freet failure. List only one ceuse on each line.							Interval Bstween Onset and Desth
Z	Sequentially list conditions,	ONSEQUENCE OF):	4					YEARLS
¥	If sny, leading to immediate cause. Enter UNDERLYING	ONSEQUENCE OF):	T DI	(TACT				N
FIC	CAUSE (Disease or Injury that initiated events	ONSEQUENCE OF):	VI	SEUZE		A = 1		1
CERTIFICATION	resulting in death) LAST	ENUTL	CAL	DIOVASIO	JUHL	MUEAS	E	
	PART II. Other algnificant conditions contributing to death but	not resulting in	the underlylr	ig ceuse given in	Part I. 24a.	WAS AN AUTOPS	3Y 24b.	WERE AUTOPSY FINDINGS
2					_	PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
ME	1   YES 2   NO OF DEATH? 1   YES 2   NO							
ž	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN							
PHYSICIAN: MEDICAL	25. WAS CASE REFERREO TO MEDICAL  EXAMINER?  HOSPITAL:  OTHER:							
ĭ	1 YES 2 NO 1 Inpatient 2 ER/Outpatie	ant 3 DOA 4	☐ Nursing Hor	ne 5 🗆 Residenca				
BY P	1 Natural 5 Pending (Month, Day, Year) 2 Accident investigation	28b. TIME C	M 1 🗆	28d. DEŞCRIBE HOW INJURY OCCUREO  1 YES 2 NO				
	3 Suicide 8 Could not be determined 8 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28b. LOCATION (Street and Number or Rural Route Number, City or Town, State)							oute Number,
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the beat of my knowled constant of the beat of exemination at							) and manner as stated.
ro BE (	29b. SIGNATURE AND TITLE OF CERTIFIER			29c, LICENSE NUM	BER	29d. D	ATE SIGNED	(Month, Day, Ybar)
-	30. NAME OF ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH	NEGE	DABE	ST LAL	NEL U	11) 20	19)	
	31. DATE FILEO (Month, Doy, Your)  FLB 2 0 1996 Julia Dividion	Reveall						

Pages 1, 2, 3 should permit. Page 6 may be retained by the hospital or attending physician. all director, page 5 should be detached for use as the burial-transit

31. DATE FILED (Month, Day, Year)

SISTRAR'S SIGNATURED

PECCEPE DIVISION OF VITAL

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
10 THE MOSPING, DIATEDUNG PHYSICIAN: The law requires that the deam certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physic	irs after death. Page 6 may be retained by the hospital or attending physic
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-	n by the funeral director, page 5 should be detached for use as the burial
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal,	removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	edical examiner must be notified at once.

1 - FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH FRONT UAR TAY 22, YEAR 9 6 5 2 2 HALL THOMAS GREGORY 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF IMPER 24 MRS 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS HOURS JULY 22,1953 215 74 9771 1XXM 2 | F YRS. 42 MARYLAND 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH ALLEGANY DIRECTOR MEMORIAL HOSPITAL CUMBERLAND RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10e. STATE 10b COUNTY 10d. INSIDE CITY ALLEGANY CEMBERLAND MARYLAND 1 YES 2X NO 10e. STREET AND NUMBER FUNERAL 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? COUNTRY CLUB ROAD, PO BOX 1722 21502 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-11 MADITAL STATUS 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1. Never Merried 2 Merried It yes, specify Cuban, Mexicen.

1 YES 2 XNO Specify: Cuban, Mexicen, Puerto Ricen, etc.) Specify: WHITE BY 3 Widowed 4 Divorced ETED 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only higher Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 0 DISABLED DISABILITY 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle Maiden Surname) JOHN WILLIAM HALL SR. LENA EVICK BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 13132 WARRIOR DR., CRESAPTOWN, MD 21502 LENA E. HALL 20s. METHOD OF DISPOSITION
13C Burlet 2 Cremetton 3 Ramoval from State
4 Donetton 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State SUNSET MEMORIAL PARK FEB 25, 1996 CUMBERLAND, MD 1. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HAFER CHAPEL OF THE HILLS MORTUARY da 1302 NATIONAL HWY, LA VALE, MD 21502 23. PART i. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate shock, or heart failure. List only one cause on each lins. Interval Between IMMEDIATE CAUSE (Fins) **Onset and Daath** disesse or condition\_ restardial cule ONE hour reaulting in desth) DUE TO (OR AS A CONSEQUE CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if sny, issding to immediate Cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initisted events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO DOWNY 4nd Rome COMPLETION DF CAUSE 1 | YES 2 10 1 TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER:
4 □ Nursing Home 5 □ Realdence 6 □ Other (Specify) 1 YES 2 ZING 1 Impatient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 26e. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 16 Natural 1 YES 2 NO BY Investigation 2 Accident 261. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 28e. PLACE OF INJURY — At home, ferm, atreet, tectory, office building, etc. (Specify) 3 Sulcide COMPLETED 4 Homicide detarmined 29e, CERTIFIER 1 CONTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner ee stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the ceuse(s) and menner ee stated. 296. SIGNATURE AND TITLE OF CONTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year, 218 12-23-96 2 WAGONER 925 RTCLIOF 30 NAME AND ADDRESS OF PURSON DR GARY L. 925 BISHOP WALSH DR., CUMBERLAND, MD 21502

IMPORTANT: II

BY PHYSICIAN:

COMPLETED

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Pages 1, 2, 3 should

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96 07263 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR ARVELLA HOWSER 7:45 A. 996 7. DATE OF BIRTH (Month, Day, Year) 6. BIRTHPLACE (State or Foreign Country) 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. DAYS HOURS 1 M 27 F Dec 6, 1910 85 WV 96. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Memorial Hospital & Medical Center Cumberland **Allegany** RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 YES 24 NO Mineral Short Gap 10e. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE USA Route 2 Box 627 26753 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 X NO Specify: 1 Never Married 2 Merried Specify 8 3 Widowed 4 Divorced white ETED. 15. OECEDENT'S EOUCATION 16a. DECEDENT'S LISUAL OCCUPATION. 165 KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 12 Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Sumame) Robert Emmanuel Eshbaugh Damie McClure Liller BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number of Rural Bouts Number City of Town, State, Zin Code) 2 Route 2 Box 627; Short Gap, WV 26753 Catherine A. Mauck 20a METHOD OF DISPOSITION

1 N Suriel 2 Cremation 3 Removal from State 28c. LOCATION - City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE Cumberland, MD Hillcrest Burial Park 02/24 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Scarpelli Funeral Home Cumberland, MD ame 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feiture. List only one ceuse on each line. Approximata Onset end Death IMMEDIATE CAUSE (Final disease or condition Coronary Artery Disease
DUE TO (OR AS A CONSEQUENCE OF): 15 Years resulting in death) Renal Failure 5 Years CERTIFICATION Sequentially list conditions. QUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING 20 Years Chronic Obstructive Lung Disease CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in deeth) LAST PART ii. Other aignificent conditione contributing to deeth but not resulting in the underlying ceues given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERF AUTOPSY FINDINGS MEDICAL

AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO DF CEATN?

DID TOBACCO USE	CONTRIB	UTE TO CAUSE OF DEA	TH YE	s 🗆	NO UNCERTAI	N D	1 120 2 10
25. WAS CASE REFERRED TO M EXAMINER? 1 YES 2 JAC	H	26. PLAC OSPITAL: Lippstient 2 - ER/Outpetient 3	DOA	OTHE		6 Other (Specify)	
27. MANNER OF DEATH  1 Netural 5 Pen 2 Accident	ding stigation	28e. DATE OF INJURY (Month, Day, Year)	26b, TIM INJ	E OF URY M	28c. INJURY AT WORK?  1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCURE	D
3 Suicide 6 Cou	ld not be rmined	28e. PLACE OF INJURY — At hor building, etc. (Specify)	me, lerm, s	street, lac	tory, office	281. LOCATION (Street end Number or Ru City or Town, State)	ural Route Number,

29e. CERTIFIER 1 CERTIFYING PRIVE CIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. 2 MEDICAL EXAMINER: On the house of tigh end/or igvestigation, in my opinion, death occured at the time, date and piece, end due to the ceuse(e) end menner ee stated.

29b. SIGNATURE AND TITLE OF CERT 29c. LICENSE NUMBER 29d. DATE SIGNED (Monty, Day, Your) 27

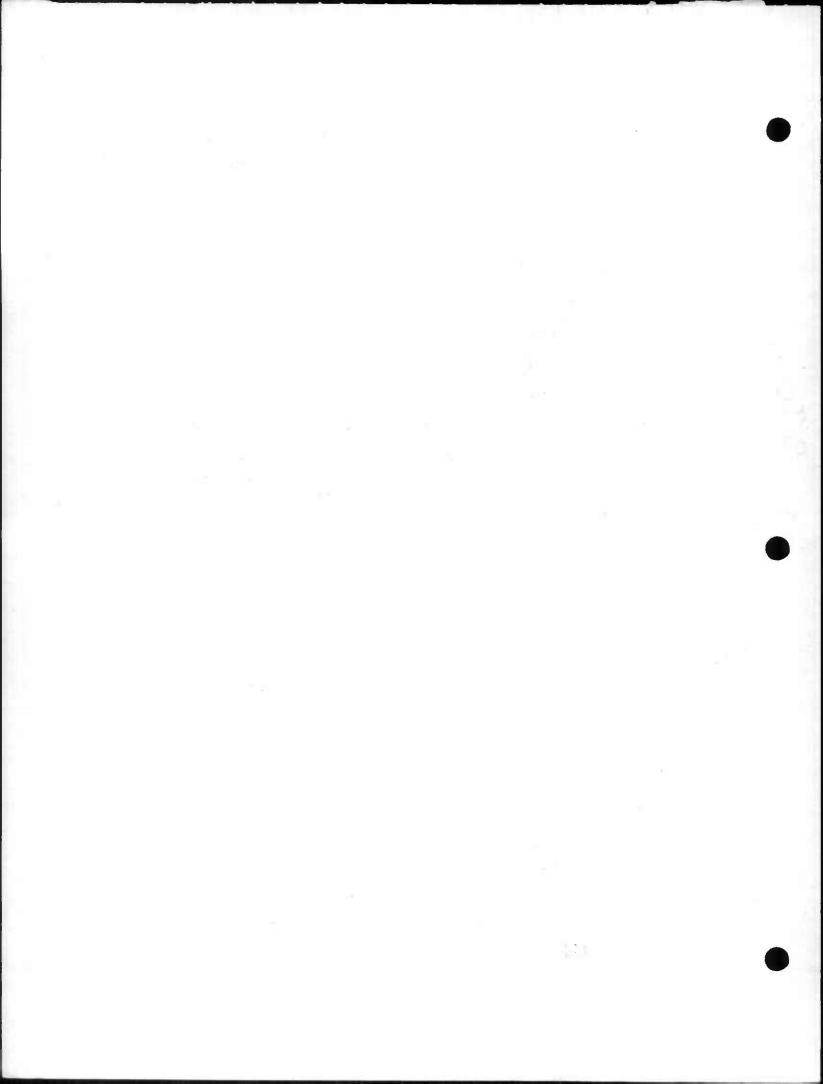
D 36766

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Or.	Vik Poonai,	955	Frederick	Street	Cumberland,	MD	21502
	Dr.	Dr. Vik Poonai,	Or. Vik Poonai, 955	Dr. Vik Poonai, 955 Frederick	Dr. Vik Poonai, 955 Frederick Street	Dr. Vik Poonai, 955 Frederick Street Cumberland,	Dr. Vik Poonai, 955 Frederick Street Cumberland, MD

32. REGISTRAR'S SIGNATURE

OHMH-16 Bay 1/89



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month **Physician** Yeer February 28, 1996 Hazel Williams Hartung /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Harford Memorial Hospital Havre de Grace Harford 7. Age (In yrs. lest birthday) If Under 1 Yeer If Under 24 Hrs. 5. Sociel Security Number 8. Dete of Birth (Month, Dey, Year) Birthplece (State or Foreign Country) **Funeral** 1 M 2000 Hours Min Yrs. 2, 1918 Maryland Director 217-01-4009 Usual Residence of Decedent the Manylend 10a. Stete 10b. County 10c, City, Town or Location 10d. Inside City Limits 7 is marked other than "naturel", or items 23s or 28s-f show traumstic avent, the Macical Examiner must be notified at NOXYes 2 No Director Harford Maryland Aberdeen 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 25 North Philadelphia Blvd. USA 21001 Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Race - American Indien, Bleck, White, etc. permit. Pages 1 and 2 should be filed within 72 hours after a Department of Heelth and Mental Hygiene. Important: If Item 27 is merked other than "natural", or then any injury or other traumatic avent. 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: Specify: White by 3 ₩idowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupetion 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Elementary/Secondery (0-12) College (1-4or 5+) Teller Banking 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surneme) 0 John Williams Laurel Onion 19a. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 214 Law Street Aberdeen, MD 21001 Constance L. Sluder 20b. Plece of Disposition (Name of cametery, crematory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete Dete 1 ☐ Burlel 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) 3/1/96 West Chester, PA R.A.Ferris & Co. 21. Signature of Funerel Service Licansee 22. Neme end Address of Fecility Tarring-Cargo Funeral Home, P.A. Aberdeen, Maryland 21001-3399 Kusten Anylingi sou 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset end Deeth **Physician** /Medicai Immedieta Cause (Finel diseese or condition resulting in death) Examiner the burial-transit Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Lest and Due to (or as e consequance of): P.O. Box 68760. 2 Physician/Medical Due to (or es e consequenca of): 8 Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes 2 No 3 Probably 4 Unknown amil Records, þ 24b. Were autopsy findings available prior to Completed 24a. Wes an autopsy performed? peed completion of cause of death? 1 ☐ Yes 2 ☐ No certificate 25. Wes case referred to medical examiner?

12 Yes 2 No 28. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 2 ER/Outpetient 3 DOA funeral 28e. Dete of Injury (Month, Day Year) 27. Menner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Medical Certification: Netural

Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director; After this certifica filled in by the pletely

5 Pending Invastigation 1 Yas 2 No 2 Accident 8 Could not be 3 Suicide 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) 4 T Homicida 29e. Certifier

Certifying Physician: To the best of my knowledge, daeth occurred et the time, date end piece, end due to the cause(s) and menner es stated.

2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, date and piece, and due to the cause(s) end menner stated.

29b. Signature end title of cartifier

MAR 01

29c. License number

29d. Dete signed (Month, Dey, Year)

30. Neme and eddress of person with of deeth (Item 23a) (Type, Print)

Avenue 32. Registrer's Signature 31. Dete filed (Month, Dey, Yeer)

State Registrar

### Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death

6 07265

Physician
/Medical
Examiner

1. Decedent's Name (First, Middle, Last) JOHN FRANCIS HARRIS

2. Date of Death Month FEB.

3. Time of Death

The law requires that the death certificate be executed burial-transit pue Box 68760, physician the P.O. signed by t Records. funeral director, page 2 should Deed certificate Division of Vital this Affer the

8:30 AM 26, 1996 4a. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death CARROLL COUNTY GENERAL HOSPITAL WESTMINSTER CARROLL If Under 1 Yaar If Under 24 Hrs. 8. Data of Birth (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. last birthday) Birthplaca (State or Foreign Country) **Funeral** Months Days 1 M 2□ F Director 216-14-6122 2, 1920 MARYLAND Usual Residence of Decedent with the Marylend 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits traumatic event, the Medical Examiner name be notified at 1 ☐ Yes 2 No MD. CARROLL WESTMINSTER Director 288-1 10e. Street and Number 10f. Zlp Code 10g. Citizen of What Country? 8 234 1685 MANCHESTER RD. 21157 USA. Pages 1 and 2 should be filed within 72 hours effer deeth ment of Heelth and Mental Hygiene.
Int. If item 27 is merked other than "natural", or items 23. Funeral 12. Was Decedant Ever in U,S. Armed Forces? 1 IXYes 2 □ No If Yes, Give Yaar or Datas: WW II 13. Was Decedent of Hispanic Origin? (Specify Yas or No If Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 Never Married 2 Married 1□ Yes 21 No Specify: WHITE þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grada completed) Elementary/Secondary (0-12) College (1-4or 5+) FOREMAN CONSTRUCTION Maryland 17. Father's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumama) Be JOHN W. HARRIS MAMIE 2 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) G. LORETTA HARRIS MANCHESTER RD., WESTMINSTER, MD. WIFE other 1 Baltimore, 20b. Place of Disposition (Name of cematary, crematory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from Stata b Department of Important: If any injury or WESLEY CEMETERY 2/29/96 HAMPSTEAD, MD.21074 4 Donation 5 Other (Spacify) upi**qra** Service Moensee 22. Name and Address of Facility FLETCHER FUNERAL HOME 254 E. MAIN ST., WESTMINSTER, MD.21157 se, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, i. List only one cause on each line. Approximata Interval Between Onget and Death **Physician** WUNG CARCINOMA /Medical ROM Immediete Cause Enal diseasa or condition resulting In death) Examiner Due to (or as a consequence of) Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Physician/Medical Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Probably 4 Unknown 1 ☐ Yes 2 ☐ No þ 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy 20100 1 Yes or Attending Physician: 25. Was case rafarred to medical Be 26. Place of Death (Check only one) axaminar 1 ☐ Yes 20 No Other: 4 Nursing Homa 5 Residence 6 Other (Specify) Certification: To Inpatient 2 ER/Outpatient 3 DOA 28c. Injury at Work? 27. Manner of Death 28d. Describe how injury occurred 28b. Time of 5 Pending Investigation Majural 1 Yes 2 No 2 Accident after death Director: 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) filled in by 4 Homicide To the Hospital e within 24 hours a To the Funeral D 29a, Certifier Exertifying Physician: To the best of my knowledge, deeth occurred at the time, dete and place, and due to the cause(s) end manner as stated Medical Examiner: On the bests of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29c. License number 29d. Date signed (Month, Day, Year) 29b. Signatu 30. Name an address of person o completed cause of Jeath (Item 23a) (Type, Print) ARROW KNUPER COUNTY 32. Registrar's Signature 31. Date filed (Month, Day, Year) State Registrar FEB 2 8 1996



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State of Maryland / Department of Health and Mental Hygiene

Amended #19a, 2/29/96, MRT, Montg. Certificate of Death 07266 1. Decedent's Nema (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month b **Physician** 3:40 ARI 1415 /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Bethesda Suburban Hospital Montgomery if Under 1 Year If Under 24 Hrs.

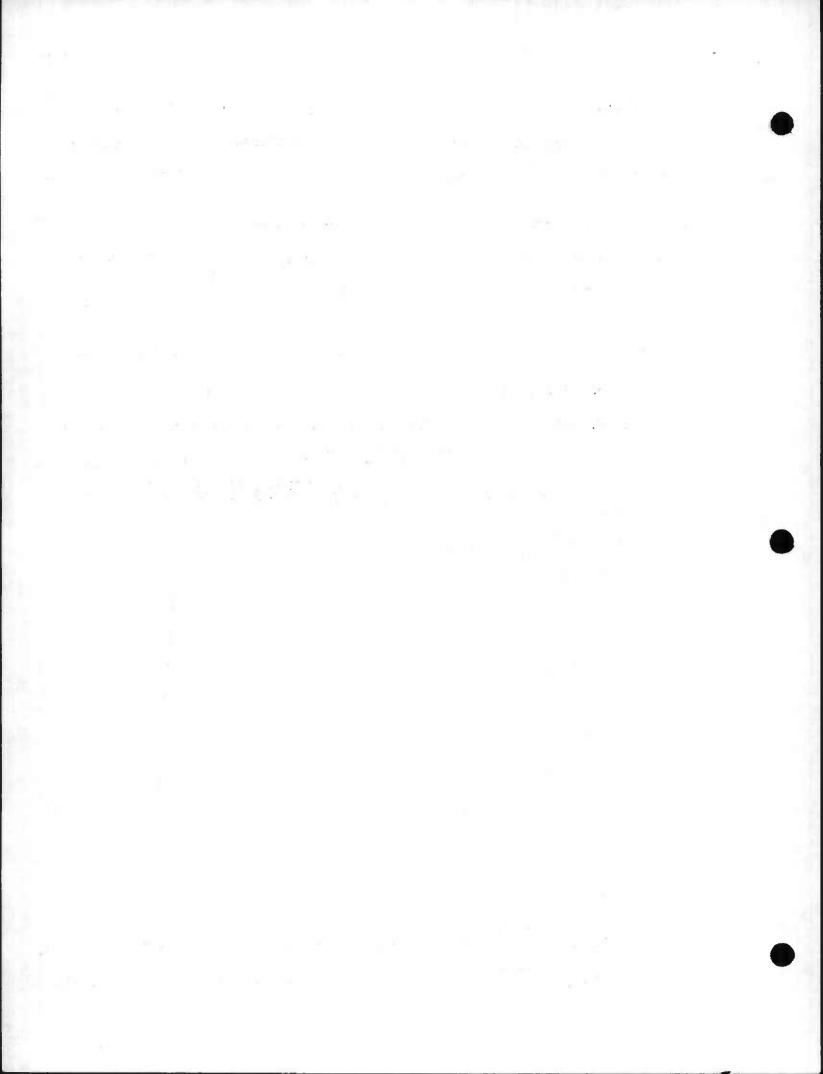
Months Deys Hours Min. 5. Social Security Number 6. Sax 1 X M 2 ☐ F 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Dey, Year) Birthpleca (Steta or Foreign Country) **Funeral** Months Deys Yrs. **Director** 579-16-2683 82 Dec. 1, 1913 Maryland Usual Residence of Decedent death with the Maryland 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits tem 27 is marked other than "natural", or items 23a or 28s-f show other treumstic event, the Medical Examinal must be not red 1 ☐ Yes 2 X No Director Maryland Montgomery Chevy Chase 10e. Streat end Number 10f. Zip Coda 10g. Citizen of Whet Country? 2806 East West Highway Funeral 20815 United States 12. Wes Decedent Ever in U,S. Armed Forces?

1 ☐ Yas 2 ☒ No If Yes, Give Yeer or Datas: 13. Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexicen, Puerto Rican, atc.) 11. Marital Status 14. Race - American Indien, Bieck, Whita, atc. e filed within 72 hours after il Hygiene. other than "natural", or ite 1 ☐ Navar Married 2 🕅 Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: þ 3 Widowed 4 Divorced natural White Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elemantery/Secondary (0-12) College (1-4or 5+) 12 Chief Fire Department permit. Pages 1 and 2 should be fit.
Department of Health and Mental Hy important: If New Z7 Is merked other any Injury or other the second of the second of the second of the second of the second of the second of the sec 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumeme) Be George W. Hill Mary Gertrude Plummer 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Earl C. Hall Jr. 1500 Arbor View Road Silver Spring, Maryland 20902 20b. Placa of Disposition (Name of commetery, crametery or other place)
February 29, 1996
Parklawn Memorial 20e. Method of Disposition 20c. Location - City or Town, Stete 1 X Burial 2 ☐ Cramation 3 ☐ Removel from Steta 4 ☐ Donetion 5 ☐ Other (Specify) Rockville, Maryland 22. Name end Addrass of Facility
Robert A. Pumphrey Funeral Home
Bethesda-Chevy Chase, Inc. 7557 Wisconsin
Avenue Bethesda, Maryland 20814-3501

23a. Pert1. Enter the denaminations the caused the deeth. Do not enter the mode of dying, such as cardlec or respiretory errest,

Approximation. Approximate Intervel Between Onset and Deeth **Physician** /Medical Immediate Cause (Final disassa or condition resulting In deeth) Examiner bunial-transit that the death certificate be executed Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Undarlying Ceuse (Diseese or Injury that initieted events resulting in death) Last and Due to (or es e consequença of): physician s the bunal Box 68760. Physician/Medical Due to (or es a consequence ot): 980 signed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown þ 24b. Were autopsy tindings available prior to completion of causa of death? 24e. Was en eutopsy performed? Completed peeu page 2 1 ☐ Yes 2 🗓 No certificate 1 ☐ Yes 2 ☐ No Division of Vital or Attending Physicien: after death. 25. Wes case referred to medical examiner? Be 26. Plece of Deeth (Check only one) Hospital: 1 Yas 2 No Other: 4 Nursing Home 5 Rasidence 6 Othar (Specify) Certification: To 2 ER/Outpatient 3 DOA this After this 27. Mennel of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? 5 Pending investigation Neturel 1 Tyes 2 No 2 Accident Director: 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 3 ☐ Sulcide 28e. Piece of Injury - At home, term, street, factory, office building, etc. (Specify) 4 Homicide To the Hospital or within 24 hours at To the Funerel D Medical 29a. Certifiei Scertifying Physician: To the best ot my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted. 2 Medical Examiner: On the basis of axamination end/or investigation, in my opinion, daath occurred at the time, date and place, and due to the causa(s) end manner stated. (Check only one) 29b. Signeture end title of cartifier 29c. License number 29d. Dete signed (Month, Dey, Year) Dea 0085 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) auser 8218 WIS COUSIN 0 32. Pagistrar's Signatura 31. Dete filed (Month, Day, Year) FEB 2 7 State 1996 Registrar

DHMH 16 Rev 6/95

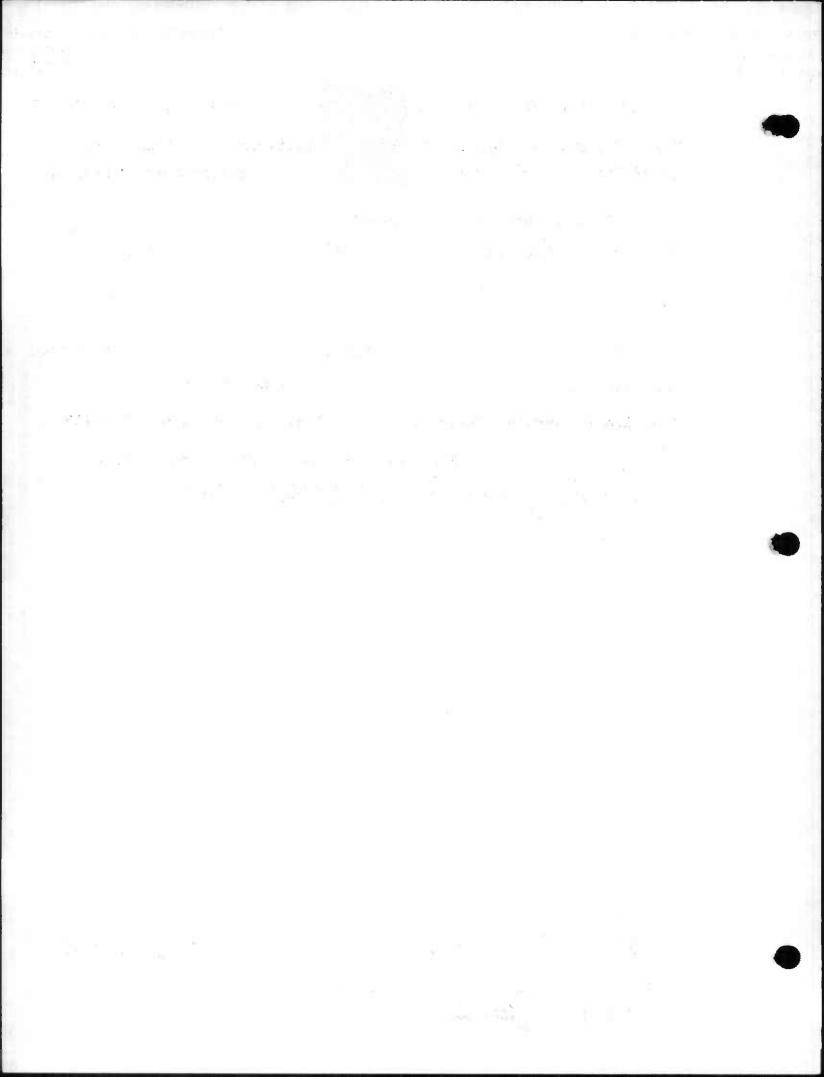


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			State of Maryland / Department of Heal  Certificate of Dea		, ,	iene	0 96	7267			
	Physici /Medic	cal	1. Decedent's Neme (First, Middle, Last)  MARIETTA HALL  4a. Feclity Name (If not institution, give street and number)  4b. Cit	City, Town, or Loc	2. Dete of Deet Month FEB		1996 9	me of Death			
	Funeral Director		5. Sociel Security Number 6. Sex 7. Age (In yrs. last birthday) If Under 1 Yeer If U	Baltimo Under 24 Hrs. lours Min.	Pre 8. Dete of Birth (Month, Day, Jan. 19	Year)	9. Birthplece (S Country) Virg	tate or Foreign inia			
	72 hours after death with the Meryland natural', or items 23a or 28a-f show dical Examiner must be notified at	Director	10e. Stete 10b. County 10c. City, Town or Location  MD Prince Georges Brentwood  10e. Street end Number 10f. Zip Code			Og. Citizen of W	15	de City Limits Wes 2 □ No			
	ne 23e or	Funeral Dir	4142 Bunker Hill Road 2072  11. Meritel Stetus 12. Wes Decedent Ever in U.S. 13. Was Decedent of Hispen			U.S		en,			
0050	ours after or iter	by	If Yes, Give 1 ☐ Yes 2名 No Sp. 3 ☑ Widowed 4 ☐ Divorced Yeer or Detes:		lican, etc.)		k, White, etc.				
e, Maryland 21215-0020	within lene.	Completed	15. Decedent's Education (Specify only highest grade completed)  Elementery/Secondary (0-12) 8th  15a. Decedent's Usuel Occupetion (Give kind of work done during life. DO NOT use retired)  Custodian	n ng most of workin	g	16b. Kind of Bu	siness/industry	School			
	should be filed ind Mental Hygid is marked other umatic event, in	To Be C	17. Fether's Neme (First, Middle, Last)  18. I	Mother's Neme Emma	(First, Middle, M 1 Johns		9)				
	l and 2 lealth a om 27 la		19e. Informent's Neme/Reletionship (Type, Print)  Madeline F. Martin (Niece) 4305 57th Av  20e. Method of Disposition  20b. Piece of Disposition (Name of		adensl	burg,	State, Zip Code) MD 207 City or Town, Sto				
Baltimore,	it. Peges rtment of rtant: If it njury or c		1 Buriel 2 □ Cremetion 3 □ Removel from Stete 4 □ Donetion 5 □ Other (Specify)  21. Signature of Placetal Service Licenses				Spring				
Ba	Depa Depa Impo		SNOWDEN FU ROCKVILLE,  23a. Pert1. Enter the diseave, or complications that caused the deeth. Do not enter the mode of dying, such shock, or heer failure. List only one cause on each line.	UNERAL , MD 2	20850		Appro	xlmete			
	Physician /Medical Examiner			luve			Onset	end Deeth			
c 68760,	certificete be executed rding physician end use as the burial-transit	vieted by Physician/Medical Examiner	by Physician/Medical	Sequentially list conditions, if eny, leading to Immediate cause. Enter Undertrying Ceuse (Disease or Injury that initiated events resulting in death) Lest  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):				151	jears		
.O. Box	he death ce the attendi			should be detached for use	Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in	Pert I.	23b. Did to		tribute to the ca		
S, D	law requires that the death certificet as been signed by the attending phy a 2 should be detached for use as th							Completed by Ph	Non insulin dependent diabetes		1 Ve
ital Re	an: The law tificate has for, page 2	Ве Сотр	25. Wes case referred to medical 28.	. Piece of Deeth	1 ☐ Ye		1 🗆 Yes	2□ No			
Division of Vital Record	To the Hospital or Attending Physician: The is within Euhoruts effect deeth.  To the Funeral Director: After this certificate ha completely filled in by the funeral director, page.	2	examiner?  1 Yes 20 No Hospitel: 1 Inpatient 2 ER/Outpetient 3 DOA Other: 27. Manner of Deeth 1		e 5 ☐ Reside 8d. Describe ho						
Divis	To the Hospital or Attending within 24 hours efter deeth.  To the Funeral Director: After completely filled in by the fune	Certification:	3 Suicide 4 Homicide 6 Could not be determined 28e. Plece of Injury - At home, ferm, street, fectory, offica building, etc. (Specify)		City or Town	n, Stete)	er or Rural Route	Number,			
	To the Hospital within 24 hours of the Funeral completely filled	Medical	29a. Certifier (Check only one) Medical Examiner: On the bast of my knowledge, death occurred at the time, de (Check only one) Medical Examiner: On the basts of examinetion end/or investigation, in my opinion end manner stated.  29b. Signeture end title of pertifier 29c. License num	n, death occurre	d et the time, da	ate and pleca, e	nner es steted. and due to the ca I (Month, Day, Y				
	. > = 0		30 Name and address of parson who completed cause of death (Itam 23a) (Tune Print)	675		teb a	23, 190	76			
			The MEShu Lan 1147 Shanover	St	Bal	+, MD	2123	30			

State Registrar JOEL MEShul
31. Dete filed (Month, Dey, Yam)
MAR 01 1996

32 Registrer's Signeture



retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 From the funeral director, page 5 ion, or removal.

funeral director, page 5 should be detached for use as the burial-transit

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CERTIFICATION

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DIVISION OF VITAL RECORDS, P.O. BOX 68760	EN	OR	fe	00
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within-	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely	In third within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crematic	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF OEATH Pomerantz Ann Hirsch Feb 25, 1996 7:30 a 4. SOCIAL SECURITY NUMBER 8. AGE (in yrs. last birthday) 7. DATE OF BIRTH
(Mprith, Day, Year)
Feb 26, IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 100-07-3392 DAYS HOURS 1 M 2 X F 87 Poland YRS 1908 9e. FACILITY NAME (If not institution, give street end number, 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Circle Manor N.H. Kensington Montgomery RESIDENCE OF DECEDENT 10e, STATE 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY MD Montgomery Kensington 1 TYES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 20895 12231 Carroll Place USA 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 HO IF YES, GIVE WAR OR DATES 11 MARITAL STATUS 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Married 3 X Widowed 4 Divorced specify: White 16a. DECEDENT'S USUAL OCCUPATION
"This kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) Housewife ownhome 6 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surneme) Joseph Pomerantz Syma Fogelfrei 190. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Jack Hirsch 1488 Dunster Lane Rockville MD 20854 20e. METHOD OF DISPOSITION
1 Denation 2 Cremation 3 Re
4 Denation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State Knollwood Park Cemetery 2/27 Brooklyn, 21. SIGNATURE OF FUNERAL MERVICS-CICEN 22. NAME AND ADDRESS OF FACILITY Edward Sagel Funeral Direction 1091 Rockville Pike Rockville MD 20852 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Interval Between IMMEDIATE CAUSE (Final e Kateral Onset and Death disease or condition regulting in death)

		DUE TO (OH AS A CONSCOUENCE OF):		
Sequentially list conditions, f any, leading to immediate ause. Enter UNDERLYING		DUE TO (OR AS A CONSEQUENCE OF):		
CAUSE (Disease or Injury hat initiated events esuiting in death) LAST	d	OUE TO (OR AS A CONSEQUENCE OF):		
PART II. Other algolficant cond	ditiona cont	iributing to death but not resulting in the underlying ceuse given in Part I.	24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
			1 - YES 2 NO	COMPLETION OF CAUSE OF DEATH?

DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO X UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 Diversing Home 5 Residence 8 Other (Specify) 1 TES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending 1 YES 2 NO М 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide

29e. CERTIFIER (Check only	1- CERTIFYING PHYSICIAN: To the beat of my knowledge,	death occurred at the time, date end place, end due to the cause(s) and menner as stated,

2 MEDICAL EXAMINER: On the beele of examination and/or	r Investigation, in my opinion, death occured at	the time, date end place, and due to the cause	(e) end manner ee stated.
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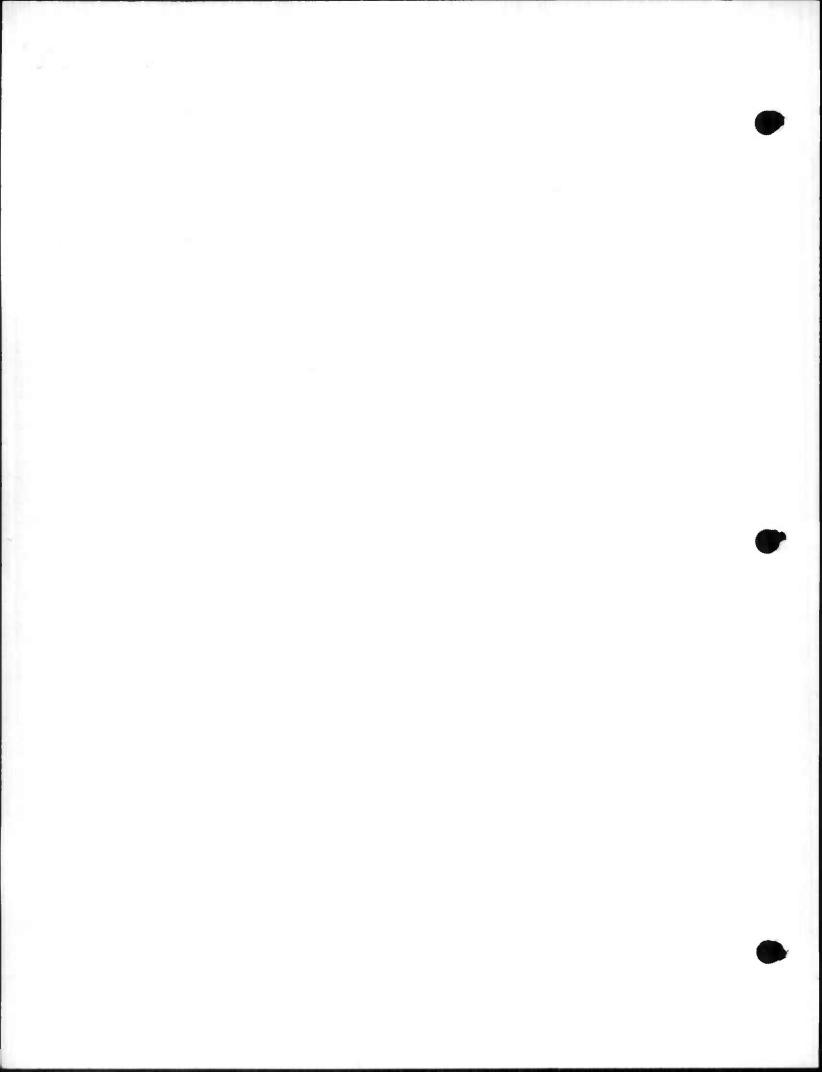
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SIGNATURE AND TITLE OF GERTHUNG	N	29c. LICENSE NUMBER	29d. DATE SHONED (Month, Day, Year)

NAME AND ADDRESS OF	РЕПSОН/WHO GOM	LETED CAUSE	OF DEATH (	TEM 27) (Type, Print)		_
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DANNE MSHER DATE FILED (Month, Day, FEB 2 8 1996

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1 YES 2 NO



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State of Maryland / Department of Health and Mental Hygiene

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					Cer	tificat	te of	Death			Reg. No	).		0	1 14 0 .
Physic		Decedent's Nama (First, Middla, L.)	ast) Rose	Ei	leen		Huds	on		2. Dete of De Month ebrua	eath		996		na of Death : 45 PN
/Med Exami		4e. Facility Name (If not institution, g							_	ation of Deal	-		of Death		, 10 11
LAGITA	1101	5 Stratton Cour						Poto			- 1	_	jomery		
Funeral Director		5. Social Sacurity Number 6. 577–16–7003  Usual Rasidance of Decedent	Sax 1□M 2/CXF	7. Aga (In yrs. Ia 81	ast birthday) Yrs.	If Unde Months	Deys	If Under 2 Hours	Min.	B. Data of Bi (Month, D )ec. 4	rth ey, Year) , 19	14	9. Birthp Coun Penns	iece (Si itry) Sylv	ata or Foreig ania
Meryland -f show	tor	10a. Stata 10b. County  Maryland Montgor	nerv		, Town or Lo	cation							1		da City Limit
with the M a or 28a-f Lbe notified	Director	10e. Street and Number	iioi y		5011146	10f. Zip	Coda				_		What Cour		
s 23a	era	5 Stratton Court	12 Was Dage	dant Evar in U.S	2 12 1			lenenie Orla	in2 (Spec	fy Yes or N			Stat		
filed within 72 hours after deeth with the Meryland Hygiena. ther than "natural", or flems 23s or 28s-f show ont, the Medical Exercises must be notified.	by Funeral	1 Never Married 2 Married 3 Widowed 4 Divorced	Armed Ford  1  Yes Give  If Yas, Give  Yaar or De	cas? 2 No	1	f Yas, spe	cify Cuba	Specify:	Puarto R	ican, atc.)			ck, White,		
"netural",	tec	15. Decedent's I (Specify only highest g	Education		16a. Deced	lent's Usu	al Occup	etion	of working	7	16b. K	and of B	usinass/inc	dustry	
ges 1 and 2 should be filed within 72 h it of Heelth and Mental Hygiena. If Item 27 is marked other than "nature or other traumatic event, the Medical	Completed by	Elemantery/Secondery (0-12)	Collega (1-	4or 5+)				during most 1) 3 Assi			U.	S.	Gover	nme	nt
of the A	Be	17. Fathar's Name (First, Middle, Las	t)					18. Mothar	's Nama (	First, Middle	, Meider	Sumen	na)		
uld b Wents rked rice	2	William		Don	ohue			Ro	se	Murtau	ugh				
2 sho and h la ma	1	19a. Informant's Name/Raiationship	(Type, Print)		19b. Mailin	g Address	s (Street	end Numbe	r or Rural	Routa Numl	ber, City	or Town,	Steta, Zip	Coda)	
1 and 2 Heelth a		Susan A. Hudson			Same	as l	0								
of Heelth item 27		20e. Mathod of Disposition			aca of Dispo	sition (Na	ma of	e)		Data	20c. L	ocation -	City or To	wn, Sta	ta
t. Pa tmer tent:		1 Burlal 2 Cramation 3 4 Donation 5 Other (Spec	ify)	tata	esapea	ke C	rema	•		1-96	Beli	tsvi	lle,	Mar	yland
Departimbor		Ellen	W. K	BAY	2 R	lapp	Fune:	ral Se	ervic	es, P. lver S	. A. Spri	na.	MD 20	910	
<b>D</b>		23a. Part1. Enter the disease, or conshock, or heart feilure. List only	pilcations that ca ona causa on aa	used the deeth ch line.	. Do not ante	ar the mod	de of dyin	g, such es d	cardiac or	respiratory e	errest,	.3)		Approx	Imete I Batween and Deeth
Physician /Medical Examiner	ı	Immediata Causa (Final diseasa or condition	Carci	noma of	right	: lun	q							1+ Y	
LAGITITIES	ě	rasulting in daath)		Dua to (or	as a conseq	uance of):							1		
icete be executed physician end s the buriel-transit	Examiner	Saquentielly list conditions, if any, leading to immediate causa. Enter Underlying Causa, Olseesa or Injury	b	Dua to (or	as a conseq	uance of):	:						1		
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atter	clan												1		
that the o	Physician -	Pert II. Other significant conditions  Cachexia 29 to		ith but not resu	lting in tha ur	ndarlying o	causa giv	an In Part I.			Yes 2		1/		use of death
requires wen sign hould be	leted by	Carcinoma of bl	adder							24a. Wes	s en euto ormed?	psy	eva	ailebla p mplation	psy findings rior to n of cause
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iclan: The certificate rector, page	Be	25. Was case rafarred to madical exeminar?							of Daath	(Check only	ona)				
S 80	2	1 ☐ Yas 2 🛣 No	Hospital: 1 🗆 In	patiant 2 E	ER/Outpatian			4 LI Nur	sing Hom	a 5 🗡 Res	idanca	6 Oth	nar (Specifi	y)	
After fune	Certification:	27. Mannar of Death	(Month	a. Data of Injury (Month, Day Year) 28b. Time Injury		28c. Injury at Work?  M 1 Yas 2 No			28d. Dascribe how injury occurred						
To the Hospital or Attend within 24 hours effer death To the Funeral Director: completely filled in by the	Certifi	3 ☐ Suicide 6 ☐ Could not 4 ☐ Homicida datermine	208. FIBCE C	of Injury - At hor g, atc. <i>(Specify</i> ,	ma, farm, stre	eat, factor	y, office		28	3f. Location City or To			ber or Rura	il Routa	Number,
To the Hospital or within 24 hours effe To the Funeral Dir completely filled in	edicai	29e. Certifiar 1 X CertifyIng P (Check only one) 2 Medical Exa	hysician: To tha b miner: On the bas and menne	is of examinati	rledge, deeth on and/or inv	occurred astigetion	at tha tin	na, data and pinion, deati	placa, an	d dua to tha	causa(s , data an	) and ma d place,	annar as si end dua to	tatad.	use(s)
within To the Comple	Me	29b. Signature and title of cartifier	0 0	1		29	c. Licens	a number			29d. Da	ıta signe	d (Month,	Day, Ye	ar)
->-0		John	<i>S.</i> S	ara	MD		1049	3 D			Feb	ruai	ry 29	, 19	96
		30. Nema and ddress of person who John S. Saia, M.		of death (Item 9 Viers			, #1	.01, R	ockvi	ille,	MD	2085	51		
St	ate	31. Data filed (Month, Day, Year)		uistra∜s Signa			,	, , , ,		,					

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EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural

> 2 Accident 3 Suicide

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5 Pending Investigation

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96 07270 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR **KURT HECHT** 1996 FEB. AM 29 5:00 4 SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS 560-68-3422 1 WM 2 | | 60 Aug 24, 1935 Germany 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Manor Care Fernwood Bethesda Montgomery RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Washington, D.C. n/a n/a 1 X YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 1868 Columbia Road, NW #608 20009 Germany 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE --- American Indian, Black, White, atc. FORCES? 1 YES 2 X NO IF YES, OIVE WAR OR DATES 1 Never Married 2 Married 1 YES 2 X NO Specify: BY Specify. 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade (Give kind of work done during life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 4 Consultant World Bank 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle Maiden Sumame Rudolf Hecht Sauer Bertha BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 2130 Bancroft Place, NW Brigitte Sutherlin (Friend) Washington, DC 20s. METHOD OF DISPOSITION
1 ☐ Burlat 2 X Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE Chesapeake Crematory 4 Donation 5 Other (Specify) 3-1 Beltsville, MD 22. NAME AND ADDRESS OF FACILITY
Rapp Funeral Services, P.A. 21 SIGNATURETOF FUNERAL SERVICE LICENSEE 933 Gist Ave, Silver Spring, MD M00827 20910 23/PART I. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, Approximata ahock, or heert failure. List only one cause on each line Interval Between IMMEDIATE CAUSE (Finel **Onset and Death** disease or condition I years resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other aignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL

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PERFORMED? 1 | YES 2 10 AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO

DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO INCERTAIN 25. WAS CASE REFERRED TO MEDICAL

28. PLA	CE OF DEA	TH (Check			
OSPITAL:	DOA	OTHE 4.2 Nu	8 🗆 Other (Specify)		
28a. DATE OF INJURY (Month, Day, Year)	28b. Till IN	IE OF JURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED	
28e. PLACE OF INJURY — At he building, atc. (Specify)	ome, farm,	street, fac	ctory, office	281. LOCATION (Street and Number or Rural Route Number, City or Yown, State)	

29e. CERTIFIER (Check only one)

29 MEDICAL SYMMER: On the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end menner as stated.

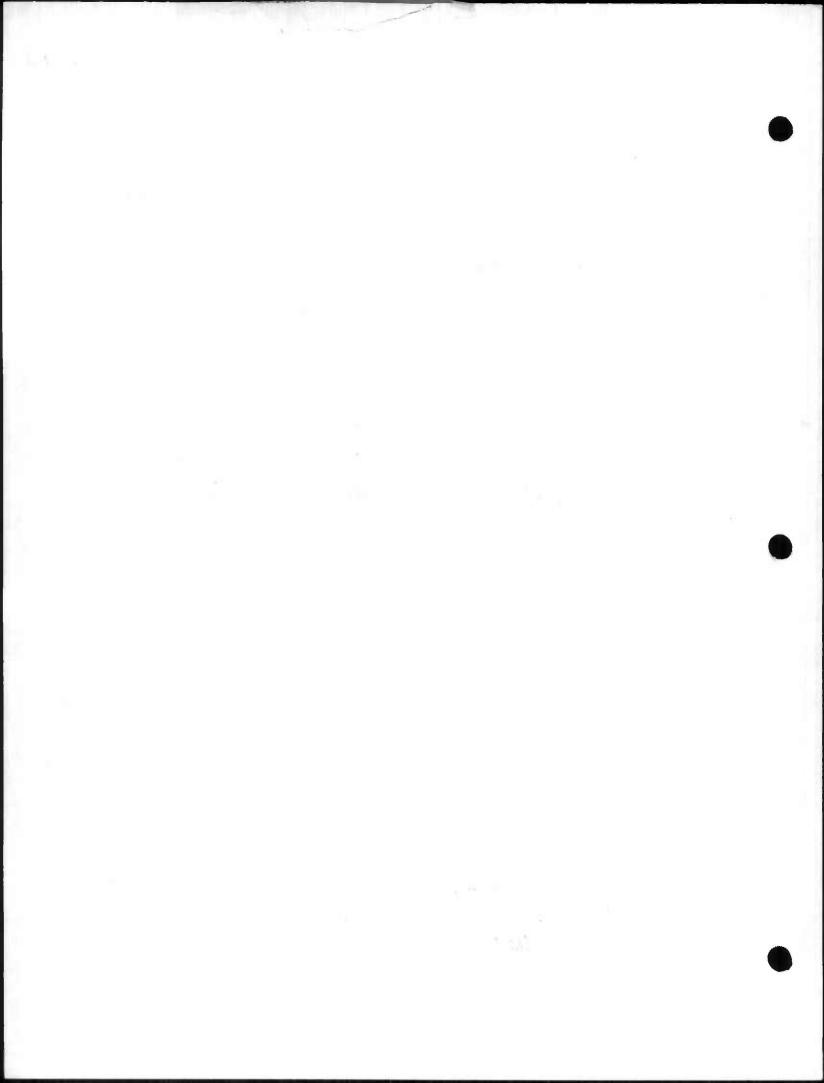
one) 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, d	leath occured at the time, data and place, an	d due to the couse(a) end manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d. DATE SIONED (Month, Day, Year)

/	lar	14 cre	7/1		Loug	Van	Coeven MO	DC	158
NAME	AND	ADDRESS C	OF PERSON	WHO CO	MPLETED CAUS	E OF DEAT	H (ITEM 27) (Type, Print)		

CAUSE OF	DEATH (ITEM 27)	Type, Print)				
n. A	10	1011	11.	Capital	NE	Wash

31. DATE FILED (Month, Day, May) 32. REGISTRAR'S SIGNATURE MAR 1996 Devolero

DHMH-16 Ray 1/89



State of Maryland / Department of Health and Mental Hygiene

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	Physic	ian	1. Decedent's Nem	e (First, Midd								2. Dete of Do Month	eeth Dey	Yeer	3. Time of Death
Į.	/Medi		Elma			Laks		Hyatt				Februa	ary 26,		1:30 PM
7	Exami	ner	4e. Fecility Neme (I		1000000	end numb	oer)					cation of Dee	th 4c. Count	of Death	
		_	5 Clevel		6. Sex	12	A //	In an helmhada a l	If Under 1 Yes	Rockv		40.		gomery	
	Funeral Director		5. Social Security N		1 M 2			last birthdey) Yrs.	Months Dey		Min.	8. Dete of Bi (Month, D			ece (Stete or Foreign ry)
**			Usuel Residence of				77					March	7, 1918	New Y	ork
	/land		10e. Stete	10b. County	1		10c. Ci	ty, Town or Lo	ocation					10	d. Inside City Limits
	Man H st	to	Maryland	Mon	tgomer	У		Rockvi	11e						1 ☐ Yes 2 ☑ No
	r 28a	Director	10e. Street end Nur	mber					10f. Zip Code				10g. Citizen of	Whet Countr	ry?
	h wit		5 Clevel	and Co	urt				208	350			Unite	d Stat	es
	of 2 should be filed within 72 hours after death with the Manyland th and Mental Hyglene.  7 is marked other than "natural", or itema 23a or 23a-f show traumatic event, the Medical Examiner must be notified at traumatic	Funeral	11. Merital Status			es Decede	ent Ever in U	I,S. 13.	Wes Decedent of	Hispenic Ori	igin? (Spe	ecify Yes or N	es or No- 14. Rece - Am		
0	or th		1 Never Merri		ried 1 [	Yes 2			1 □ Yes 2√2 N			r nour, oto.,		ck, White, et	IG.
ő	ural'.	d by	3 ☐ Widowed	4 Divorcad	Ye	ar or Dete	9 <b>s</b> :		-74				Specify: White		
21215-0020	net roles	Completed	(Spec	15. Deceder cify only highe	nt's Education ost grade comp	oleted)		(Give	dent's Usuel Occ kind of work don	e during mos	at of worki	ing 16b, Kind of Busine		usiness/Indu	istry
7	withir ane. then	E G	Elementery/Seco	ndery (0-12)	Co	ilege (1-4	or 5+)		DO NOT use reti	,			Wa bi	h + 1	
Maryland 2	Hygir ther		17. Fether's Neme	(First, Middle,	Last)	4		Mat	hematici	T	er's Neme	First Middle	Maiden Sumai	hematí	.cs
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Ž	Shoul of Me mark	2	19e. Informent's Ne	me/Reletions	ship (Type, Pri	int)		19b. Meilir	ng Address (Stre	et and Numb			Number, City or Town, State, Zip Code)		
altimore, Ma	nd 2 lith au 27 is r trau		W. Colem						eveland						
	permit. Pages 1 and 2 Department of Health a Important: If Item 27 is any Injury or other tra once.		20e. Method of Dist	-	cc/nas	Dana	20b. F	Place of Dispo	sition (Name of metory or other p	(ass)	, ROC	Dete	20c. Location		
			1 ☑ Burial 2 l 4 ☐ Donation			ol from Ste	910	is Mem	orial Pa	arch 4	, 199	96	Ashevil	le NC	
			21. Signature of Fy				шем								neral Home
m	Depa Impo any Ir		> XXZ	/\-	11	1 ,	100600	R	ockville	e, Inc.	. 3	300 Wes	t Montg		
F	_		23e. Part / Emer II	disease, or	r complication:		MO0689 sed the deet	h. Do not ent	ockville er the mode of d	ying, such es	yland cardiec	20850 or respiretory	-2805 arrest,		Approximate
	Physician		ahock of hea	n ailure. List	only one ceu	se on eec	h line.							1	Interval Between Onset and Deeth
	/Medical		Immediete C.M.e (	Finel	C	ardia	ac Arr	est						į	
	Examiner	Examiner	resulting in deeth)	11	ө	arur		or es a consec	uence of):					1	
_	D .=				P	ancre		Cancer	,,-						
	certificate be executed nding physician and use as the burial-transit	am	Sequentielly list con	nditions,	<b>6</b> .		Due to (d	or es e conseq	uence of):						
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68760,	Shysii the t	edical	thet initileted events resulting in deeth) Lest Due to (or es e consequenca of):												
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Bo	ta ta				_										
Ö	res that the designed by the a	Physicia	Part II. Other eignif	icant condition	one contributir	ng to deat	h but not res	ulting in the u	nderlying cause (	given in Pert i	l.	23b. Dld	tobacco uee co	entribute to t	the cause of death?
٦	ed by deta											10	Yee 2 No	3 Probe	ably 4⊠ Unknown
dS	law requires that the as been signed by th 2 should be detache	d by										24a We	an eutopsy	24b. Wer	e autopsy findings
Ö	v require been significant	ete											omed?	com	leble prior to
Đ T	The lay	Completed											MAI THUS		eath?
ā	iclan: Th certificate rector, par		25. Was case refer	rad to madian	1								Yes 2 ₩ No	10	Yes 2□ No
Division of Vital Records,		o Be	examiner?		Hospite	·		ED/0		Wher		(Check only			
O	를 를 급	1: To	27. Menner of Death		28e	1 ☐ Inpo	njury	ER/Outpatien 28b. Time of	I 3LI DOA	4 LI NU			how injury occur		
0	th. : After s funer	tio	1 ☑ Netural 2 ☐ Accident	5 Pendir investi	ng getion	(Month,	Dey Year)	Injury	W	ork? □Yes 2□					
S	or Attending after death. Director: After I in by the fune	Certification:	3 Sulcide	6 Could determ	not be				eet, fectory, offic	9	- 1		(Street end Num	ber or Rural i	Route Number,
5	E 2 5 0	en	4  Homicide			building,	etc. (Specif	у)				City or To	wn, Stete)		
	To the Hospital or All within 24 hours after of To the Funeral Directompletely filled in by		29a. Certifier (Check only	1⊠ Certifyin	g Physician:	To the be	st of my kno	wledge, deeth	occurred et the	time, date an	d plece, a	and due to the	cause(s) end m	anner as sta	ted.
	in 24 he Fu plete	edical	one)	2 Madical	en	d menner	s of examine steted.	tion end/or inv	estigation, in my	opinion, dee	ith occurre	ed et the time	, dete end pleca,	and due to t	he cause(s)
	To t To t	Σ	29b. Signeture and	title of cartifie	O.				29c. Lice	nse number			29d. Dete signe	d (Month, D	ey, Yeer)
			X	20 res	2	Sal	US 1	NO	D293	353			Februar	y 27,	1996
	17		30. Neme end eddre	ess of person	who complete	d cause o	of deeth (Iten	n 23e) (Type,	Print)			1		<del>-</del>	
	10		George W.			. 553	30 Wis	consin	Avenue	Suite	e #92	25, Che	vy Chas	e, MD	20815
	Sta		31. Dete filed (Mont				istrer's Signe								
	Registr	ar	rtt	3 2 9 19	17P 2	elia di	walson	Kardall							

DHMH 16 Rev 6/95

1000 F 1848

State of Maryland / Department of Health and Mental Hygiene 96

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 22 Day 199 6ar **Physician** F EBh 9:30 AM HOLNESS KATHLEEN Μ. /Medical 4a. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner PRINCE GEORGES TAKOMA PARK 7808 KENNEWICK AVE. #101 If Under 1 Yeer
Months Days 7. Age (In yrs. last birthday) If Under 24 Hrs. 6. Sex 8. Date of Birth (Month, Day, Year) Sept. 3, 1918 9. Birthplace (State or Foreign **Funeral** Hours 10 M 20 F Days 77 579-76-6919 JAMAICA Director Usual Residence of Decedent with the Maryland 10a. State MD. 10c. City, Joyn or Location TAKOMA PARK PRINCE GEORGES Show 10d. Inside City Limits r than "natural", or liams 23a or 28a-f show the Medical Examiner must be notified at 14 Yes 2 No Director 10f. Zip Code 20912 10e. Street and Number 10g. Citizen of What Country? U.S.A. 7808 KENNEWICK AVE. #101 death v 12. Wes Decedent Ever in U,S. Armed Forces? 11. Meritel Status Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Black, White, etc. e filed within 72 hours aftarail Hygiena. 1 Yes 2 No
If Yes, Give
Year or Dates: 1 Never Merried 2 Married Saltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: BLACK à 34 Widowed 4 □ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Elementary/Secondary (0-12) College (1-4or 5+) NURSTNG NURSING ASSISTANT 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surneme) Be 2 should be fi and Mental H BEATRICE NATION **JAMES** N. HENRY 2 19e. Informant's Name/Relationship (Type, Print) 19b. Malting Address (Street end Number or Rural Route Number, City or Town, State Zip Code) 13502 BIRKHALL DRIVE, LAUREL, MD. 20707 permit. Pagas 1 and 2 sh Department of Haalth and Important: If Item 27 is m any injury or other traum 13502 BIRKHALL DRIVE, LAUREL, JENNET FISHER 20b. Place of Disposition (Neme of 20a. Method of Disposition 20c. Location - City or Town, State GATE OF HEAVEN CEMETERY FEB. 26,1996 SILVER SPRING, MD. p⊠Burial 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Name and Address of Fecility TAKOMA FUNERAL HOME INC 254 CARROLL ST N.W. WASHINGTON, D.C. 20012 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical CARDIORESPIRATORY FAILURE Examiner Due to (or as a consequence of): Examiner METASTATIC CA OF STOMACH attanding physician and for usa as the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury Due to (or es e consequenca of): Box 68760. certificata be Physician/Medical that initieted events resulting in death) Last Due to (or es e consequenca of): P.O. the Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by the 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records. þ 24b. Were autopsy tindings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? Deen has 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Wes case reterred to medical examiner? Be 26. Placa of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 1 Yes 2 No 2 this funarai 27. Manner of Death 28a. Date of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Certification: of or Attending Faffar death.

Director: Affar d in by the funer Aftar 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, Stefe) 3 Sulcide 28e. Placa of Injury - At home, farm, atreet, tactory, office building, etc. (Specify) 4 Homicide filled in Hospital 24 hours 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete and place, and due to the cause(s) and manner as stated.

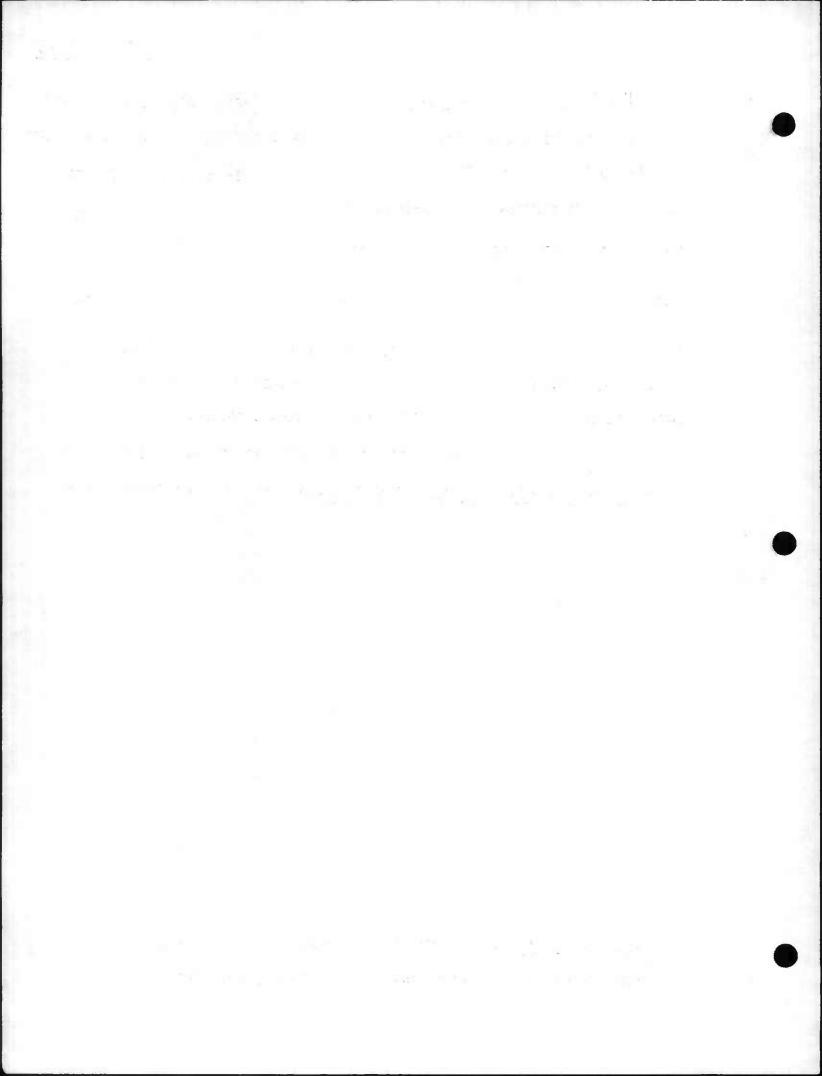
2 Medical Examiner: On the basis of examination and/or investigation, in my optnion, death occurred at the time, date and place, end due to the cause(s) and menner steted. 29a. Certifier (Check only one) To the F 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Dev. Year) FEB. 22, 1996 D22696 do 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)
THEODORE WATKINS, 8501 FENTON STREET, SILVER SPRING, MD. 20910

State Registrar

31. Date tiled (Month, Dey, Year)

FEB 29 1996

32. Registrar's Signature This Shuilson Rardall



State of Maryland / Department of Health and Mental Hygiene

07273 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month **Physician** Billie Lou Hodges February 22, 1996 11:18 a.m /Medical 4a. Facility Name (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Death Examiner Washington Adventist Hospital Takoma Park Montgomery If Under 1 Yeer If Under 24 Hrs. 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) 8. Defe of Birth (Month, Dey, Year) **Funeral** 1 M 2 F Deys Yrs. Director 229-26-1617 Texas February 28,1919 Usuel Residence of Decedent filed within 72 hours after death with the Maryland 10e Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits mast be notified at Director Yes 2 No Washington, D.C. 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 115 Carroll Street, N.W. 20012 United States Funeral Pages 1 and 2 should be filed within 72 hours after deal nent of Health and Mental Hygiene.

int: If Item 27 Is marked other than "naturel", or Items: Irry or other treumatic event, the Mexical Examiner ma. 12. Wes Decedent Ever In U,S. Armed Forces? 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.)
 1 ☐ Yes 2 ☐ No Specify: 14. Rece - American Indian, Biack, White, etc. 11. Meritel Stetus 1 ☐ Yes 2 2 No If Yes, Give Yeer or Detes: 1 Never Merried 2 Merried 21215-0020 þ White 3 TWidowed 4 ☐ Divorcad Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Businass/industry 15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) Coilege (1-4or 5+) housewife 12 homemaker Baltimore, Maryland 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surneme) Be James G. LaMarre Grace DeLarbeau 19e. Informant's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Department of Health as Important: If item 27 is any injury or other treu Lenore Phillips 115 Carroll Street, N.W., Washington, D.C. 20012 20b. Pieca of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, State Dete 1 ☐ Burlal 2 ☐ Cremetion 3 ☐ Removel from Stete 4 Donetion → Other (Specify) Cedar Hill Cemetery 2+26-96 Suitland, MD 21. Signeture of Funerai Service Licensee Mines-Rinaldi Funeral Home, Inc. 6 11800 New Hampshire Ave., Silver Spring, MD 20904 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximate Interval Between Onset end Deeth Physician /Medical Immediate Cause (Final hours . Progressive disease or condition resulting in death) respiratory Examiner Due to (or es e consequence of) Examiner emphyseme The law requires that the death certificate be executed the burial-tran Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initieted events resulting in death) Lest Due to (or es e consequence of) P.O. Box 68760, TO DICCO a truse Physician/Medical Due to (or es e consequence of): 100 USB igned by the a Pert II. Other eignificant conditions confributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of deeth? 18 Yee 2 No 3 Probably 4 Unknown possible intraabdominal sepsis distention Records, 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 24e. Wes en eutopsy performed? Completed page 2 1 ☐ Yes 200 No certificate Division of Vital or Attending Physician: 25. Was case referred to medical exeminer? 26. Piece of Deeth (Check only one) 1□ Yes 2 No Other: 4 Nursing Home 5 Residenca 6 Other (Specify) Certification: To 1 inpatient 2 ER/Outpefient 3 DOA this funeral 27. Manner of Deeth 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? After 5 Pending investigation Injun 1) Netural s after death. 1 Yes 2 No 2 Accident 3 Sulcide 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) in by 4 Homicide To the Hospital within 24 hours a To the Funeral D Hospital 29a. Certifier 1 Scertifying Phyeiclan: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29b. Signeture and title of cartifier 29c. License number 29d. Date signed (Month, Dey, Year) 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) RO Hyattsville MD Belcres 1 Norton Elson 6525 32. Registrar's Signature 31. Dete filed (Month, Dey, Year)~ State FEB 26 Registrar

**DHMH 16 Rav 6/95** 

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the item requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	Filmg, 733, item #1, 3/15/96,cyw, per fh 96 07274													
	1 - FOR STATE REGISTRAR			MARYLAND /	DEPAR			EALTH		MENTAL HYG REG.				
	1. DECEDENT'S NAME (First,	Middle, Last)	HALL 2. DATE OF DE MONTH					2. DATE OF DEAT	H	YEAR	3. TIME OF DEATH			
	WILKI	an	Gilber	t		01/2	_			FERRY				
	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs. les	t birthday)		R 1 YEAR	IF UNDER		7. DATE OF BIRTH		8. BIR	RTHPLACE (State or Foreign	
	221-12-4542	2	1 🛛 M 2 🗌 F	72	YRS.	MONTHS	DAYS	HOURS	MIN.	Jan. 14, 1924 Pennsylva				
	9a. FACILITY NAME (If not in	stitution, give str	eet and number)			9b. CIT	Y, TOWN	OR LOCATION OF DEATH			9c. C	9c. COUNTY OF OEATH		
DIRECTOR	Shady Grove	e Adver	ntist Ho	Hospital Rockville					M	Montgomery				
5	RESIDENCE OF DEC	10h COUNTY					OR LOCAT							
Ē								ION					10d. INSIDE CITY LIMITS?	
	Maryland 100. STREET AND NUMBER	Monto	omery							1 TES 2 NO				
RA		_			101. ZIP CODE					10g. CITIZEN OF WHAT COUNT				
FUNERAL	10901 Ediso	12. WAS DECEDEN	T EVED IN U.C. AD	MED	1 40	W# 0 DE0		854				d States		
	1 Never Married 2 🔀	Married	FORCES? 1	1 X YES 2 NO If yes, speci			ecify Cuba	n, Maxicai	n, Puarto Rican, etc		No- 14. RACE — American Indian, Black, White, atc.			
Β¥	3 Widowed 4 Divo	rced	World Wa									white		
ED	15. DEC	EDENT'S EDUC	ATION	16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INC					<u> </u>					
Ħ.	Elementary/Secondary (0		College (1-4 or 5	(Give kind of work done during most of working										
APL			5+	P	hysi	can				Priv	ate P	ract	ice	
COMPLETED	17. FATHER'S NAME (First, M.	iddle, Last)	-	16. MOTHER'S NAME (First, Middle, Maiden Surname)						1)				
BE (	Ralph Emmo	ns Hall						Do:	roth	y Pierpo	nt Mu	rphy		
5	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)													
F	Anna H. Hall 10901 Edison Road Potomac, Maryland 20854													
	20a. METHOD OF DISPOSITI	n 3 🗆 Ramo	val from State	20b. PLACE A cometery, cre All S	matory or o	of DISPO	SITION	eb. 2	24,	1996 <sup>TE</sup> 200				
	21. SIGNATURE OF FUNERA		INSEE	1111 0	allic.				S OF FAC	QLITY _	Angora	1, De	elaware	
	× /	0. 0	14			Ro Ro	bert	A. lle.	Pump Inc	hrey Fur	eral est M	Home	omerv	
	22 PART I Enter the di	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY ROBERT A. Pumphrey Funeral Home/ Rockville, Inc. 300 West Montgomery Avenue Rockville, Maryland 20850-2805  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximates												
	ahock, or heart fallure. List only one cause on each line.													
									Onset and Death					
	resulting in death)	<b>→</b> a	DUE TO	COR AS A CONSEC	NIENCE O	a	u	ne					Days	
		_	0 (	(on no n conce	- C					40074			0 1	
ERTIFICATION	Sequentially list conditi	lons,	DUE TO	(OR AS A CONSEC	DUENCE O	F):	de	eg h	) Con	Con			welles	
AT	cause. Enter UNDERLY	ING	110	11.50	- 1	er-	_ /	Von	-6	160	Tan		years	
Ĕ	CAUSE (Disease or inju that initiated events	Ly "	DUE TO	(OR AS A CONSEC	DUENCE O	F): 🗸					The			
ᇤ	resulting in death) LAS	T d												
9	PART II Other elapitics	nt conditions	contributing to	double had not a		l= Ab	- 4 - 4 - 4 -							
Ŋ.	PART II. Other significa										S AN AUTOPS IFORMED?	Y 2	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
ă	- Selection	00 00	Mia	e1 1972	EC V	200	M	MAC.	Capangan	<b>デ</b> 火	S 2   NO		OF DEATH?	
PHYSICIAN: MEDICAL	(1000-1	mes	m	190	reg	ban	and or			-			1 TYES 2 NO	
A	25. WAS CASE REFERRED TO	O MEDICAL					26 PI	ACE OF D	FATH //Chr	ock only one)				
Sic	EXAMINER?	1	HOSPITAL:	ER/Outpetient 3	□ 00A	OTHE	R:			6 Other (Specify				
Ħ	27. MANNER OF DEATH		28e. DATE OF	INJURY	28b. TIM	E OF	26c. INJ	URY AT	siderice	28d. DESCRIBE H	OW INJURY	OCCURED		
ВУ Р		Pending Investigation	(Month, D	dy, Year)	IN.	M	1 🗆 '	RK?	NO					
		Could not be	28a. PLACE O	F INJURY — At ho	me, farm,	street, fac	tory, offic	office 281. LOCATION (Stre			reet and Num	ber or Run	al Route Number,	
COMPLETED		determined	ounding,	and (abouty)						City or Town,	rate)			
PE	29a, CERTIFIER	IFYING PHYSIC	IAN: To the best of	my knowledge, de	eth occurr	ed at the	time, data	and placa,	and due	to the cause(s) and	manner as	stated.		
<b>∑</b>	1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.    CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.													
	29b. SIGNATURE AND TITLE							29c. LICE					IED (Month, Day, Year)	
BE	DMASO	3.	omak.	an .					73			-	24722,199	
20. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DESTRUCTION 27 Care Office.								12/1/2						

FEB 2 16ar) 1996

32. DEGISTRAR'S SIGNATURE

- Marian

State of Maryland / Department of Health and Mental Hygiene 96 07275

					Cer	tificate of	Death	Re	eg. No.	0	01210
			1. Decedent's Neme (First, Middle, Las	t)				2. Dete of Deet			3. Time of Death
	ysicia Andin	-	MADELINE THE	RESA	JO	OYNES		Feb.	15 1	996	11:40 p
	ledic amine		4e. Fecility Neme (If not institution, give	street end number)			4b. City, Town, or L		4c. County		11.40 p
t LA	u	-1	Memorial H	ospital @ H	Easton		Easto	1	Tal		
Fun	oral		Social Security Number 6. S		. lest birthdey)	If Under 1 Yeer	If Under 24 Hrs.	8. Dete of Birth (Month, Dey,			place (State or Foreign
Direc			215-09-2800	□M 2√2 F 91	Yrs.	Months Deys	Hours Min.	(Month, Dey, Jan, 6,	Year)		oleca (State or Foreign
			Usual Residence of Decedent					vaii.	1303	Mai	yland
ylan	4		10a. Siete 10b. County	10c. C	city, Town or Loc	ation				1	Od. Inside City Limits
M I	2	to	MD. Queen	Anne's G	rasonv	ille					1 ☐ Yes 2 🕱 No
± 128.	Tool	9	10e. Street end Number			10f. Zip Code		10	0g. Citizen of 1	What Cour	ntry?
3a o	2	0	1014 Chester R	iver Drive		216	38		U.S	. A .	
d 21215-0020  filed within 72 hours efter deeth with the Maryland hygiene. ther than "natural", or items 23s or 28s-1 show	Ē	Funeral Director	11, Meritel Stetus	12. Wes Decedent Ever in	U.S. 13. W	es Decedent of F	Hispenic Origin? (Sp	ecify Yes or No-	14. Rac	e - Americ	can Indian.
O in the	5	F	1 ☐ Never Merried 2∑ Merried	Armed Forcas? 1 ☐ Yes 2 ☐ XXX	If	Yes, specify Cub	en, Mexican, Puerto	Rican, etc.)	Blad	ck, White,	
020 urs	9	þ	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Yeer or Detes:	1	☐ Yes 2 XNo	Specify:		Specify	y: Wh	ite
21215-0020 d within 72 hours eff giene. rr than "natural", or	8	Completed	15. Decedent's Ed		16a. Decede	ent's Usuel Occup	pation		16b. Kind of B	usinass/inc	dustry
215 Pin 7	Med	ple	(Specify only highest grad Elementery/Secondery (0-12)		(Give k	ind of work done O NOT use retire	pation during most of work d)	ing			
Paragraph 21	á	EO	1.0	College (1-4or 5+)	Hous	ewife					
D PER	E J	Bec	17. Fether's Neme (First, Middle, Last)				18. Mother's Nem	e (First, Middle, N	Malden Sumen	ne)	
Maryland d 2 should be file th and Mental Hy 7 is marked oth	9	20	Soloman Tyler				Eli	zabeth	HIll		
should and Men	E	-	19e. Informent's Neme/Reletionship (7	ype, Print)	19b. Meiling	Address (Street	en <i>d Number or Rur</i>	al Route Number.	City or Town.	State. Zip	code) 2163
	2		David James Joy	ynes-Husban	d 1014	Chest	er River	Drive	,Graso	onvi	
Baltimore, M permit. Pages 1 end 2 Department of Health Important: If Item 27	et e		20e. Method of Disposition	20b.	Plece of Dispos	ition (Neme of		Dete 2	20c. Location -	City or To	own, Stete
age:	ŏ		1 XBuriel 2 Cremetion 3 1			etory or other ple	<sup>∞)</sup> Jan. rial Par	19,199	6 Fact	- n	БМ
Tit P	2	-	4 ☐ Donetion 5 ☐ Other (Specify,						East		
Dep E	DOC8		21. Signolare di Servica Elcans	2/1/	Ne	wnam Fi	ess of Fecility Fe uneral H	lome .	Р.А.	enne	in &
		_	Humas K.	Helfenber	m 10	6 Sham:	rock Rd.	, Ches	ter, I	Md.	21619
			23a. Pari1. Enter the disease, or comp shock, or heart fellure. List only of	elications that caused the dec one ceuse on each line.	eth. Do not ente	r the mode of dylr	ng, such es cardiac	or respiretory erre	est,		Approximate Interval Between
Physic	_	1				•				1	Onset and Deeth
/ /Medi Exami			Immediate Cause (Final disease or condition	. DAC	mm	1a					days
LAGIIII			resulting In deeth)	Due to	or es a consegu	ience of):					,
70 0		<u>=</u>	_	aso	iraty.	ort.					days
and	Ü	Examiner	Sequentially list conditions,	Due to	or es e consequ	ence of):	4 / .	_		1	
0			Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	SJUHR	112	dias	nditionin	C		1	Vear
X 68760, entificate be executed ding physician end	9 :	edical	thet initiated events resulting In death) Lest	Due to (	or es e consequ	ence of):	(	)			1
riffic ng b	98	Week									
	S			d						<del></del>	
. 0 0 :	0 .	Physician	Pert It. Other significant conditions co	ntributing to death but not re	sulting in the unc	derlying cause giv	ven in Pert I.	23b. Did to	bacco uss co	ntributs to	the cause of death?
law requires that the de	tach.	5		decutifu	. /			1□ Ys	2 2 No	3 □ Prol	bably 4 Unknown
s the	8 '	2	surre	areing, in	1 111	711					
Hecords, he law requires the has been signed and the has been signed and the has been signed by the has been been signed by the has been			4 1					24e. Wes er		24b. We	ere eutopsy findings
	Suc I	Set	come					perform	nedr	CO	ellable prior to mpletion of cause deeth?
TC 60 = 7	90	Completed						40.4	- ath		
= F # 6	d c		25 Was asso referred to medical					1□ Ye	1	11	☐ Yes 2☐ No
VISION OF VITAL Attending Physician: T or deeth. Purch: After this certification the the fundamental		0 0	25. Wes case referred to medical examiner?	Hospitel:		3□ DOA Oth	28. Place of Deet		-		
	a   '	-  -	1 Yes 2 No	28e. Dete of Injury	28b. Time of	3LI DOA	4 LI Nursing no	me 5 Reside 28d. Describe ho			V)
On Ol Ol Ol Ol Ol Ol Ol Ol Ol Ol Ol Ol Ol	9	0	1 Daturel 5 □ Pending	(Month, Day Year)	tnjury	28c. Injur Wor M 1	k? Yes 2 □ No	200. 2000/100 110	w wijary occur	.00	
Storing deet		Ca	3 ☐ Suicide 8 ☐ Could not be	ORe Disease of Injury 44 h	ama fama atau			ODE Leastion (Ct.	no at on al Alian h	on or Diver	Al Davida Alizabas
DIVISION  or Attending after deeth.  Director: After	6	Certification:	4 ☐ Homicide determined	28e. Pieca of Injury - At h building, etc. (Speci	ify)	et, ractory, office		28f. Location (Str City or Town	, Stete)	er or mura	ii rioute ivumber,
pred l			200 00000000000000000000000000000000000								
To the Hospital or Attendin within 24 hours after deeth. To the Funeral Director; Att To ornalested filled in his the funeral present of	À .	edical	29a. Certifier (Check only one) Certifying Phy	sician: To the best of my kni nar: On the bests of exemin	owledge, deeth o etion end/or Inve	occurred et the tin estigetion, in my o	ne, dete end plece, plnion, deeth occuri	and due to the ce ed et lhe time, de	ouse(s) and me ete and pleca,	enner es st and due to	ated. the cause(s)
the the		-	29b. Signeture end title of cartifier	end menner sleted.							
P	3		200. Signature end title of Cartiller	E HAD		29c. Licens		25	9d. Date signe	d (Month,	Dey, rear)
			1-401)(	) (11-		.02	5750		2/16/	16	
			30. Neme and address of person who co	ompleted cause of death (Ite	m 23e) (Type, P	rint)					
			Robert Sanchez 31. Dete filed (Month, Dey, Year)	M.D.; 508	Idlewi	ld Ave	., Easto	n, Md.	21601	1	
	State	7		32. Registrat's Sign	eture						
Reg	gistra	r	02/20/96	1º Pomer	enisa-p	where					

DHMH 16 Rav 6/95

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TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the ho	OR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach	
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		1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF I		MENTAL HYGIEN				
		1. DECEDENT'S NAME (First, Middle, Las	1)				2. DATE OF DEATH		3. TIME OF DEATH		
,		Myrtle Virgin	ia Jarrell					MY YE 1996	2:55P M		
		4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8, E	NRTHPLACE (State or Foreign country)		
Pla		214-28-1825  Se. FACILITY NAME (If not institution, give	1 □ M 2√□ F   8.	5 YAS.			Sept.29	,1910	Maryland		
, 2, 3 should	DIRECTOR	Kent & Queen A		ital		tertown		9c. COUNTY	ent		
iges 1	REC	10a. STATE 10b. COUN	• • •		Y, TOWN OR LOCA				10d. INSIDE CITY		
permit. Pages 1, 2,		- ~	en Anne's		Church	Hill			1 YES 2 NO		
sit	FUNERAL	100. STREET AND NUMBER 202 Rabbit Hil	l Road		10	216	23		of what country?		
ding physician. the burial-transit	ED BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	2 200	If yes, sp		NIC ORIGIN? (Specify Years, Puerto Rican, etc.)				
r attending use as the		15. DECEDENT'S ED (Specify only highest gra	DUCATION de completed)	16a. DECEDENT'S	USUAL OCCUPATION	ON pet of working	16b, KIND OF BUSINESS/INDUSTRY				
spital o	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT u	stress	or or working	Rob Rob Fac	ing			
detach	SO	17. FATHER'S NAME (First, Middle, Last)		ME (First, Middle, Maiden							
ed by t	BE	Lemuel O. La		rah C. Lewis							
retained 5 should notified	5	19a. INFORMANT'S NAME (Type/Print)  John O. Lane -	Prothor				Route Number, City or Town				
ay be		20a. METHOD OF DISPOSITION	206	. PLACE AND DATE		mo of	2075 200 15	CATION OIL	TENEDAN TO THE PARTY OF THE PAR		
rector, pag		★Suriel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval trom State Cen	church	ther place)	Femetery	b. 15, 199	6 urch H	Ill, Md.		
ter death. Page 6 m the funeral director, oval.		21. SIGNATURE OF FUNERAL SERVICE I	ICENSEE /	1.	Newna	am Fune	ral HOme	ws, He	lienbein &		
hat the death certificate be executed within 24 hours after d by the attending physician and completely filled in by the and Mental Hygiene prior to burial, cremation, or removal ny injury, or other traumatic event, the medical or	ICAL CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory strest, shock, or heert failure. List only one cause on each line.  Approximate interval Between Onset and Daati disease or condition resulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  AMALABLE PRIOR TO									
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that TO THE FUNERAL DIRECTOR: After this certificate has been signed by be filed writin 72 hours after death with the State Dept. of Health an IMPORTANT: If Item 28 is marked, or Item 23 shows any	MEDIC						1 TYES 2	P NO	COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO		
has b Dept.	PHYSICIAN:	DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL	IKIROTE TO CAUSE O	F DEATH YE		UNCERTAIL	10				
ficate State	SIC	EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Outp		OTHER:	a cManidana	8 Other (Specify)				
hysicily is cert rith the	PHY	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b, TIM	E OF 28c. INJ	-	28d. OESCRIBE HOW	NJURY OCCURE	D		
ther the eath verth mark	ВҰ	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆	YES 2 NO					
HECTOR: A ster of n 28 is	ETED	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, :	street, factory, offic		281, LOCATION (Street City or Town, State)	and Number or Ru	ral Route Number,		
AL OR	COMPLET		SICIAN: To the best of my know								
UNER ANT:	S	2 MEDICAL EXAMI	IER: On the beele of examination	n end/or Investigation	on, in my opinion, d	eath occured at the	time, date and place, en	d due to the cau	se(s) and manner as stated.		
THE F	BE	29b. SIGNATURE AND TITLE OF CERTIFI	THE NOTE OF			29c. LICENSE NUI	ABER		NED (Month, Day, Year)		
₽₽≥₹	은	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE	TH (ITEM 27) (Type	, Print)	025	170	F Feb	.15,1996		
		Eric Ciganek, M				Centrev	ille, Md	. 2161	7		
		31. OATE FILEO (Month, Dey, Year) 02/20/96									
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Fours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI				GIENE			
	1. DECEDENT'S NAME (First, Middle, Las					2. DATE OF DE			3. TIME OF DEAT	N
	,	Frances J	acobson			Februa	DAY	996	10:05	ам
	4. SOCIAL SECURITY NUMBER			birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.			RTN	8. BIRTNP	LACE (State or Fo	
	128 - 38 - 3919	1 □ M 2 💢 F 📗 8	9 YRS.	ONTHS DAYS	1906	Country)				
1	9a. FACILITY NAME (If not institution, give			b. CITY, TOWN O	R LOCATION OF DI					
DIRECTOR	Manor Care Nurs	ing Home		Betheso	hesda Monto					
ñ	10a. STATE 10b. COUN		10c. CITY, T	TOWN OR LOCAT	ION		10d. INSIDE CITY		-	
5	Maryland Mon	tgomery	Chev	y Chase				LIMITS?	NO	
AL	10s. STREET AND NUMBER			101.	10g. CITIZEN OF			-		
H	8700 Jones Mill	Road			29	9 USA				
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER I		13. WAS OECI	ENDENT OF HISPAI	NIC ORIGIN? (Specify Yes or No. 14. RAC			- American India	n,
	1 Never Married 2 Married	FORCES? 1 YES			2 NO Specific		etc.)	Black, Specify	White, etc.	
BY	3 X Widowed 4 Divorced								White	
逆	15. DECEDENT'S EI (Specify only highest gra		18a. DECEDENT'S US	WAL OCCUPATION HOS	16b, KIND	OF BUSINESS/INC				
Ш	Elementary/Secondery (0-12)	College (1-4 or 5+)	life. Do NOT use re							
MP		3	Nursing	Superv	Hea	lth Care	5			
COMPLETED	17. FATNER'S NAME (First, Middle, Lest)				18. MOTNER'S NA		Maiden Surname)			
8	Paul Morris Maz	zin				chwartz				
2	19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural					
-	Miriam Wisegold		45-D G	Garden E	Road, Pe	abody,	MA 01960	)		
	20a, METNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c, LOCATION — City or Town, State									
	4 Donation 5 Other (Specify) Beth HilleT Cemetery 2/25 Walden, New York									
	21. SIGNATURE OF FUNE ALL SERVICE LICENSEE)  22. NAME AND ADDRESS OF FACILITY Donaldson Funeral Home, P.A.									
	313 Talbott Ave. Laurel, Maryland 20									7
	23. PART I. Enter the dispuses, o	r complications that cause	d tha death. Do not						Approxima	_
1	shock, or heart fellur	a. List only ona cause on a	ach line.	The life in	au or aying, out	as cardiac b	· respiratory arr	vat,	Interval Ba	twean
										Death
ŀ										N_
	DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequantially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):									
¥	If any, leading to immediate cause. Enter UNDERLYING								j	
필	CAUSE (Diseasa or Injury that initieted events	DUE TO (OR AS A	CONSEQUENCE OF):						<del>-</del>	
F	reaulting in death) LAST									
8									+	
AL	PART II. Other significant condition	ona contributing to deeth b	out not reaulting in t	the undarlying	causa given in		WAS AN AUTOPSY PERFORMED?		WERE AUTOPSY FIR	
음							YES 2 NO	(	COMPLETION OF C	
MEDICAL									1  YES 2 N	0
ä	DID TOBACCO USE CON	TRIBUTE TO CAUSE C	F DEATH YES	□ NO Ø	UNCERTAIL	V D				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATN (							
Si	1 YES 2 NO	HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/Outp		THER: Nursing Home	5 - Realdence	6 Other (Spec	ify)			
£	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O			28d. DESCRIBE	NOW INJURY OCC	CURED		
BY I	1 Netural 5 Pending 2 Accident Investigation		inson.		ES 2 NO					
	3 Suicide 8 Could not b	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, stree	et, tactory, office			(Street end Number	or Rural Ro	ute Number,	
1	4 Nomicide determined		,,			City or Town	i, State)			
COMPLETED	29a. CERTIFIER 1 CERTIFYING PNY	SICIAN: To the best of my know	ledge, death occurred a	it the lime, date	and place, and due	to the cause(a)	and manner as etet	ad .		
ž I									and manner as st	thed
	2 MEDICAL EXAMINER: On the baels of exemination and/or investigation, in my opinion, death occurred at the lime, date and place, and due to the cause(a) and m									
BE	1 A	111	day -		29c. LICENSE NUM	257		2/27	Month, Day, Your)	
2	30. NAME AND ADDRESS OF PERSON W	NO COMPLETED CAUGE OF THE	ATH STEAM OF THE	(ma)	1/33	227		70	776	
		than Mushe	AIR (ITEM 27) (Type, Pri	30 h	136025	- An	e Chen	, Ch.	ise mi	0
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE							
- H	FFB 2.6 19	96 Jahr d'aval	uce hardall							

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	TOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages in the complete of the complete	
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SICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the	omple	, ,
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ficate	TOR: After this certificate has been signed by the attending physicial and after the control of the state of	2
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i	FOR STATE REGISTRAR	STATE OF MARY		RTMENT OF		MENTAL HYGIEN	E			
ļ	1. DECEDENT'S NAME (First, Middle, Las	Gladys				2. DATE OF DEATH MONTH DE	28,1996	3. TIME OF DEATH 1:28 a M		
i	4. SOCIAL SECURITY NUMBER 214-46-3333	5. SEX 6. AG	E (In yrs. lest birthday 84 YRS.	MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year)	8. Bif	ATTHPLACE (State or Foreign unitry) PA		
5	9a. FACILITY NAME (If not institution, gho				N OR LOCATION OF D	EATH	9c. COUNTY OF DEATH ALLEGANY			
חואונו	MD A	nty Llegany		cumberla				10d. INSIDE CITY LIMITS? 15 YES 2 NO		
LONEHAL	10a. STREET AND NUMBER			Junioer 18	10f. ZIP CODE 21502		10g. CITIZEN OF WHAT COUNTRY? USA			
2	11. MARITAL STATUS  1. Mever Married 2 Married  3. Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OF	S 2V NO	U.S. ARMED  13. WAS DECENDENT OF HISPANIC ORIGIN?  13. WAS DECENDENT OF HISPANIC ORIGIN?  14. WAS DECENDENT OF HISPANIC ORIGIN?  15. WAS DECENDENT OF HISPANIC ORIGIN?			Yes or No — 14. RACE — American Indian,			
COMPLEIED	15. DECEDENT'S E (Specify only highest gn Elementary/Secondary (0-12)		(Give kind o	rs usual occupation work done during use retired.)	16b. KIND OF BUS	SINESS/INDUSTRY				
5	17. FATHER'S NAME (First, Middle, Last)		THO IT	merker_	18. MOTHER'S NA	AME (First, Middle, Melden				
DE L	Elmer L. Weimer Johanna (Hyde)									
2	19s. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow				
	William A Moo		1 8965 ROB. PLACE AND DAT		ane: Bear		77707 CATION — City or	Town, State		
	1X Burial 2 Cremation 3 R 4 Donation 5 Other (Specify)	amoval from Stata	Hillcre	r other place) st Buri	al Park		umberla			
	21. SIGNATURE OF FUNERAL SERVICE	T SINC	inpoli	22. NAME SC	and address of Farpelli Fi	uneral Home	9			
┪	23. PART i. Phter the diseases,					MD 21502 th se cardisc or rasp	iratory srrest,	Approximats		
	iMMEDIATE CAUSE (Finsi disease or condition resulting in death)	ra. List only one cause or		ımonia				Onset and Death 4 Days		
	DUE TO (OR AS A CONSEQUENCE OF):									
A I	Sequentially list conditions, if sny, leading to immediata cause. Enter UNDERLYING	DUE TO (OR A	S A CONSEQUENCE	OF):						
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR A	S A CONSEQUENCE OF):							
AL C	PART II. Other algolificant condit	tions contributing to deat	but not resulting	g in the undari	ring cause given in			24b. WERE AUTOPSY FINDINGS		
PHYSICIAN: MEDICA	Malnutrition					PERFOR	/	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
Z	DID TOBACCO USE CON	NTRIBUTE TO CAUSE	OF DEATH	YES NO	W UNCERTA	N 🗆				
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	ne)					
2	1 TYES 2 NO NO	1 Inpatient 2 ER/O			loma 5 Residence	6 Other (Specify)	N IUDY OCCUBER			
BY P	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Yea	()	M 1	WORK? YES 2 NO					
EIEU	3 Suicide 6 Could not 4 Homicide determined		ipecify)	n, atreet, tactory, c	ffice	281. LOCATION (Street City or Town, State)		ral Route Number,		
COMPLEIED	ana)	HYSICIAN: To the best of my kr						se(s) and manner as stated.		
ם מב	29b. SIANATURE AND TITLE OF CERTI	Cenn 1	vna Print)	D25406  29c. LICENSE NUMBER D25406  29d. DATE SIGNED						
	William Lamm,	M.D.; 47 Vir	ginia Av	enue; C	mberland	, MD 21502	2			
	MAR 0 1 199	6 Jahr Mante	GNATURE GN- Narbuk					DHMH-16 Rev 1/89		

3-

3. TIME OF OEATH

8. BIRTHPLACE (State or Foreign Country) Maryland

> 10d. INSIDE CITY LIMITS? X XYES 2 NO

14. RACE — American Indian, Bleck, White, etc.

Approximata Interval Between **Onset and Death** 

10:05 am m

FOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Jours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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BE

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		1 - FOR STATE REGISTRAR	STATE OF !	MARYLAN			F HEALTH A		ITAL HYGIEN	E		0 / [
		1. DECEDENT'S NAME (First, Middle, Last) STEPHEN, JONES			,			N N	eb. 17	199	YEAR	3. TIME OF OE
		4. SOCIAL SECURITY NUMBER 214-14-2286	5. SEX	6. AGE (In yr	s. lest birthday) YRS.	IF UNDER 1 Y		HRS. 7. C	ATE OF BIRTH Month, Day, Year) /7/02	- 1	. BIRTHI Country	PLACE (State or
	TOR	90. FACILITY NAME (If not institution, give to Global Health(		nter			imore	OF DEATH		9c. COUNT Ba1		ore
	DIRECTOR	10e. STATE 10b. COUNT	imore			y, town on i			¥			10d. INSIDE CI LIMITS? XYES 2
	FUNERAL	100. STREET AND NUMBER 6116 Bel Air					101. ZIP COOE 21215		10g. CIT			HAT COUNTRY
	ВУ	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	X 740	If ye	DECENDENT OF I	Aexican, Pu	RIGIN? (Specify Yes arto Rican, atc.)		4. RACE Black, Specify Whi	
	PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5	+)	o. DECEDENT'S (Give kind of life. Do NOT u.	work done duri se retired.)	PATION ng most of working		Agric	INESS/INDU	STRY	
at once.	E COMPL	17. FATHER'S NAME (First, Middle, Last)  ISAAC N. J	Tones	F	armina.	110.		-	irsi, Middle, Maiden	Surname)		
notified	TO BE	19e. INFORMANT'S NAME (Type/Print)  James O. TArbe			196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1831 Ridge Rd., Whiteford, MD 21160							
must be		20a METHOD OF DISPOSITION 1 Seriel 2 Cremellon 3 Rem 4 Donation 5 Other (Specify)		20b.PL/	ACE AND DATE	of disposition of the dispositio	N(Name of Cemete:			cation — ci		vn, Slate 17314
or removal. medical examiner		21. SIGNATURE OF PANERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Harkins F.H.Inc., Delta, PA 17314  23. FART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest,  Approx										
event, the medical	CERTIFICATION	23. FART I. Enter the diseases, or shock, pr heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Core	wary	lart	ely o	mode of dying	such as	cardiac or respi	ratory arres	st,	Approxid Interval Onset as
or other traumatic e		Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  CONGRESS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
shows any injury, o	MEDICAL	PART II. Other significant condition  OVA	t ple ly	essod	les A	In the unda	Hyling cause give	on in Part	PERFOR	MED?		WERE AUTOPSY AVAILABLE PRIO COMPLETION OF OF DEATH? 1 YES 2
Item 23	SICIAN:	DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL:	26. 5	PLACE OF DEA	TH (Check only	one)	TAIN D				
ked, or	PHY	27. MANNER OF CEATH	28a. DATE OF (Month, D	INJURY	28b. TIM		Home 5 Resid		DESCRIBE HOW IN	JURY OCCU	RED	-

24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 - YES 2 100

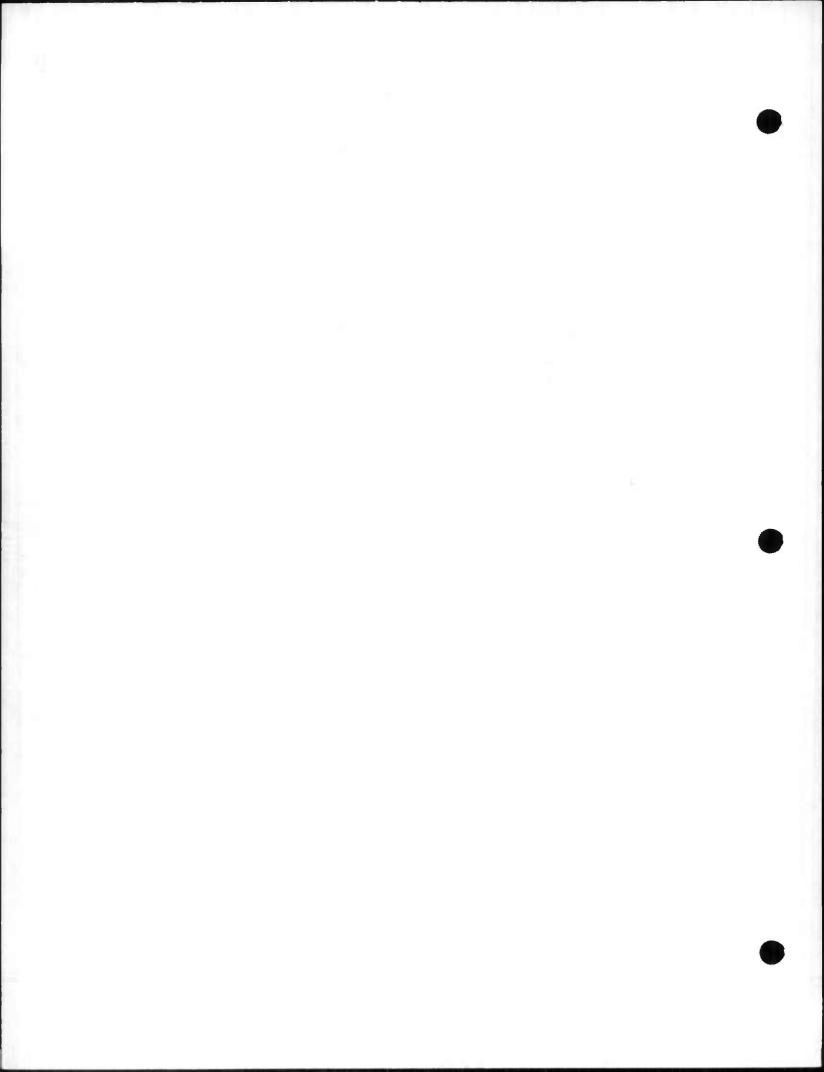
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	26. PL HOSPITAL: 1   Inpatient   2   ER/Outpatient	ACE OF DEATH (Check of		ce 6 Other (Specily)			
27. MANNER OF OEATH  1 Naturel 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	26d. DESCRIBE HOW INJURY OCCURED				
3 Suicide 6 Could not be datarmined	28e. PLACE OF INJURY — At building, atc. (Specify)	home, larm, street, lacto	ry, offica	261. LOCATION (Street and Number City or Town, State)	or Rural Route Number,		

296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER DEATH (ITEM 27) (Type, Print) 31. DATE FILE! (Mo

1 - FOR STATE REGISTRAR

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		1. DECEDENT'S NAME (First		Mae	2	Jone	S				2. DATE OF DEATH MONTH B	AY 7 7 (	YEAR	3. TIME OF DEATH
		4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In	yrs. last birthda		R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH	3,19	a BIRTHE	12:15 AM
pinous		21.7-36-9 Sa. FACILITY NAME (If not It		1 🗆 M 2XX	9		MONTHS	DAYS	HOURS	MIN.	sept 18,		Country, Ma	ryland
2, 3 sho	OR .	Circle M			Hom	e			or LOCATION SINGT		ATH		ont of DE	omery
quan.	CTO	RESIDENCE OF DE												111027
Pages	DIRE	10a. STATE	10b. COUNT				ITY, TOWN							10d. INSIDE CITY
permit. F	0	Md		gomery			Gait	her	sbur	g				1 X YES 2 NO
	NA NA	10e. STREET AND NUMBER						10	of, ZIP CODE			10g. CIT		HAT COUNTRY?
an. ransi	FUNERA		Lake	Katrine	_				20	879				.A.
21215-0020 al or attending physician. for use as the burial-transit	BY	11. MARITAL STATUS  1 Never Married 2 Statement   Divides   Divide		12. WAS DECEDEN FORCES?	NT EVER IN U I YES MAR QR DATE	I.S. ARMED 2 ZINO ES		If yes, s	CENDENT O pecify Cuba S 2 1 NO	n, Maxican	C ORIGIN? (Specify Yes, Puerto Rican, etc.)	se or No— 14. RACE — American Indian, Black, White, atc. Specific Black		
r attending use as the	ETED	15. OEC	EDENT'S EDU	CATION	10		EDENT'S USUAL OCCUPATION			16b. KIND OF BUSINESS/INDUSTRY				
212 al or a for us	H.	(Specify on Elementary/Secondary (I	ly highest grade 0-12)	College (1-4 or 5	+)	(Give kind o	(Give kind of work done during most of working life. Do NOT use retired.)				160. KIND OF BUSINESS/INDUSTRY			
	를	4th Grad			"	Domestic					None			3
The hospit detached	COMPL	17. FATHER'S NAME (First, A	liddle, Last)						18. MOTH	IER'S NAM	NE (First, Middle, Malden		-	
# & & Z	i iii	George	Carr	oll			Un			Unk				
MAR retained 5 should	8	19a. INFORMANT'S NAME (	Type/Print) (	Grand-S	(n)	19b. MAILII	Q ADDRES	S (Street	and Number	or Rural Re	oute Number, City or Tow	n, State, Zi	Code)	
5 5 5		Mr Emanue			· · · · ·				nden					
6 may be ctor, page that be m		20a. METHOD OF DISPOSIT			20b. Pl	LACE AND DAT	E OF DISPOS	SITION /N	lame of		OATE 20c LO		City or Tow	
- 9 9 -		5 Burial 2 Crematic	on 3 ⊔ Rem (Specify)	oval from State	L11	ncoln	Par	k C	emet	ery	2/29 R	ockv	ille	, Md
Pag . Pag iner		21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE				NAME A	ND ADDRES	S OF FAC	ILITY			
BALTIMORE, or death. Page 6 may be the funeral director, page val.		+ yes	KE K	1. /m	md	ew					neral H			20850 kville, M
boldon executed within 24 hours after and completely filled in by the o burial, cremation, or removal matic event, the medical		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Oue TO (OR AS A CONSEQUENCE OF):											Approximate interval Between Onset and Death	
th certificate be ending physician II Hygiene prior to other traus	ERTIFIC	Sequentially flat condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju that initiated events resulting in death) LAS	diate ING Iry	с	OUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
		PART II. Other eignifice	nt condition	a contributing to	death but	not resulting	In the ur	nderlyin	ng cause g	iven in P				VERE AUTOPSY FINDINGS
requires that been signed by i. of Health an shows any	MEDIC	DID TOBACCO U	SE CONT	RIBUTE TO CA	USE OF	DEATH \	ES 🗆	NO K	1 UNC	ERTAIN	PERFOR		6	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
V: The law cate has be State Dept.		25. WAS CASE REFERRED TO EXAMINER?				PLACE OF DE			2.					
MAN: The State he State or item	S	1 WES 2 NO		HOSPITAL:	ER/Outpatie	ent 3 🗆 DOA	OTHE		ne 5 🗆 Rei	sidence 6	Other (Specify)			
this ce with the direct.	1 7 1		Pending Investigation	28a. DATE OF (Month, D	INJURY lay, Year)	28b. Tj		28c. IN.	JURY AT ORK? YES 2		28d. DESCRIBE HOW II	NJURY OC	CUREO	
ATTENDI CTOR: A after de	8		Could not be determined	28a. PLACE O building,	F INJURY — atc. (Specify)	At home, farm	, street, tact	ory, offic	co		28f. LOCATION (Street a City or Town, State)	nd Number	or Rural Ro	ute Number,
世 弘 元 =	Σ										o the cause(a) end man			and manner as stated.
TO THE HOSPI TO THE FUNE De filed within		RAMP (	Y		1 pm				13	403	2	1 2	12519	Aonth, Day, Year)
	_	JEANNE TEANNE M. DATE FILEO (MONTH, DBY,	PENSON WH	ASNER	SE OF DEATH	D 37	20F	ARR	AGO	TA	VE KENS	INE	TON	MD20895
			2 7 19	32. REGISTRA		or Randa	t							



DIVISION OF VITAL RECORDS, P.O. BOX 68760

100 Ja 01	TO BE COMBLETED BY BUXBLOIAN, MEDICAL OFFICIAL
il examiner must be notified at once.	IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
the funeral director, page 5 should be detache wal.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the aftending physician and completely tilled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.
ler death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hosp

31. DATE FILED (Month, Day, Year)
FEB 2 7 1996

										9	96	07281	
	FOR STATE REGISTRAR	STATE OF MARYL					DEAT		ENTAL HYGIEN	Ε 2			
	1. DECEDENT'S NAME (First, Middle, Last)			4 .					2. DATE OF DEATN			3. TIME OF DEATN	
	MARY	Ε.	Vc.	lok	ากร	- 20			MONTH 2		Q'AR	525A #	
			(In yrs. lest	-	_	R 1 YEAR	IF UNDER:	24 HRS. '	7. DATE OF BIRTH	,	n. BIRTNI	PLACE (State or Foreign	
	361-03-8297		88	YRS.	MONTHS	DAYS	HOURS	MINI.	(Month, Day, Year)	200	Country	y)	
	9a. FACILITY NAME (If not institution, give street		00	12.4111	ah CIT	TOWN	2 LOCATIO	ON OF DEAT		908	NTY OF DE	linois	
Œ										A A	- 6		
5	Medlantic Monor a	t Layhiii	-			Silv	er Sp	pring		1410	ntag	omery	
DIRECTOR	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION					10d. INSIDE CITY	
9	Maryland Mon	tgomery			Rock	vill	Δ					LIMITS?	
	10e. STREET AND NUMBER	<u>Bomoz</u>			ROCK	-	. ZIP CODE			10g. CIT		THAT COUNTRY?	
FUNERAL	2 Stevens Court												
Ž		12. WAS DECEDENT EVER I	IN U.S. ARE	IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN?						7 (Specify Yea or No — 14. RACE — American In			
	1 Never Married 2 Married	FORCES? 1 YES	S 2 K NO If yes, specify Cuban,					n, Mexicen,	, White, etc.				
B	3 Widowed 4 Divorced	II 160, W	MILLO			1   120	230 110	эрвону.			Specify	White	
	15. DECEDENT'S EDUCA		18a. DEC	CEDENT'S	USUAL O	CCUPATIO	ON		16b. KIND OF BUS	INESS/INI	DUSTRY	MILLEC	
ET	(Specify only highest grade co	College (1-4 or 5+)	life.	Do NOT u	work done se retired.)	during mo	st of working	9					
교	8	Conege ti v o. o . ,	l H	omem	aker				Own	Home	۵		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			O.III C.II.	4102		18. MOTH	IER'S NAME	E (First, Middle, Maiden		-		
	Elbert Rollin Day	vis					111-011		Moriah	.,			
BE	t9a. INFORMANT'S NAME (Type/Print)	VIG	196	MAILING	ADDRES	S (Street a			MOLLAN ute Number, City or Town	State, Zit	n Code)		
유												000	
	Cherie A. Doty  2 Stevens Court Rockville, Maryland 20850  200. METHOD OF DISPOSITION  200. PLACE AND DATE OF DISPOSITION/Name of a pare 200. LOCATION — City of Town, State												
	1 X Burial 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	ral from State cer	metery, crer	matory or o	ther place)	Feb.	26,	1996	6 DATE				
	Reserraven memorial daluens Marvern Arkansas												
	Robert A. Pumphrey Funeral Home/												
	Bethesda-Chevy Chase, Inc. 7557 Wisconsin M00202 Avenue Bethesda, Maryland 20814-3501												
	23. PART I. Enter the diseases or con abock, or haert fellure. Lie	mplications that cause	d the dea	ath. Do r	not enter	r the mo-	de of dylr	ng, auch	aa cardiec or reapi	ratory an	reat,	Approximata	
	MANAGORATE CALLOG (C)											Interval Between Onset and Death	
	disease or condition resulting in death)	Chra	نره ر	N	0-	-0	D	110	110			2 une	
	resulting in death) . a	DUE TO (OR AS	A CONSEC	DUENCE O	F):		0-		aue e			7/5	
z		Chronic Diabe	Tes	7	20.16	Tu	S					YRC	
ERTIFICATION	Sequentially fist conditions,	DUE TO (OR AS	A CONSEO	UENCE O	F):							7.00	
8	cause. Enter UNDERLYING CAUSE (Disease or Injury												
드	that initiated events	DUE TO (OR AS	A CONSEO	UENCE O	F):								
E	reaulting in death) LAST												
O	PART II. Other eignificent conditions	contribution to death	but mak w		In the co	. 4 . 1 . 1 .							
MEDICAL				eeuiting	in the ui	nderiying	) cause g	iven in Pa	ert 1. 24s. WAS AN PERFOR			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
ă	Chronic And	mproma	100						1 YES 2	X NO		OF DEATH?	
ME	ChRONIC AME	emia							_			1 TYES 2 X NO	
ä	DID TOBACCO USE CO	ONTRIBUTE TO	CAUS	E OF	DEAT	TH Y	ES 🗌	NO	<b>I</b>				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF DE	EATH (Check	k only one)				
Š	the state of the s	1   Inpatient 2   ER/Out	tpetient 3	□ DOA	4 Nur		e 5 🗆 Ref	sidence 6	Other (Specify)				
Į Į	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)		26b. TIM	IE OF JURY	28c. INJ		2	28d. DESCRIBE HOW IF	JURY OC	CURED		
ВУ	1 Natural 5 Pending 2 Accident Investigation	(month, buy, lowly		,,,,,	M		PRK? YES 2 _	] NO					
	3 Suicide 8 Could not be	26a. PLACE OF INJURY	Y — At hor	me, farm,	streel, fac	tory, office		2	261. LOCATION (Street a	nd Number	r or Rural A	oute Number,	
	4 Homicide determined	building, alc. (Spe	sciiy)						City or Town, State)				
<b>"</b>	29a. CERTIFIER	IAN. To the heat of our tree.		-46	and the same of		-715-		manaca a a				
COMPLETED	(Check only one)  2 MEDICAL EXAMINER:												
8		On the best of gastiffication	on and or it	Tivootigotic	m, m my	ориноп, о	estil occure	PG at the III	me, data and place, an	J due to tr	ne cause(a)	and manner as stated.	
BE	296. SIGNEDINE AND TITLE SENTIFIER		1				29c, LICE	NSE NUMB	ER	29d. DAT	E SIGNED	(Month, Day, Year)	
0	A Jan	~~	~	m			03	557	7		123/	196	
<b>—</b> II	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D'	EATH (ITEN	4 27) (Type	- Print1								

HOP Randolph

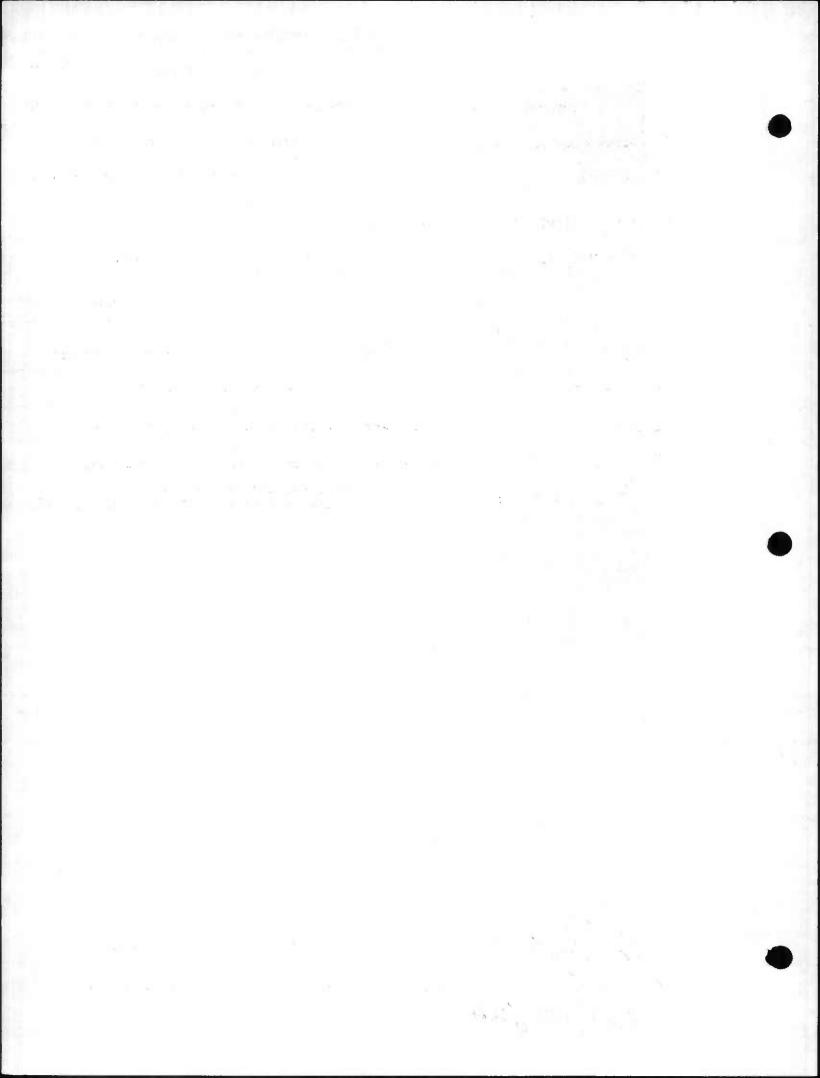
32. JEGISTARIS SIGNATURE Jaha Mudion Randall Rd, 5-203,

Rockulle,

State of Maryland / Department of Health and Mental Hygiene Q 5

07282

						Ce	rtificate	e of	Death		Re	g. No.	0	0 1	202	
	Physic	ion	1. Decedent's Nama (First, Middle, L.	ast)							Data of Death	) Deu	Year .	3. Ti	me of Death	
	/Medi		Marga		М.		Jef	fri	es	Fe	bruar	y 28	1996	12	:30 AM	
	Exami		4a. Facility Name (if not institution, gi						4b. City, To	own, or Locatio	n of Death	4c. County	of Death			
			Frederick Memor	-						erick		Free	deric	k		
	Funeral Director			Sex 1□M 2⊠F	7. Age (In yrs. Ia 88	st birthday) Yrs.	If Under Months	1 Yaar Days	If Undar Hours	Min. (	Data of Birth Month, Day, y 21,				tata or Foreign vania	
	and *		10a. Stata 10b. County		10c. City,	Town or Lo	ocation				<del></del>		11	Od. Insi	de City Limits	
	Mery 4 sh	5	Maryland Fre	derick	No	w Mar	kat								Yes 2□No	
	the noth	Je C	10e. Street and Number	derien	110	WIIGE	10f. Zip	Code			10	g. Citizen of	What Coun	trv?		
	3a or	ā	151 West Main S	troot				217	77/				JSA	,		
	n 72 hours after death with the Merylan *neture!; or items 23a or 28a-f show exical Examiner must be notified	Funeral Director	11. Marital Status	12. Was Deced	dent Ever in U,S	. 13.	Was Deced		• •	igin? (Specify	Yas or No-		e - Americ	an Indi	an,	
21215-0020	be filed within 72 hours after death with the Meryland tel Hyglene. d other than "naturat", or items 23s or 28s-f show event, tre Medical Exeminer must be notified at	by	1 ☐ Never Married 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced	Armed Ford  1  Yes : It Yes, Give Year or Da	2 Å No		n Yas, spec 1 ☐ Yes 2				erto Rican, etc.)		Black, Whita, atc.			
5	72 h	etec	15. Decedent's E (Specify only highest gr	ducation		16a. Dece	dent's Usua	l Occup	oation	at of working	1	16b. Kind of Business/Industry				
2	d within piene. r than	Completed	Elementary/Secondary (0-12)	College (1-	4or 5+)	lifa.	DO NOT us	e retire	d)	a cr tronting	11.					
7	Mygie u		12	41		Gif	t Wra	ppei				Woodward & Lot		Lot	nrop	
Maryland		To Be	17. Father's Name (First, Middle, Last Wencil Werner						1,100	ars Name <i>(Fir.</i> nelia S			na)			
la	d 2 should th and Mer 7 is marks traumatic		19a. Informant's Name/Ralationship	(Type, Print)	19b. Mailir	ng Address	(Street	and Numb	er or Rurai Ro	ute Number,	City or Town	State, Zip	Code)			
4	s 1 and 2 if Health Item 27 I		Edwin Jeffries						Stree	et, New						
0			20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐	☐Ramoval from S	0.00	nca of Dispo matary, crar	natory or ot	ne of ther pia	ce)	De	ate 2	Oc. Location	City or To	wn, Sta	ita	
E	men tant:		4 ☐ Donation 5 ☐ Other (Special		Gat					ry 3/2/	96	Silver	Spri	ng,	MD	
Baltimore,	permit. Peges Department of Important: If It any injury or once.		21. Signature of Funeral Service byce	Fra O		F		s J.	. Col1	lins Fu Blvd.W		-		м	2000	
	PSF S		23e. Pert1. Enter the disease, or com shock, or heart tailure. List only	plications that ca	used tha death.	Do not ent	er the mode	of dyir	ng, such as	cardiac or res	piratory arre	st,	bring		klmata il Between	
1	Physician		oriosi, or riodit tallato. List only	0110 00030 011 00	or mie.								1	Onset	and Death	
1	/Medical Examiner		Immediate Ceuse (Final disease or condition	as a consequence of):								4.	dans			
	LAGIIIIIEI		resulting in death)	α.	Due to (or										days	
	bed isi	를		b. Le	A Ven	t. Dy	shun	cof	noi				-	-5	rears	
	certificate be executed Iding physicien and Isa es the burial-transit	Examiner	Sequentially list conditions, if any, leading to immediata causa. Enter Underlying Cause (Disease or injury		Due to (or	as a conseq	juence of):									
68/60,	be e piclen buris	le le	causa. Enter Underlying Cause (Disease or injury that initiated events	C												
20	phys s the	edical	resulting In death) Last	as a conseq	uence of):											
ROX	n certifica anding ph usa es ti			d												
	te to	Physician/	Part It. Other significant conditions of	antibuting to dea	ah hua nat sasult	la a la dia										
r. O	that the de ed by the deteched	hys	0	•		ang in the u	ndenying ca	suse giv	ren in Part i	i.	23b. Did tobacco use contribute to the cause				4 Unknow	
	es that igned I be det	by P	Preumoni,	C^								8 20110	0_1100	MUTY	32 Onknow	
ğ	- W D		Preumoni, Hx multip	) ()	/ A						24a. Was an	autopsy		ere auto	psy findings	
ပ္သ	2 S S	plet	HX MUITI	ole CV	M						perioni	1001	cor		1 of causa	
ř	0 - 0	Completed	Dis botes								1 ☐ Ye	s 2 No	1 🗆	Yes	2 No	
DIVISION OF VITAL RECORDS,	ysiclen: The serificate director, pag	Be	25. Was case retarred to medical examiner?						28. Piace	a of Death (Ch	eck only one		1			
>	S 00 0	ည	1 ☐ Yas 2 No	Hospital: 1 XIn	patiant 2 E	R/Outpatien	t 3 DO	A Oth	er: 4 Nu	ursing Home	5 Resider	nca 6 Oth	er (Specify	1)		
	ding Ph. h. After thi funeral		27. Manner of Death  1 Netural 5 □ Pending	28a. Date of (Month)	Injury 2 Day Year)	8b. Time of Injury	28	Bc. Injur Wor	yat N	1A 28d.1		w injury occur	red		100	
200	Attending r death.	cati	2 Accident invastigatio 3 Suicide 6 Could not b		IA	NIA	M	10	Yas 2		NI					
<u> </u>	or Attendations of the death	Certification:	4 Homicide determined	28a. Place 0	of Injury - At hom g, etc. <i>(Specify)</i>	ne, farm, str	eet, tactory,	, office			ocation (Str. City or Town,	eet and Numb Stata)	per or Rural	i Route	Number,	
_	Hospitai		29a. Certifiar to Certifying Ph			NIA						N	14			
		edicai	(Check only one) 2 Medical Exar	nysictan: To the bas	is of examination	eage, deeth on and/or inv	estigetion,	in my o	ne, date an pinion, dea	th occurred at	the time, da	use(s) and ma te and place,	anner as sta and dua to	ated. the ca	use(s)	
	within 2 To the comple	Me	29b, Signature applitude contiller 29c, License number							29	d. Date signe	d (Month, L	Day, Ye	nar)		
	⊢ <b>≯</b> ⊢ ö		1/1/1/	m				T	747	397		2/2				
			30. Neme and address of person who	completed cause	of death (Item 5	(Type	Print)	V	<i>c</i> /	- ( (						
			Michael Wil	completed cause	e . MT	> 2	310 (	v.9	th a	K Fr	-Do-	-k m	10 7	171	51	
	Sta	ite	31. Date filed (Month, Day, Keer)	22. Reg	gistrar's Signatu	0				1 1 1	- CONTIN				1	
	Registr		MAR 01 199	6 Jahre	Olwalan-B	adall										



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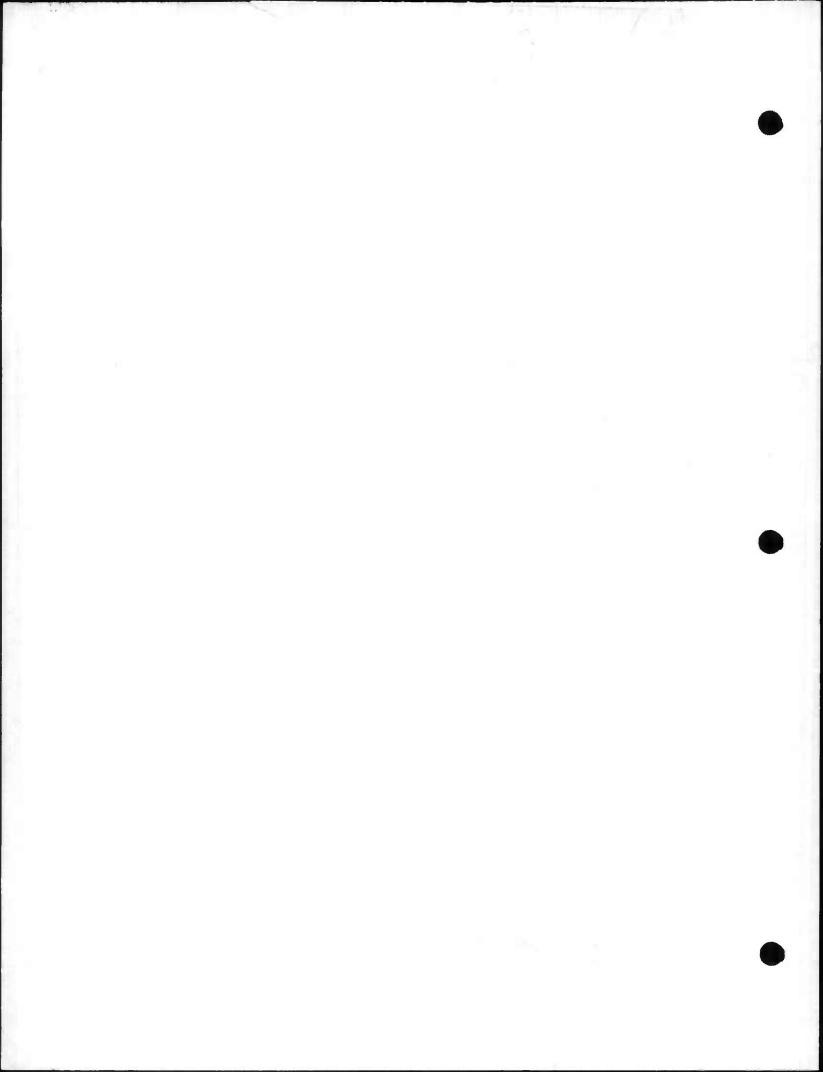
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR STATE REGISTRAR
1. DECEDENT'S NA
Bern
4. SOCIAL SECURIT
575-10-1
9a. FACILITY NAME
Allegis
RESIDENCE O
10a. STATE
Maryland
10e. STREET AND N
10420 Ma
11. MARITAL STATU

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

1. DECEDENT'S NAME (First, Middle, Leat)  Bernice Loy Chin Jay  2. DATE OF DEATH  MONTH OF DEATH  1:15pm														
8			nin Jay							Feb	. 28	199	6 FEAR	1:15pm M
	4. SOCIAL SECURITY NUMBER		5. SEX	HILL A COL	rs. last birthday	IF UNDE	R 1 YEAR	IF UNDER	1 24 HRS.	7. DATE OF I	BIRTH N: Year)		BIRTN Countr	IPLACE (State or Foreign
- 1	575-10-1831		1 🗆 M 2 💢 F	82	YRS.					Feb. 4		14		waii
œ	9a. FACILITY NAME (# not in				0.			DR LOCATI		ATN			NTY OF D	
6	Allegis Hea	TEDENT	Kenabili	tatior	n Ctr.	Ke	ensir	ngton				Mon	tgom	ery
DIRECTOR	10a. STATE	10b. COUNTY	1		10c. CI	TY, TOWN	OR LOCA	TION						10d. INSIDE CITY
	Maryland	Montg	omery		Pot	comac								LIMITS?
FUNERAL	10e. STREET AND NUMBER	_			-			1. ZIP COD	-			10g. CIT	IZEN OF V	VHAT COUNTRY?
빌	10420 Maste	rs ler	Tace					20854					ted	States
	1 Never Married 2	13.	If yes, sp	ecify Cubi	in, Mexicar	IC ORIGIN? (S n, Puerto Rica	pecify Yes n, etc.)	or No—	14. RACE Black	E — American Indian, k, White, atc.				
3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 VES 2 NO Specify:										Specify: Chinese				
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  12  Dress Maker  16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  To Press Maker  16. MOTNER'S NAME (First, Middle, Last)  16. MOTNER'S NAME (First, Middle, Malden State of Maker)								INESS/IND						
9	(Specify only highest grade completed)  [She kind of work done during most of working life. Do NOT use retired.]  [She kind of work done during most of working life. Do NOT use retired.]													
12 Dress Maker								0022 2						
	,	Chung	L		18. MOTNER'S NAME (First, Middle, Malden Surna									
8	19a. INFORMANT'S NAME (	105 MARIN	CADDOES	@ /Dimet	She		No. de Abrardon d		Si					
Carol Prestowitz (Daughter) Same as 200. METHOD OF DISPOSITION 200. PLACE AND DATE OF DISPO								ina numbe	OF PILITEE H	ioule Number, (	aty or lowi	i, Stem, Zic	Gode)	
							SITION /NO	eme ot		DATE	20c. LO	CATION -	City or To	wn. State
VX Burtial 2   Cremation 3   Ramoval from State   Commetter, crematory or other place    4   Donation 5   Other (Specify)   Diamond Head Memorial Park   3-6   Ho   21. SIGNATURE OF FUNERAL SERVICE LICENSEE								k 3-6 Honolulu, Hawaii						
										, .				
	Rapp Funeral Services, P.A. 933 Gist Ave, Silver Spring, MD 20910													
	23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, ahock, or haart fellure. List only one ceuse on each line.  Approximate Interval Between													
- 1	ahock, or haart fellure. List only ona cause on each line.										Interval Between Onset and Dasth			
	disease or condition resulting in death)	<b>→</b>	_pneumo	nia,	aspira	spiration							3 days	
					NSEDUENCE (	OF):								
NO.	Sequentielly list conditi		renal:		NSEDUENCE (	NE)-								2 years
CERTIFICATION	if any, leading to imme- cause. Enter UNDERLY	NG												
	CAUSE (Disease or Inju		DUE TO	(OR AS A CO	NSEQUENCE (	F):								
	resulting in deeth) LAS	' (	d											
- 21	PART ii. Other aignifica	nt condition	s contributing to	daath but r	not reaulting	In the u	nderiyin	g cause g	givan in f	Part I. 24e	. WAS AN	UTOPSY	246.	WERE AUTOPSY FINDINGS
DICAL	arthritis									1.0	PERFOR			AMPLABLE PRIOR TO COMPLETION OF CAUSE
ME										_   ' '	J 120 2	110		DF DEATH?
	DID TOBACCO U	SE CONTR	RIBUTE TO CA	USE OF D	DEATH Y	ES 🔲	NO K	UNC	ERTAIN					
ᇹ┃	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:	26. 1	PLACE OF DEA									
PHYSICIAN:	1 TES 2 ND		1 Inpatient 2				ming Nom	_	sidence (	6 Other (Sp	ecify)			
	27. MANNER OF DEATH 1 X Netural 5	Pending	28a. DATE DF (Month, D		28b, TII	JURY		PIK?	7.00	28d. OESCRIE	BE HOW IN	JURY OCC	CUREO	
BY	2 Postotia	Investigation	28e. PLACE D	F INJURY - /	Al home, ferm,	street fer		YES 2	ND	28f. LOCATID	M /Street a	and Alexandras	or Church C	nut Mush
		Could not be determined	building,	atc. (Specify)	Troma, ratin,	attoot, 100	tory, orne			City or To	wn, State)	ra Number	or Hurai H	oute Number,
ا ب	29a. CERTIFIER 1 X CERT	TFYING PHYSIC	CIAN: To the best of	my knowledo	a. death occur	ad at the he	time date	and place	and due f	to the equate		West and		
29e. CERTIFIER (Check only one) 2   MEDICAL EXAMINER: Do the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as attated.									and manner as stated.					
20h CIONATHRE AND TITLE OF CERTIFIER														
DADADA														
2	30. NAME AND ADDRESS O													
						O Fai	lls	Road	, Sui	te 104	4, Po	otoma	c, M	ID 20854
B. Robert Mozayeni, M.D. 9800 Falls Road, Suite 104, Potomac, MD 20854  31. DATE FILED (Month, Departure)  MAR 01 1996														



BALTIMORE, MARYLAND 21215-0020

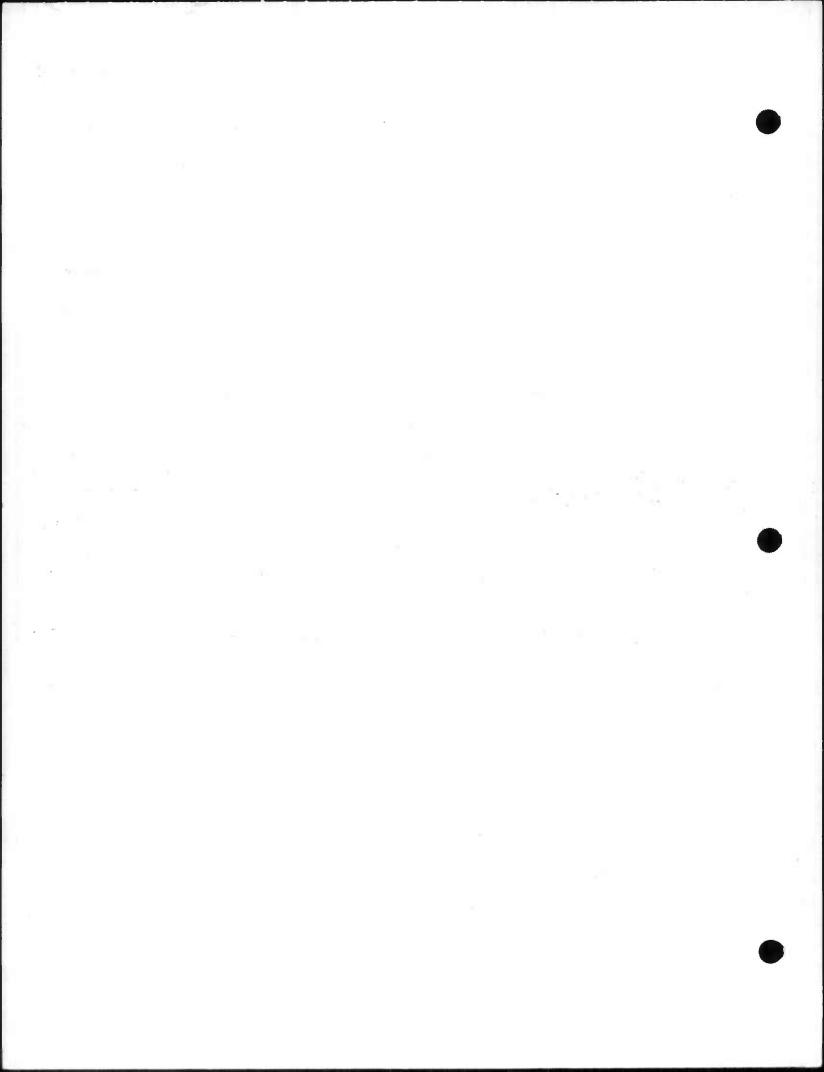
DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

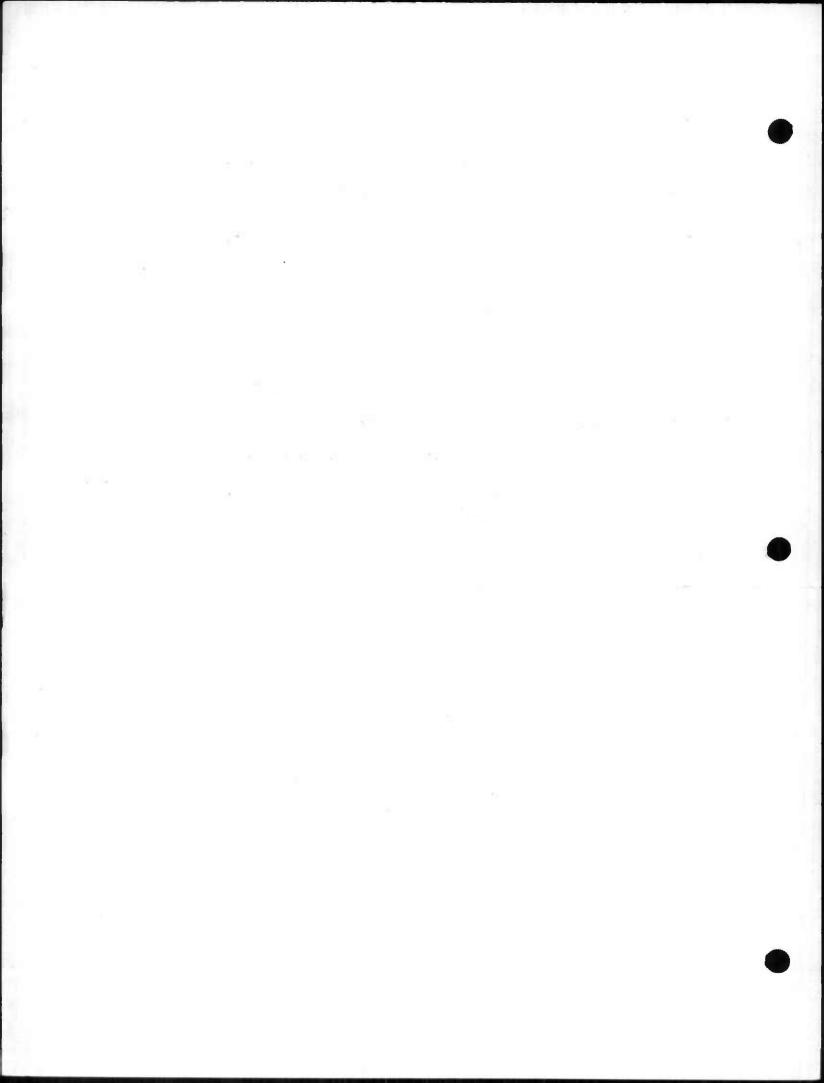
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF H		MENTAL HYGI	ENE	0 01204					
	1. DECEDENT'S NAME (First, Middle, Last)  CAROL	ANN K	ISELES	SK I		2. DATE OF DEATH	DAY	YEAR S. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		10					
	217-56-3198	1 M 2 V F		MONTHS DAYS	HOURS MIN.	(Month, Day, Year	1)	BIRTHPLACE (State or Foreign Country)					
	9a. FACILITY NAME (If not institution, give st	21	55 YRS.	av 0.000 00000		June 1 1		Pennsylvania					
DIRECTOR	Deaton Speciality			Balti	imore	EATH	9c. COUNT	TY OF DEATH					
EC	10a. STATE 10b. COUNTY		10c. CI	TY, TOWN OR LOCAT	TION			10d. INSIDE CITY					
E	MD Anne	Arundel		Annapoli				LIMITS?					
	104, STREET AND NUMBER	Ardider			. ZIP CODE		44 - 44	1 XXYES 2 NO					
FUNERAL	710 (1 1 5+			101	2140		7,00	EN OF WHAT COUNTRY?					
W	719 Glenwood St	ited States											
교	1 Never Married 2 Married	Yes or No- 14	14. RACE — American Indian, Black, White, atc.										
ВУ	3 Widowed 4 Divorced	Specify: White											
H													
۳	Elementary/Secondary (0-12) College (1-4 or 5 +)												
N	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16. KIND OF BUSINESS/INDUSTRY  16. KIND OF BUSINESS/INDUSTRY  16. KIND OF BUSINESS/INDUSTRY  16. KIND OF BUSINESS/INDUSTRY  16. KIND OF BUSINESS/INDUSTRY  16. KIND OF BUSINESS/INDUSTRY  16. KIND OF BUSINESS/INDUSTRY  17. FATHER'S NAME (First, Middle, Lest)  18. MOTHER'S NAME (First, Middle, Maiden Surname)  Mary R. Vinikaitis  19a. INFORMANT'S NAME (Type/Print)  19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  19a. METHOD OF DISPOSITION  20b. PLACE AND DATE OF DISPOSITION (Name of Date 20c. LOCATION — City or Town.)												
양													
F													
	1XXBurial 2 Cremation 3 Ramo	val from Stata	LCTEST	Memorial	Gardens	2/27/96	Annano	lie Maryland					
	Tally land												
	21. SIGNATURE OF UNITAL SHRICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Ohn M. Taylor Funeral Home 147 Duke of Gloucester St. Annapolis, MD												
	The state of the s												
	23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.												
	disease or condition resulting in death)	Breo	wh c	oncer				544					
ľ	Touching in country	-	CONSEQUENCE O										
z		Metas	tatic	liver o	1 month								
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate		CONSEQUENCE O										
S	CAUSE (Disease or Injury	Multi	nle scle	ren13									
	that initiated events		CONSEQUENCE O										
	resulting in death) LAST	Vent.	alepena	lent re	sp Hen	lune							
- 1	DART II OAL - I III III												
A I	PART II. Other algnificant conditions	contributing to deeth b	ut not resulting	In the underlying	cause given in		AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO					
MEDIC						1 YES	2 1 NO	COMPLETION OF CAUSE OF DEATH?					
¥∥								1 TES 2 NO					
z I	DID TOBACCO USE CONTR	IBUTE TO CAUSE O	F DEATH YI	S NO	UNCERTAIN	N 🗆 📗							
∦ ؉	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEA	TH (Check only one)									
PHYSICIAN:		HOSPITAL: 1 Inputient 2 ER/Outp	etlant 3 🗆 DOA	OTHER:	e 5 🗆 Residence	8 Other (Specify)							
<u></u>	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIN	E OF 28c. INJI	URY AT	28d. DESCRIBE HO	W INJURY OCCU	RED					
BY P	1 Natural 5 Pending	(Month, Day, Year)	IN.		RK? 'ES 2 NO								
	2 Accident Investigation 3 Suicide & Could get be	28a. PLACE OF INJURY	— At home, farm,			28f 1 OCATION (Street	at and Muschin as	Rural Route Number,					
	Suicide	building, atc. (Spec	:Hy)	or or or or or or or or or or or or or o		City or Town, St.	ate)	nurer noute number,					
COMPLET	29a. CERTIFIER												
Ē	(Check only	CIAN: To the best of my knowl											
5	2 MEDICAL EXAMINER	i: On the basis of examination	n and/or investigation	on, in my opinion, de	eath occured at the	time, data and place,	and due to the c	cause(a) and manner as stated.					
O BE	100				D 362	194		2/24/96					
<b>≝</b>	30. NAME AND ADDRESS OF PERSON WHO												
	KDEST		160 WIL 1		re i	Baltimere	MO	21229					
	31. DATE FILED (Month, Day, Year)	32. REGISTRAD'S SIGNA											
	FEB 2 6 1996	32. BEGISTRAR'S SIGNA	market #										
	0 1330	and starting of the property of	1. 0 00 to 0.00										



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	FOR STATE REGISTRAR	STATE OF MARY		RTMENT OF		NTAL HYGIENI REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Lest)		KIEN	ZlEre		ELAGARY 2		3. TIME OF DEATH  545 PM			
	4. SOCIAL SECURITY NUMBER 291-03-1728	1 X M 2 □ F 85	(In yrs. last birthday	MONTHS DAYS	F UNDER 24 HRS. 7	DATE OF BIRTH (Month, Day, Year) an 1, 191	1 Als	RTHPLACE (State or Foreign unity) Sace, France			
TOR	9a. FACILITY NAME (If not institution, give a Fallston General			Falls	or location of deat	н	% COUNTY O				
DIRECTOR	nesidence of decedent  10a. STATE 10b. COUNT  Maryland Harfo	_		TY, TOWN OR LOC	ATION			10d. INSIDE CITY LIMITS?			
	10e. STREET AND NUMBER				of. ZIP CODE			1 X YES 2 NO			
BY FUNERAL	6 S. Atwood Rd.  11. MARITAL STATUS  1 Never Merried 2 Married  3 Widowed 4 Divorced	(P.O. BOX 4  12. WAS DECEDENT EVER FORCES? 1 X YES IF YES, GIVE WITH OR  WW 2	IN U.S. ARMED	If yes, s	21014 ECENDENT OF HISPANIC specify Cuben, Mexican, I s 2 NO Specify:		8	ACE — American Indian, lack, White, etc. pecity:			
ETED.	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION	(Give kind	"S USUAL OCCUPAT of work done during r use retired.)	TION nost of working	16b. KIND OF BUS	Y				
once. COMPLET	12 17. FATHER'S NAME (First, Middle, Last)		Owner/	operator	Manufa Surname)	acturer					
BE BE	Oscar Kienzler  19a. INFORMANT'S NAME (Type/Print)		19b. MAILI	NG ADDRESS (Street	Ieane C	reutzberg		)			
2	Lottie E. Kienzl			Box 44,	Bel Air,	· ·	CATION — City o	r Town State			
ar must	1 fx Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	coval from State	ametery crematory	11e Ceme	tery, Feb 2	9,96 Gra					
examiner	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Newman Funeral Homes, P.A., P.O. Box 275  179 Miller St., Grantsville, MD 21536										
event, the medical	23. PART I. Enter the diseases, or/ shock/ or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one cause on	eech line.			na cardiec or reapi	iratory arreat,	Approximata Interval Between Onset and Death MINUTES			
or other traumatic	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  A VENTRICUIAR Fibrillation Fibrillation Fibrillation Minuth  Due to (or as a consequence of):  Leart D; SEASE  YEAR.  Due to (or as a consequence of):  Due to (or as a consequence of):										
shows any injury, o	PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO										
A S	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	RIBUTE TO CAUSE		EATH (Check only on							
ked, o	1 YES 2 DNO  27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	1 Inpatient 2 ER/Os  25e. DATE OF INJURY (Month, Day, Year)	Y 28b.	TIME OF 28c. I	oma 5 Realdence 6  NJURY AT VORK?  YES 2 ND	Other (Specify)	INJURY OCCURE	0			
28 is TED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUI building, etc. (S)	RY — At home, fari pecify)	m, street, factory, of	lica 2	Bf. LOCATION (Street ( City or Town, State)		ral Route Number,			
V 500 1	ann)	ICIAN: To the best of my kno ER: On the basis of exeminat						se(e) end manner ea stated.			
IMPORTANT: TO BE COM	38. NAME AND ADDRESS OF PERSON W	Jonah	DEATH (ITEM 27)	vpe. Print)	29c. LICENSE NUMB	er 73	29d. DATE SIG	NED (Month, Day, Year) PRY 26, 1996			
	31. DATE FILED (Month, Day, Year)	and+	2 CO	3 Rock	Sphing 1	Rd, 1	FOXEST	Hill 21050			
	FEB 2 8	1996 Julia	Haveleer K	arthely							



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any injury, or other traumatte event, the medical examiner must be notified at once.

	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last)	ARNOK	1 Ki	LDfek	MAN	2. DAT	TE OF DEATH	-199	24 3. TIME OF DEATH 935 0 M		
	4. SOCIAL SECURITY NUMBER 110-09-2620	1 🔀 M 2 🗆 F	(In yrs. last birthday) 78 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS, HOURS MIN,	(Mo	e OF BIRTH ofth, Day, Year)		BIRTNPLACE (State or Foreign Country) New York		
2	99. FACILITY NAME (If not institution, give s Levindale Geriatr	96. CITY, TOWN OR LOCATION OF DEATH Baltimore					9c. COUNTY OF DEATH City				
DIRECTOR	RESIDENCE OF DECEDENT										
	Maryland Harford			Aberdeen					10d. INSIDE CITY LIMITS? 1 ☑ YES 2 ☐ NO		
RAL	100. STREET AND NUMBER	101	101. ZIP CODE 21 001				10g. CITIZEN OF WHAT COUNTRY?				
FUNERAL	406 Paradise Roa	N U.S. ARMED	U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Spe				secify Yes or No.   14. RACE — American Indian.				
B	1 Never Married 2 Married 3 Widowed 4 Divorced	IF VES GIVE WAD OR DATES			If yes, specify Cuban, Mexican, Puerto Rican, etc.)  1  YES 2 NO Specify:				Specify: White		
ETED	15, DECEDENT'S EDU- (Specify only highest grade Elementery/Secondary (0-12)	USUAL OCCUPATION vork done during most of working entired.)  16b. KIND OF				BUSINESS/INDUSTRY					
COMPL	12	College (1-4 or 5+)					U.S.	S. Government			
	17. FATNER'S NAME (First, Middle, Lest)  Bernard Kupferman			16. MOTHER'S NAME (First, Middle, Maidl							
Bernard Kupterman  Beg  190. INFORMANT'S NAME (Type/Print)  190. Mailing address (Street end Number or Rum  190. Marca Theorems I Vivinforman							Sie Shipman Route Number, City or Town, State, Zip Code)				
F	Mrs. Frances L. Kupferman 406 Paradise Road, Aberdeen, Maryland										
	206. METHOD OF DISPOSITION    206. PLACE AND DATE of DISPOSITION (Name of cometer), Cremetery, Crem								y or Town, State		
	Tarring-Cargo Funeral Home, P.A. Aberdeen, Maryland 21001-3399  23. PART L Enter the classes, or complications that coused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest,  Approximate										
	snock, or habit failure.	complications that caused List only one cause on a	the death. Do r sch line.	not enter the mo	de of dying, suc	ch aa ce	rdiac or respi	ratory arrea	interval Between		
	immediate Cause (Finel disease or condition resulting in death)  s. oute condition pulning and onest										
z	Sequentially list conditions, If any, leading to immediate  s. oute condition - pulmorsary annest  Due to (or as a consequence of):  a leading to immediate  Due to (or as a consequence of):										
ATIO	Sequentially list conditions, If any, leading to Immediate cause. Enter UNDERLYING										
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	7:									
	d										
CAL	PART II. Other significent condition	PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Pert I.  24a. WAS AN AUTOPSY FINDINGS PERFORMED?  24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE									
MEDIC	oranic I	31	10			1 HO	OF DEATH?				
AN:	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN										
PHYSICIAN:	26. PLACE OF DEATH (Check only one)  EXAMINER?  1  YES 2  NO  1  Jegistient 2  ER/Outpetient 3  DOA  4  Nursing Home 5  Residence 6  Other (Specify)										
	27. MANNER OF DEATN  1 Mafurel 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	URY WO	RK?	28d. DI	DESCRIBE NOW INJURY OCCURED				
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28t. LOCATION (Street end Number or Flural Route Number building, etc. (Specify)						Rural Route Number,			
ETE	4   Nomicide determined										
COMPLETED	29e. CERTIFIER (Check only one)  1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated.  2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end manner es stated.										
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)										
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) 2434 W. Belvedore for CONSUELS Alvanto m Boltinon no 21215								h 26th 1896		
									215		
	S1. DATE FILED (MOOR). POY, (1947)	JULA DEUTEN	charlett								

3. TIME OF DEATH

REG. NO

1. DECEDENPS NAME (First, Middle, Last)

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DIVISION OF VITAL	
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2. DATE OF DEATH KazoKas aroline 10:20 Am Beynon ebruary 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year)
NOV. 21, 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) 1 M 2 XF 193-32-9743 1911 Pennsylvania 84 Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH DIRECTOR Fallston General Hospital **Fallston** Harford 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Harford Edgewood 1 YES 2 NO permit. 10e. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 21040 635 Longwood Court funeral director, page 5 should be detached for use as the burial-transit 24 hours after death. Page 6 may be retained by the hospital or attending physician 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerio Ricen, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 MO IF YES, GIVE WAR OR DATES 14. RACE — American Indien, Black, White, etc. 1 Never Married 2 Merried BY White 3 X Widowed 4 Divorced ETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only his Elementary/Secondary (0-12) College (1-4 or 5+) COMPL Homemaker Own Home 12 once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) notified at William David Beynon Elizabeth (nmn) 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, Stete, Zip Code 9 3802 Wlaters Rd., Edgewood, Md. 21040 Ethel R. Eshinsky must be 20e. METHOD OF DISPOSITION
1 X Burlat. 2 Cremetton 3 Removal from State
4 Donetton 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Bel Air, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Howard K. McComas III Funeral Home, P.A. 1317 Cokesbury Rd., Abingdon, Md. 21009 filled in by the medicai 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter shock, or heart feiture. List only one ceuse on each line. Approximsts interval Batween Onset and Death IMMEDIATE CAUSE (Fine) the cremation, disesse or condition\_ resulting in death) other traumatic event, burial, CERTIFICATION and Sequentially list conditions, prior to if any, leading to immediata cause. Enter UNDERLYING physician CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in deeth) LAST 0 PART ii. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO shows any COMPLETION OF CAUSE OF DEATH? 1 TYES 2 THO Health 1 YES 2 NO 0 DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \( \square\) NO \( \square\) UNCERTAIN \( \square\) PHYSICIAN: Dept. 23 has 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one item EXAMINER? State HOSPITAL:
1 Dinpatient 2 ER/Outpatient 3 DOA OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) OR ATTENDING PHYSICIAN: 5 the 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED this ce marked, 1 Natural 1 YES 2 NO BY After 1 2 Accident Investigation 3 Sulcide 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 281. LOCATION (Street end Number or Rural Route Number City or Town State) 28 is 8 Could not be determined DIRECTOR: / COMPLETED 4 Homicide Item 29e. CERTIFIER

(Check only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(a) end manner as stated. TO THE FUNERAL (De filed within 72 h HOSPITAL 2 MEDICAL EXAMINER: On the basic of exemination end/or investigation, in my opinion, desth occured at the time, data end place, and due to the cause(e) and menner se stated. 296. SIGNATURE AND TITLE OF CERTIFIED THE P BE 016389 W 223 9 AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 1716 HARFIRD Rd Rm 106 Fallston MX VAI ARAO MO 31. DATE FILED (Month, Day, Year)
Feld FEB 2 494 32. REGISTRAR'S SIGNATURE who discussed hardely

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

PERFECTO C. VAN 40"-

State of Maryland / Department of Health and Mental Hygiene 6 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of E-sth Month Day **Physician** Ε. Grace Knight 13,1996 8:35 AM Feb. /Medical 4e. Facility Neme (If not institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** Allegis Kensington Nursing Home Montgomery Kensington If Undar 1 Yaar ff Undar 24 Hrs. 8. Dete of Birth (Month, Dey, Year) Feb. 16, 1902 5. Social Sacurity Number 7. Age (In yrs. last birthday) 9. Birthpiaca (State or Foreign Country) Virginia **Funeral** Days 1 M 2 K Months Hours Yrs. 578-32-4165 93 Director Usual Residence of Decedent 10b. County 10c. City, Town or Location 23a or 28a-f show 10d. fnsida City Limits event, the Medical Examiner must be notified at 1 Yas 2 No Director Maryland | Kensington Montgomery 10e. Street and Number 10f. Zlp Coda 10g. Citizen of Whet Country? 3000 McComas Avenue 20895 U.S.A. deeth v Funeral Items 12. Was Decedant Evar in U,S. Armed Forces? Was Dacedant of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puarto Rican, etc.) 14. Raca - American Indian permit. Pages 1 and 2 should be filed within 72 hours effer to Department of Health and Mentel Hyglene. Important: If item 27 is marked other than "natural", or health in the permitter of the treumatic event. Bieck, White, atc. 1 Never Merried 2 Married 1 ☐ Yes 2 XNo If Yas, Giva 1 Yes 2 No Specify: Specify Black þ 3 ☐ Widowed 4 ☐ Divorced Yeer or Detes: Completed 16e. Decedent's Usuel Occupation (Give kind of work dona during most of working life. DO NOT usa retired) 15. Decedent's Education (Specify only highest grada completed) 16b. Kind of Business/Industry Eiementery/Secondery (0-12) College (1-4or 5+) 12 secretary secretarial 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumema) Be unavailable unavailable 2 19b. Meiling Address (Street end Number or Rural Routa Number, City or Town, Stete, Zip Code) 19e. Informant's Name/Reletionship (Type, Print) Julia B. Williams (conservator) 1828 L St., N.W., Washington, D.C. 20036 20e. Method of Disposition 20b. Plece of Disposition (Neme of 20c. Location - City or Town, Stete cemetery, cremetory or othar place) 1 Burial 2 ☐ Cremetion 3 ☐ Ramovel from Steta 4 ☐ Donetlon 5 ☐ Othar (Specify) Mt. Olivet Cemetery Feb. 16,96 Washington, D.C. 21. Signature of Europeal Service Licenses 22. Name and Addrass of Facility DeVol Funeral Home 2222 Wisconsin Ave., N.W., Washington, DC 20007 Inter the diseasa, or complications that caused the death. Do not enter tha moda of dying, such as cardiac or respiratory errest, or heart failura. List only one cause on aach line. Approximete Interval Between Onset and Deeth **Physician** Immediete Ceusa (Final disaese or condition resulting in deeth) /Medicai Pneumonia days **Examiner** Dua to (or es a consequença of): Examiner attending physician end for use as the buriel-transit The law requires that the death certificate be executed Sequantielly list conditions, if eny, leeding to immediate causa. Entar Undarlying Ceuse (Diseese or injury that initieted events rasulting in daath) Last Dua to (or es e consequence of): P.O. Box 68760. Physician/Medical Due to (or es a consequença of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Dfd tobacco use contributs to the cause of death? ate hes been signed by t page 2 should be detach 1 Yes 2Ñ No 3 □ Probably 4 □ Unknown osteomyelitis, peripheral vascular disease Records, ģ 24b. Wera autopsy findings eveileble prior to completion of cause of death? Completed 24a. Wes an eutopsy performed? certificate 1 Tyes 2 No 1 ☐ Yes 2 ☐ No Division of Vital Hospital or Attending Physician: 25. Wes casa referred to medical examinar? Be 26. Place of Deeth (Check only ona) Hospitel: 1 ☐ Inpetiant Other: 4 Nursing Home 5 Residence 6 Other (Specify) P 1 Yes 2 INo 2 ER/Outpatient 3 DOA this To the Hospital or Attending Phy within 24 hours after death.

To the Funeral Director: After this completely filled in by the funeral of 27. Menner of Deeth 28a. Dete of Injury (Month, Dey Year) 28c. fnjury et Work? 28b. Time of 28d. Dascribe how injury occurred Certification: 5 Pending investigation 1 Neturel 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Suicida 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Pleca of Injury - At homa, ferm, street, fectory, office building, atc. (Spacify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date and plece, end due to the cause(s) end manner as stated.

2 Medical Examiner: On the best of examination and/or investigation, in my opinion, deeth occurred et the time, date end plece, and due to the cause(s) end manner stated. Medical 29e, Certifier 29b. Signatura and title of cartifier 29c. License number 29d. Dete signed (Month, Dey, Year) D36046 February 13,1996 30. Nama and address of person who completed cause of daeth (Itam 23a) (Type, Print) John Merendino, M.D., 4701 Randolph Rd., #216, Rockville, Maryland 31. Dete filed (Month, Dey, Year) 32. Registrar's Signeture State

**DHMH 16 Rev 6/95** 

Registrar

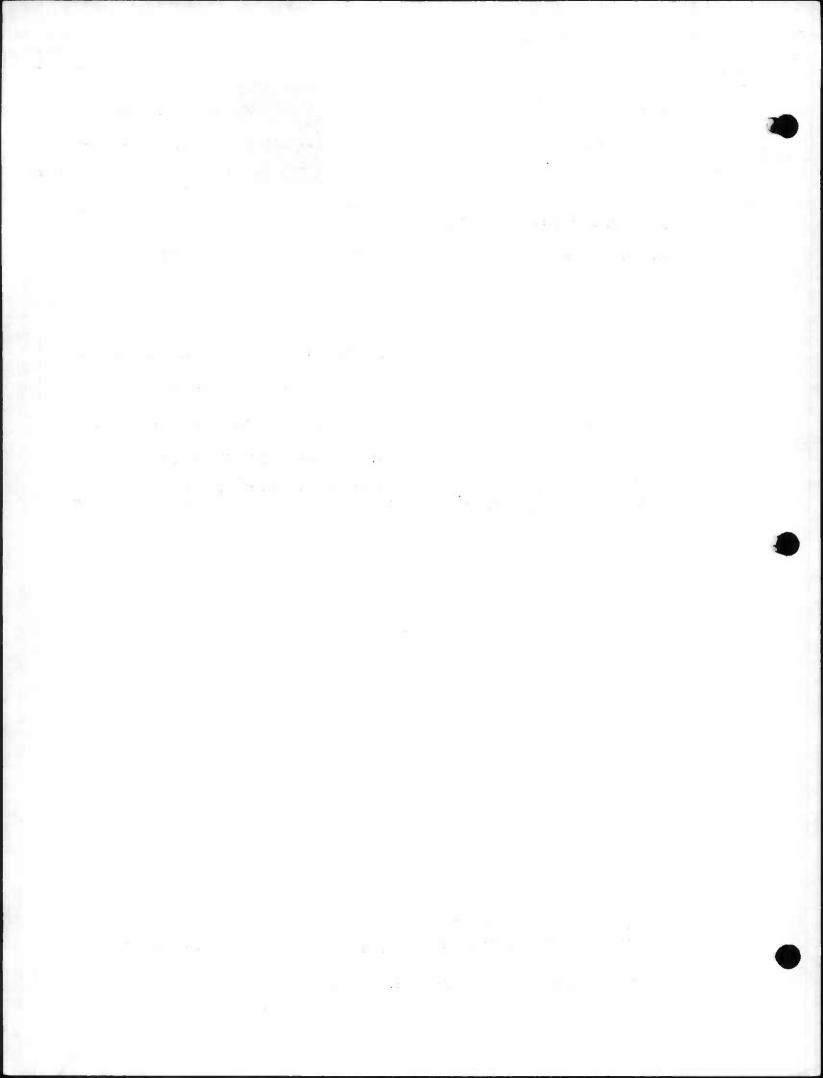
FEB 2 7 1996



State of Maryland / Department of Health and Mental Hygiene Q 6

						Ce	rtificate	of	Death			Reg. No.	20	0 1	200
	Ohusisi		1. Decedent's Nama (First, Middle, La	st)							2. Dafe of De Month	ath Day	Yaar	3. Tir	ne of Death
U	Physici /Medic		Johnie Lee Kel	Ly							Februa	ry 22,	1996		
لر	Examir		4a. Facility Nama (If not institution, give	e street and number)				1	4b. City, To	wn, or Lo	ocation of Death	4c. Cour	nty of Death		
			9710 22nd Avenue						Adelp		,		ce Geo		
W	Funeral Director		5. Social Security Number 243-32-1376 Usual Residence of Decedent	Sex 7. Ag	ga (In yrs. las	st <i>birthd</i> ay) 9 Yrs.	Months D	ays	If Undar Hours	Min,	8. Data of Bir (Month, Da Jan • I	y. Year) 1927	9. Birthi Cou Nort	placa (St vry) h Ca	ata or Foreign arolina
	Meryland a-f ehow	tor	10a. State 10b. County Maryland Prince G	eorges	10c. City,	Town or Lo	ocation								de City Limits Yes 2 No
	h with the	ai Director	10e. Street and Number 9710 22nd Avenue				10f. Zlp Cd 2078					10g. Citizen o		-	
020	d 2 should be filed within 72 hours efter death with the Meryland th and Mental Hygiene.  7 is marked other than "natural", or itema 23a or 28a-f show traumatic event, the Medical Expriner must be notified as	by Funeral	11. Marifal Sfafus  1 Never Married 2 Married  3 Widowed 4 Divorced	12. Was Decedent Armed Forcas? 1 Ves 2 If Yas, Give Year or Dates:	7		Was Decedent If Yes, specify 1 ☐ Yes 2X	Cubi	lispanic Ori an, Maxicar Specify:	, Puerto	ecify Yas or No Rican, etc.)	В	ace - Americiack, White, bity: B1a	etc.	in,
Maryland 21215-0020	within 72 ha	Completed	15. Decedant's E (Specify only highest gra Elementery/Sacondary (0-12) 1 2			(Give life.	dent's Usual C kind of work of DO NOT use r	iona etire	during mos d)		ing	16b. Kind of			t
D	Hygh Hygh		17. Father's Name (First, Middle, Last,	)							e (First, Middle,	Meiden Sum	ame)		
/lan	vid be Mental rked c	To Be	Unavailable						Ann	ie J	ane Bos	tick			
Man	d 2 sho th and 7 7 is me traume		19a. Informant'a Name/Reletionship ( Frances A. Kelly	Type, Print)							phi, Ma	*	vn, Stete, Zij 2078		
re,	Hear Hear other		20a. Method of Disposition		20b. Pla		osition (Name matory or othe			TUCI	Date Date	20c. Locatio			ta
altimore,	Page ment o ant: If I ury or		1 ☑ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specific				coln C			2	/27/96	Brentw	ood, N	lary.	land
Balt	permit. Pages 1 and 2 s Department of Health ar Important: If Item 27 Is any Injury or other trau once.		21. Signature of Funeral Sarvice Licer	nsaa	1	Mo		Fu	neral	Ser	vice, I				
ĵ	Physician /Medical Examiner		Part1. Enfer the disease, or community shock, or heart failure. List only Immediate Cause (Finel disease or condition resulting in death)	plicetions that ceuse one cause on each li		Do not en	ter the mode o	f dylr	ng, such as	cardiac			1	Approx	i Between and Death
	P #	iner	_	h	Due to (or a	as a consec	quence of):								
,09	icete be executed physician and s the burlel-transit	ai Examiner	Sequantielly list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or injury that Initiated events	С.	Due to (or a	as a consec	quence of):								
ox 68760	death certificete be executed e attending physician and of for use es the buriel-transit	in/Medicai	rasulting in death) Last	d	Due to (or a	s a conseq	quence of):		-				1		
m m	death e atte	sicia	Part II. Other significant conditions of	ontributing to death b	out not resulti	ing In the u	nderlying ceus	e aiv	en in Part I		23b. Dld	tobacco uae	contribute t	o the ca	use of death?
s, P.O	res that the de igned by the a be deteched t	by Physician													4 Unknown
Vital Records,	been should	Completed t										an eutopsy rmad?	av cc	ailabla p	psy findings rior to n of cause
<u> </u>	The law	Con									10	Yas ZONo	1 (	□Yas	2 No
113	iclen: The certificate rector, pag	Be	25. Wes case referred to medicel examiner?							of Deat	h (Check only o	me)			
0	Physic this c	2	1 Yes 2 No	Hospital: 1   Inpatie		R/Outpatier		Oth	4 LINU	rsing Ho		dence 6 🗆 C		(y)	
lon	ath. r: Atter e funer	ation	27. Magner of Death  1 Natural 5 Pending 2 Accident Investigation	28a. Date of Inju (Month, Da	ly Year)	8b. Time o Injury	M 28c.	Injur Wor	yat k? Yes 2□		28d. Describe	how injury occ	eurred		
Division	tal or Attendi	Certification:	3 ☐ Suicide 6 ☐ Could not b 4 ☐ Homicide determined	289. Place of Inj	jury - At hom c. (Specify)	e, farm, str	reet, factory, of	ffice			28f. Location ( City or To	Street and Nur vn, State)	mber or Run	al Route	Number,
	To the Hospital or Attending Physicien: within 24 hours after death.  To the Funeral Director: After this certific completely filled in by the funeral director.	edicai	(Check only 2   Medical Exan	ysician: To the best ninar: On the basis of and manner st	f examinetion	edge, deetl n end/or in	h occurred et ti vestigation, in	he tin	ne, dete an pinion, dee	d place, th occurr	and due to the red et the time,	ceuse(s) and dete end piec	menner es s e, end due t	tated. o the ceu	use(s)
	with Vitt	W	29b Signature and title of pertifier	E, A	7	m	Ligi	1	e number			29d. Date sig Februa			,
	18		30. Name and address of person who John E. McKnight				treet,	N	.W.,	Wash	ington,	D.C.	20010	)	
	Sta Registr		31. Date filed (Month, Day, Year) FEB 2 7		ar's Signatur	101-Rea	dall								
Dis	AND AC DOLLARS		· ==	0											

DHMH 16 Rav 6/95

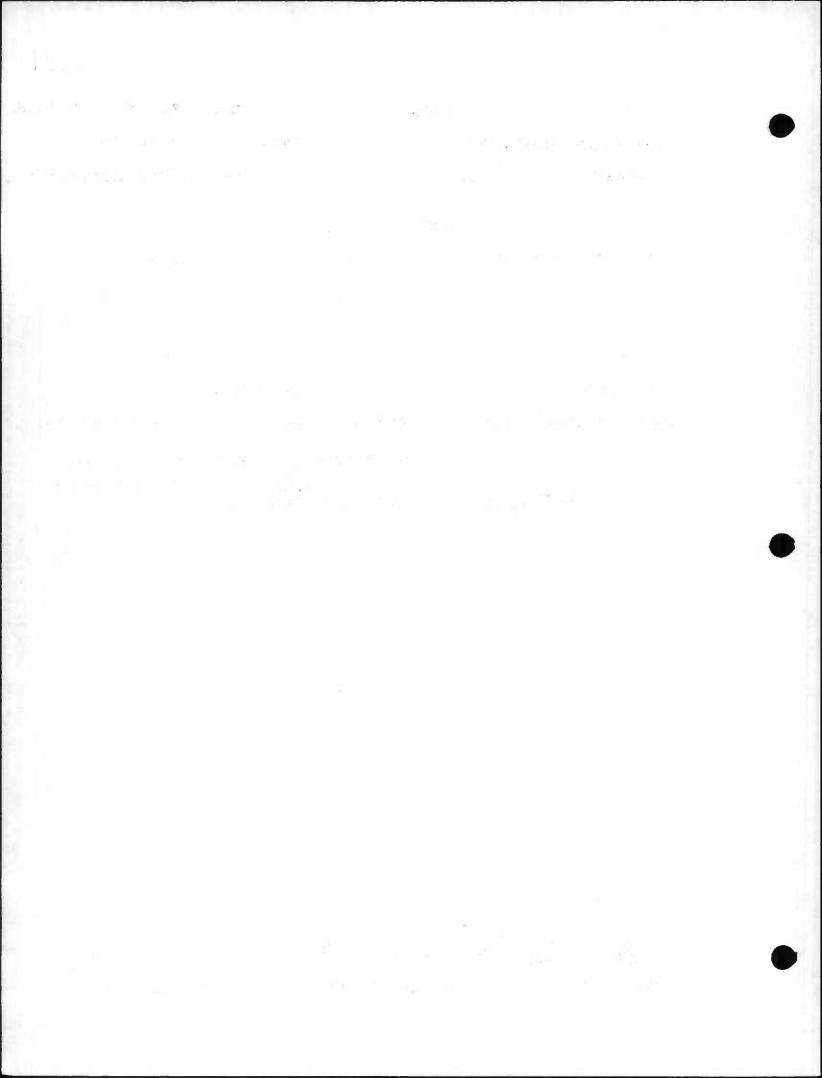


State of Maryland / Department of Health and Mental Hygiene 96 07290

						Certific	cate of	Death			Reg. No.	0 [	116	30
г	<b>.</b>	Л	1. Decedent's Name (First, Middla, La	st)					4	2. Date of Dea		Vaar	3. Time	of Death
	Physici /Medi		Raymond (NMN) Ki	llian, Jr.					I	Februar		Year L996	9:30	A.M.
)	Examir		4a. Fecility Neme (If not institution, giv	a straat and numbar)				4b. City, To	wn, or Loca	ation of Deeth				
			219 West Edmonsto	on Drive			H	Rockvi			Montgo	mery		
	Funeral		Social Security Number     6. S		(In yrs. last birtl	Mor	Inder 1 Year	If Under	24 Hrs. 8	B. Date of Birt	y, Year) 0, 1924	Cour	ntrv)	e or Foreign
ь	Director	-	193-10-0993	M 2□F	72 Y	rs.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	I	Fèb. 26	, 1924	Penn	sÿlva	nia
	pue *		Usuel Residence of Decedent  10a. State 10b. County		10c. City, Town	or Location						Τ,	Od Incido	City Limits
	laryl sho	5					•							es 2 No
	28a-I	Director	Maryland Montgome	ery	Rockvil		f. Zip Code				40a Chinan at 1	140		
	With Will			D .							10g. Citizen of		,	
	eath	Funeral	219 West Edmonstor	1 DTIVE	ver in IIS		.0852	lienania Orle	nin? /Snea	ify Yes or No-	Inited S	otate o - Americ		
	free f		1 ☐ Never Married 2 ☒ Married	Armed Forces?		If Yes,	specify Cub	an, Mexican	, Puerto Ri	icen, etc.)		ck, White,		
21215-0020	within 72 hours efter death with the Manyland ene. than "natural", or items 23a or 28a-f show he Medical Examiner must be notified at	by	3 ☐ Widowed 4 ☐ Divorced	1 X Yes 2 □ No If Yes, Give Year or Dates: 1	942-63	1 🗆 Y	es 2🕅 No	Specify:			Specif	w: What	lte	
9	2 hou		15. Decedent's Ed	ducetion	16a. I	Decedent's	Usual Occup	ation			16b. Kind of B			
218	hin 7	Completed	(Specify only highast gra Elementary/Secondary (0-12)	da completed) College (1-4or 5+		'Giva kind d Iifa. DO NO	of work dona OT usa ratire	during most d)	t of working	7				
2	d wit	0	12	Conogo (1 -of or		ef Pe	tty Of	ficer			U.S. Na	avy		
nd	al Hy oth	Be	17. Father's Neme (First, Middla, Last)	1				18. Mothe	r's Neme (	First, Middla,	Maidan Suman	ne)		
Vla	Ment Ment Ment Ment Ment Ment Ment Ment	2	Raymond (NMN) Kill	lian, Sr.				Aida	Simco	x				
lar	and and lis me		19a. Informent's Name/Reletionship (								r, City or Town,			
≥,	and and n 27		Millicent N. Kill:	ian / wife				nston	Dr.,	Rockv	llle, MI	208	52	
ore	of H of H or oth		20e. Method of Disposition 1 Burial 2 ☐ Cremation 3 ☐	Removel from State	20b. Plece of cematary	Disposition , cremetory	(Nama of or othar pla	ca)		Date	20c. Location	City or To	wn, State	
3	Peges ment of I ant: If ite ury or of		4 □ Donetion 5 □ Other (Specify		Parkla	wn Mei	morial	Park	2/	29/96	Rockvil	le, N	fary1	and
Baltimore, Maryland	permit. Peges 1 and 2 should be filed within 72 hours efter death with the Marylan Department of Heelth and Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show any Injury or other traumatic event, the Medical Example must be notified at ance.		21. Signature of Funeral Service Licer	) See			end Addre							-
ш	20599		7.8.	1			ol Fune ast De			Gai	thersbu	rg. h	ش 20	877
	and the		23a. Part1. Enter the disease, or com shock, or hand failure. List only	plicetions that ceused to one cause on each line	ne death. Do no	ot enter the	mode of dyir	ng, such as	cerdiac or	respiratory ar	rest,	-02	Approxim Interval B	ate
Я	Physician	П.											Onset en	
	/Medical Examiner		Immediate Ceuse (Finel disease or condition	a Amyotropl	hic Lat	eral :	Sclero	sis					2 year	rs
	=xaiiiiiiei	2	resulting in deeth)		ue to (or as a co									
_	pe isi	Examiner		b										
	end end	хаг	Sequentially list conditions, if any, leading to immediate	D	ue to (or as a co	onsequence	of):					1		
9	be e		sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or injury that initiated events	C								1		
68760,	The law requires that the death certificete be executed ate hes been signed by the ettending physician end page 2 should be deteched for use as the burial-transit	edicai	resulting in death) Lest	Du	ue to (or es e co	nsequence	of):					1		
Вох	centi nding use e	Σ		d										
Ď	es that the death or igned by the ettend be deteched for us	Physician/	Part ti. Other significant conditions of	ontributing to death but	not reculting in	the underly	lne ocues sh	on in Bost I		225 Dide	obacco use co	maniferate a	Aho onus	e of death?
0	the or	hys	arts, other aignitionit conditions of	ontributing to death but	not resulting in	ine underry	ing cause giv	reni ni ranti.			res 2□No			Unknown
'n.	phed e del	ру Р								,	20110	0_110	July 4	
ğ	w require been sig should b	B									an eutopsy med?	24b. W	ere autops ailable prio	y findings
S	s be	piet								perior	illed t	co	mpletion of death?	
Ä	The law te hes sage 2	Completed								101	es 201No	1[	☐Yes 2	□ No
a		Bec	25. Was cese referred to medical					26. Place	of Death (	Check only o	na)			
<u>_</u>	sysic lis ce direc	10	examiner? 1 ☐ Yes 2 🖾 No	Hospital: 1 ☐ tnpatient	2 ER/Outp	atlent 3	DOA Oth	ner: 4□ Nu	rsing Home	5 A Resid	lence 8 Oth	ner (Specif	y)	
0	25. Was cese referred to medical examiner?    1							28	d. Describe h	ow Injury occur	red			
Sio	endir sath. or: Ai	atic	2 ☐ Accident Investigation			М		Yes 2 1	No					
Division of Vital Records, P.O.	or Attending effer death. Director: After in by the fune	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	28e. Plece of Injury building, etc.	r - At home, fam (Spacify)	n, street, fa	ctory, office		28	f. Location (S City or Tow	Street end Numb m, Stata)	er or Rura	il Routa Nu	umber,
	ral D	-												
	Hosp 24 ho Fune tely fi	edical	(Check only 2 Medical Exam	ysician: To the best of o	xemination end	deeth occu- or investige	rred at the tir etion, in my o	ne, date and pinion, deet	d place, an	d due to the d	ause(s) end mo	and due to	tated. the cause	e(s)
	To the Hospital or A within 24 hours efter To the Funeral Directompletely filled in by	Med	29b. Signeture end title of certifier	and manner state	O.		29c. Licens				29d. Date signe			
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1	XI	}	20 Name and address of the	7110.	ab //a a		PU	7101		] ]	Februar	7 26,	1996	)
(	01'		30. Name and address of person who Irra Berger, M.D.,				11 . Ros	-kvill	e. Ma	rvlan	1 20851			
	Sta	te	31. Date filed (Month, Day, Year)	32. Registrar			. I, I()(	-~* + + + +	Le, Fic	~L J Lail	. 20071			
	Registr		FEB 2 8 199	36 July day	Signature O	tall								

State of Maryland / Department of Health and Mental Hygiene 96 07291

						C	ertifica	ite of	Death			Reg. No.		V I lon o	
			1. Decedent's Nama (First, Middle,	Last)							2. Date of De	eath		3. Time of	Death
	Physic		IRMA	N.	KAU	IFMAN					FEB.	28, 19	96 ear	7:45	A.M.
	/Medi Exami		4a. Facility Nama (If not Institution,						4b. City, To	wn, or Lo	cation of Deat	. 1	y of Death		
			CARRIAGE HILL	NURSING	HOME				BETHE	SDA		MONTG	OMERY		
	Funeral		5. Social Sacurity Number	S. Sex	7. Aga (In yrs	. last birthde	y) If Und Month	ar 1 Yaar 8 Days	-	24 Hrs. Min.	8. Data of Bi (Month, Di	rth av Year)	9. Birthr	place (State or	Foraign
н	Director		578-46-9327	1 LI M 26L/NF	88	Yrs.	WOILLI	Days	liouis		MARCH	9, 1907	WASH	INGTON	, D.C
	pu ,		Usual Residence of Decedant		1.0										
	e Maryle la-f ehov	Director	10a. State 10b. County			SHING		D.C.					1	10d. Inside Cit 1 X Yas	
	th th	)re	10e. Street and Number				10f. Z	ip Code				10g. Citizen of	What Cour	ntry?	
	23a	100	4201 CATHEDRAL	AVE. N.W	. # 314	W	20	0016				U.S.A.			
	dee	Funeral	11. Maritai Status	12. Was De	cedent Evar in	U,S. 1	3. Was Dac	edant of	Hispanic Orl	gin? (Spi	ecify Yas or No Rican, etc.)	o- 14. Ra	ce - Americ		
21215-0020	be filed within 72 hours after deeth with the Maryland ital Hygiene.  Id other than "natural", or items 23a or 28a-f show event, the Medical Examines must be nothered.	by	1 ☐ Nevar Married 2 ☑ Marrie 3 ☐ Widowed 4 ☐ Divorced	Armed F d 1 ☐ Yes If Yas, G Year or	2 🛛 No Siva		n Yes, sp 1 ☐ Yas			, Риепо	Hican, etc.)		ack, Whita, fy: WHI!		
5-0	72 ho	eted	15. Decedent's (Specify only highest	Education orada complated	0	16a. De	cedent's Us	ual Occu	pation during mos	t of work	ina	16b. Kind of E	dusiness/in	dustry	
121	filed within Hygiene. ther than "unt, in Miss	Completed	Elementary/Secondary (0-12)		(1-4or 5+)				during most			OLDI MON	(77)		
d 2	filed with Hygiene. other than		17. Father's Name (First, Middle, L.	act)		HUMI	EMAKE	Κ.	18 Mothe	r'a Name	(Einet Middle	OWN HON			
Maryland	should be filed and Mental Hygi marked other imatic event,	To Be	MILTON NEY						ROSA		RMAN	, maideri Samai	rie.)		
ary	2 should and Men is marke	-	19a. informant's Name/Relationshi	p (Type, Print)		19b, Ma	iling Addre	ss (Stree				er, City or Town	. Stata. Zir	Code) 200	016
	27 P		HENRY J. KAUFMAN	N, HUSBA	ND							# 314 V			
ore	t. Pege tment or tant: If i		20a. Method of Disposition			Place of Dis	position (N	ame of other pla	ace)	Ī	Date	20c. Location	- City or To	own, Stata	
Ĕ			1 ☐ Buriai 2 🛣 Cremation 3 4 ☐ Donation 5 ☐ Other (Spe		MT MT	. COM				F	EB.28	ALEXANI	)RIA,	VA.	
Baltimore,	Departi Departi Importi eny inj		21. Signature of Funarai Service LI	censaa								. 5130 W	VISCO	NSIN AV	/E.
			23a. Pan1. Enter the disease, or o	MOO95							.C. 200			A	
30	Discolution		shock, or heart failure. List or	nly one cause on	each lina.	in. Donot	intar trie in	Joe of dy	ing, such as	Carolac C	or respiratory a	mest,	1	Approximate interval Betwoonset and D	veen leath
	Physician /Medical	П	Immediate Cause (Final	0.	114/	160	/		Do	1	2.14			< /	11.10
	Examiner		disease or condition resulting in death)	a. Ceri	10/2/	Vas	CU/4	'Y	1466	19	evi 4			3 110	1115
		je		Cov	etral pue to	or as a cons	P P V i	0 0	-101	100	110		į		
	certificate be executed ding physicien end se as the burial-transit	Examiner	Sequentially list conditions,	b		or as a cons			Citi	- 1	/ 3				
30,	e exe sien e urial-		Sequentially list conditions, if any, leading to immediate causa. Entar Underlying Cause (Disease or Injury										į		
68760,	hysic the b	/Medical	that initiated events resulting in death) Last	C	Due to (	or as a cons	equance of	):							
9 X	E 0 6	Me		<b>d</b>									ì		
Bo				<b>-</b> 0.											
	b death he etter	sic	Part II. Other significant condition	s contributing to	death but not re	suiting In the	underlying	causa g	ven in Part I.		23b. Did	tobacco use co	ontribute t	o the cause o	f death?
P.0	res that the de igned by the e be detached t	Physician									10	Yes 2 No	3 Pro	bably 4□l	Jnknown
S	res th	by									F2007 - 20 - 2				
ecord	v requires that been signed t should be deta	Completed										an autopsy ormed?	av	ere autopsy fi aliable prior to impletion of ca	
Sec	aw 2 s	nple					-						of	death?	1030
E B	E sag	ပိ									1 🗆	Yes 2 No	1[	☐ Yes 2☐ I	No
Vital	Physician: The this certificate ral director, par	Be	25. Was case referred to medical examiner?							of Death	(Check only	one)			
of	Physic of this of all dire	2	1 ☐ Yes 🏋 No	Hospital:	inpatient 2	ER/Outpat	ient 3 🗆 🛭	JUA		rsing Ho	me 5 Resi	idence 6 🗆 Ot	her (Specif	(y)	
	0 0 0	ü	27. Manner of Death 1 Natural 5 ☐ Pending	28a. Date (Mo	of Injury nth, Day Year)	28b. Time injury	,	28c. inju			28d. Describe	how injury occu	rred		
So	Attending or death. ector: After by the lune	cati	2 Accident Investiga				М	1	Yes 2 1	No					
Division	or Attendine offer death.  Director: Af	Certification:	3 ☐ Sulcide 6 ☐ Couid no 4 ☐ Homlcide determin	ad 286. Plac	e of Injury - At I ding, etc. (Spec	nome, farm,	street, facto	ory, office			28f. Location ( City or To	Street and Num wn, State)	ber or Rura	al Route Numb	oer,
	ral Delli														
	To the Hospital or A within 24 hours effer To the Funeral Dire completely filled in b	edical	29a. Certifier 1 ☐ Certifying (Check only cone)  1 ☐ Certifying 2 ☐ Medical Ex	Physician: To the aminer: On the b	basis of examin	owiedge, de ation and/or	ath occurre Invastigatio	d at the ti	lme, date and opinion, deat	d place, a	and due to the ed at the time,	cause(s) and m date and placa,	anner as s , and dua to	itated. o the cause(s)	
	the the	Me	29b. Signatura and title of certifiar	and mai	nnar stated,		2	Oc Licen	se number			29d Date sign	ad (Month	Ony Year)	
	F 3 F 8		D. J. J. J. J. J. J. J. J. J. J. J. J. J.	7/1	1/1	11	mel	N ()	751	2		29d. Date signe			
	J Sudwing Myspismo DV 156							FEB. 28	, 199	6	_				
	30. Name and address of person who combleted cause of death (flem 23a) (Fype, Print) FREDERICK MEYERS, M.D. 908 NEW HAMPSHIRE AVE., N.W. WA						T.T.A.C	CHINCTO	N D C	2002	7				
	Sta	ite	31. Date filed (Month, Day, Year)		Registrar's Sign	ature	JILILL	TYAL	- ) 11 - W -	WHI	MINGIO	и, р.с.	2003	7	
	Danie de		FEB 2.9	1996	Physical .	LAND BOA	1 05								



DIVISION OF VITAL RECORDS, P.O. BOX 68760

	TO BE COMBIETED BY BUXBLOID AND ARRESTORS OF STREET
I examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
Al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermit. Panes 1.2. 3 should	TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by it
er death. Page 6 may be retained by the hospital or attending physician,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be ratained by the hospital or attending physician.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTM			MENTAL HYGIEN	E	01232		
	1. DECEDENT'S NAME (First, Middle, Lest)	RIAN K	LUR	2		2. DATE OF DEATH MONTH DA	5 ab	3. TIME OF DEATH		
	The state of the s	. SEX 6. AGE (In yrs. 67	YRS. MO	UNDER t YEAR ITHS DAYS	IF UNDER 24 HRS. HOURE MIN.	7. DATE OF BIRTH (Month, Day, Year) Dec. 25,	1928 Wa	shington, DC		
CTOR	Holy Cross Hospit		96		Spring	EATH	Montgo			
- DIRECTOR	Maryland Montg	omery		own or Locat ver Spr	ing			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	1803 Brisbane Str	eet 2. WAS DECEDENT EVER IN U.S.	1		2090		USA	WHAT COUNTRY?		
В	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 FIF YES, GIVE WAR OR DATES	ARMED NO	If yes, spe	ENOENT OF HISPAI lefty Cuban, Mexica 2 1 NO Specifi	HC ORIGIN? (Specify Yee in, Puerto Rican, atc.) y:	or No— 14. RAC Blac Spe	CE — American Indian, ck, White, atc.  City White		
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)	npleted) College (1-4 or 5+)	DECEDENT'S USL (Give kind of work life. Do NOT use re	done during mod ired.)	N st of working	16b. KINO OF BUS				
COM	17. FATHER'S NAME (First, Middle, Last)		Sta <u>tist</u> i	.cian	18. MOTHER'S NA	Federal ME (First, Middle, Meiden	Governi	nent		
B	Frederick W. Kurz  190. INFORMANT'S NAME (Typo/Print)		10h MAH 810 401	2000 (2)		Durand  Route Number, City or Town				
임	William M. Leach					Silver Sp		20902		
	20e. METHOD OF DISPOSITION  1 The Burlet 2 Cremetion 3 Remova 4 Donation 5 Other (Specify)	from State cametery,	ceand date of di crematory or other Lincol	SPOSITION /Na	me of	OATE 20c. LOC	CATION - City or T	own, State		
	21. SIGNATURE OF FUNERAL SERVICE LICENS	amsey		Franc 500 U	is J. Co niversit	our Ollins Fune Ov Blvd.W.	ral Home	. Inc.		
CERTIFICATION	23. PART I. Enier the diseases, or complete shock, or heert fellure. List immediate cause or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	PICETIONS that caused the tonly one cause on each life only one cause on each life of the branch of	CHAY () SEQUENCE OF): SHOP SEQUENCE OF):	enter the mod	de of dying, suc	h aa cardiac or reapli	ratory arrest,	Approximate Interval Between Onset and Death		
MEDICAL	PART II. Other algorificant conditions of Coronary curtery	y disese I	nsulin dia	dependent dependent dependent dependent dependent dependent de la company de la compan	inelli	PERFORI	MED?	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO		
CIAN	25. WAS CASE REFERRED TO MEDICAL		ACE OF DEATH (C	heck only one)	ONCERIAII					
PHYS	1 YES 2 NO 1  27. MANNER OF DEATH  1 Netural 5 Pending	Inpatient 2 ER/Outpatient 28e. OATE OF INJURY (Month, Day, Year)		28c. INJU WOT	IRY AT	8 Other (Specify) 28d. DESCRIBE HOW IN	JURY OCCURED			
ETED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At building, atc. (Specify)	home, lerm, stree	, factory, office		281. LOCATION (Street at City or Town, State)	nd Number or Rural	Route Number,		
299. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner se stated.  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner of the cause (e) and manner of th										
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER  TEN SCANTIFIER  30. NAME AND ADDRESS OF PERSON WHO CO	MD Inter	nal Me	dicine	29c. LICENSE NUN	95	DATE SIGNED	26/96		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)  GEORGE S. KENTON, MD 10620 GEORGIA AVE SILVER SPRING MD 200,  31. DATE FILED (MORTH), Day, You') 9 1996 32. REGISTRAMS SICHATURE PARAMETERS AND 200,  FFB 2 9 1996 Stave Substitute Parameters and Address Control of the Con										

State of Maryland / Department of Health and Mental Hygiene 96 07293

					Cer	tificate c	of Death		Reg. No.	01293
	Physici	an	Decedant's Nama (First, Middla, Last)  University  University  University  University  University  University  University  University  University  University  University  University  University  University  University	C	V-1	1		2. Data of De Month	Day Y	3. Tima of Death
-	/Medio	cal	Harr		Kel:	Ler	U. 03. T.	Feb.	28 199	
7	Examir	ner	4a. Facility Nama (If not institution, giva street and number) 9109 Kirkdale Road				4b. City, Town, or Bethes			gomery
	Funeral Director		090-16-2408 1⊠M 2□F	na (In yrs. las 72	t birthday) Yrs.	If Undar 1 Ya Months Day			th Year) 9 8, 1923	Birthplaca (Stata or Foreign Country) New York
	Meryland of show	tor	Usual Rasidance of Decedant  10a. Stata 10b. County Montgomery	10c. City, 1	Town or Loc Beth	eation resda				10d. insida City Limits  1√□ Yas 2 □ No
	th with the 23a or 28	ai Director	10a. Street and Number 9109 Kirkdale Road	1		10f. Zip Code	20817		10g. Citizen of Wha	
020	n 72 hours after death with the Meryland "natural", or items 23a or 28a-f show sdicel Examiner must be notified at	by Funeral	11. Maritai Status  1 Navar Marriad 2 Marriad  3 Widowed 4 Divorced  12. Was Decedant Armed Forcas?  1 Yas, Giva Yas, Giva Yaar or Datas:	- 11111111111111111	l 1	Vas Decedent of Yas, specify C ☐ Yas 2⊠ N	of Hispanic Origin? (Suban, Maxican, Puar No Specify:	Specify Yas or No to Rican, atc.)	14. Race - Black, ' Specify: V	American Indian, Whita, atc. Vhite
Maryland 21215-0020		Completed	15. Decedent's Education (Specify only highast grada complated)  Elamantary/Secondary (0-12)  Collega (1-4or 5	=	(Giva I lifa. C	ant's Usuai Oci kind of work do O NOT use ret	na during most of wo irred)	rking	16b. Kind of Busin	
121	ified within I Hygiene. other than		4		Navai	UIIIC			U. S. Na	уу
and	0 = 0 5	Be C	17. Fathar's Nama (First, Middla, Last) Harry S. Keller				Helen M		Maldan Sumama)	
aryl	should by and Mente marked	To	19a. Informant's Name/Raiationship (Type, Print)		19b. Mailln	a Addrass (Stre	eet and Number or Ri		er. City or Town. Str	ata. Zio Code)
X	alth a 27 is r trac		Mary Jane Dempsey Keller				Road Be			
Baltimore,	t. Peges 1 ar rtment of Haa rtant: If Item:		20a. Mathod of Disposition  1 Disposition  1 Disposition  3 Removal from Stata  4 Donation 5 Other (Specify)	20b. Piac	e of Dispos	sition (Nama of natory or other)	place)	Data 3/6/96	20c. Location - Cit Arlington	
Balt	permit. Departmin imports any inju		21. Signature of Funeral Service Licensee	n.			drass of Facility Jo	_		
V	Physician		23a. Part? Enter the diseese, or complications that caused shock, or heart fellura. List only one cause on each line.	I tha death.	Do not anta	r tha moda of o	dying, such as cardia	c or raspiratory a	rrast,	Approximata intarval Between Onsat and Death
ľ	/Medical Examiner		Immediate Ceuse (Finei disaasa or condition rasulting in death)	Due to (or a	s a consequ	- 4	Cancel			lyr
	nted nsit	Examiner	b			.0				
68760,	icete be axecuted physician and s the burial-transit		if any, leading to immadiata cause. Entar Undarlying Causa (Disaasa or Injury that injurited ayants.	Dua to (or es						
Box 687	0.0	n/Medical	rasulting in death) Last	Dua to (or as	s a consequ	rance of);				
m.	death ce a attendii d for use	Icia	Part II. Other significant conditions contributing to death be	ut not recultin	na in the un	darbina cauca	riven in Part i	22h Did	lahaana usa nantri	bute to the cause of death?
, P.O.	that the led by th deteche	by Physician/			ng iii dia dii	oanying cacsa	givani air air i.			□ Probably 4월 Unknown
of Vital Records,	aw requir is been s 2 should	Completed b							an autopsy rmed?	24b. Wara autopsy findings available prior to completion of causa of death?
<u>=</u>	t ag	Con						101	ras 2□No	1 ☐ Yas 2 ☐ No
Vit:	Physician: The this certificata ral director, pag	Be	25. Was casa referred to medical examinar?				Other	eth (Check only o		
	0 0	tion: To	27. Mannar of Death 1 🖺 Naturel 5 🗆 Panding (Month, De)		VOutpatient Bb. Tima of injury	28c. Ir	4 Linuising F		dance 6 Othar ( now injury occurred	
Division	of a standing after death.  Director: After d in by the fune	Certification:	2 Accident Investigation 3 Suicida 6 Could not be detarmined 28a. Place of injuding, atc	ury - At home : (Specify)	a, farm, stre			28f. Location (S City or Tox		or Rural Routa Number,
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	edical C	29a. Cartiflar (Check only one)  12 Certifying Physician: To the best of end mannar ste	axamination	dga, daath and/or invi	occurred at the astigation, in m	tima, data and place y opinion, daath occu	and dua to tha urred at the tima,	causa(s) and manne data and piace, and	er as steted. I dua to tha cause(s)
	To th To th comp	×	29b. Signature and late of certifier	7		200.000.000000	anse number		29d. Data signed (A	Aonth, Day, Year)
	11		30 Name and address of average the	noth (ltr C)	2a) (Time : "	WI	56919		February	28, 1996
	16			01 Wis	sc. Av		Bethesda,	MD		
	Sta Registr	-	31. Data filed (Month, Day, Year) 32. Registry FFR 9 9 1996	History Con	Revolat	Ö.				

Sa en hanz 

State of Maryland / Department of Health and Mental Hygiene 0.6

					C	ertificate	of	Death		F	Reg. No.	0 1	1169	14
	Dhamin	:	1. Decadent's Neme (First, Middla, Las	1)	<del></del>					2. Deta of Dea Month	ith Dey	Year	3. Time of D	Death
	Physic /Medi		Oudong Keov	richith						Februa		1996	11:27	Α.
	Exami		4a. Facility Neme (If not institution, giva	street and number)				4b. City, Tov	wn, or Loc	ation of Death	4c. County	of Death		
			FREDERICK MEMO	RIAL HOSPIT	CAL			FREDE			FF	REDER	ICK	
	Funeral Director		5. Sociel Security Number 6. Se 216-94-8057	7. Age (I	n yrs. lest birthde; Yrs.	Months	Yaar Deys	If Under a	24 Hrs. Min.	8. Data of Birth (Month, Day AUG . 2	Year) 0, 1945	9. Birthpi	lace (Stata or i try) AOS	Foreign
	buel W		10e. Steta 10b. County	10	0c. City, Town or	Location						1	0d. Inside City	/ Limits
	H sho	ō	MD. FREDERI	CK	ਜ਼ਿਸ਼ਜ਼	DERICK							1 7 Yaa 2	
	the 128s	Director	10e. Street and Number	OIL	1.1431	10f. Zip C	ode				10g. Citizen of V	What Coun	trv?	
	3a o		711 EAST SOUT	H ST.			217	707			-	S.A.		
	death	Funeral	11. Marital Status	12. Was Decedant Eva	ar in U,S. 13	I. Was Decede			gin? (Spec	ify Yas or No-	14. Rac	e - America		
21215-0020	72 hours effer death with the Meryland natural, or Nems 23s or 28s-f show deal Examiner must be notified at	by	1 ☐ Navar Marriad 2 ☑ Merried 3 ☐ Widowed 4 ☐ Divorced	Armed Forcae? 1 ☐ Yes 2 ☒ No If Yes, Giva Year or Detes:		1 ☐ Yes 2		Specify:	, Puerto R	ican, etc.)	Specify	ok, Whita, o	etc. SIAN	
15-(		Completed	15. Decedent's Edit (Specify only highest grad	ucation de completad)	16a. Dec	edent's Usual re kind of work DO NOT use	Occup dona	ation during most	of working	9	16b. Kind of B	usinass/Inc	Justry	
121		шb	Elemantary/Secondery (0-12)	College (1-4or 5+)	life.	CUSTO					107 DC	TTO (	TOWN OF C	-
2	Hygie ther the		12 17. Fether's Neme (First, Middle, Last)			00510	DTF		r'e Nomo	Eiret Middle	Meiden Suman		SCHOOLS	5
Maryland	2 should be filed within and Mental Hygiene. Is marked other than summite event, the Mental Control of the Mental Control of the Mental Control of the Mental Control of the Mental Control of the Mental Control of the Men	Be	SOUMA	KEOVICHIT	Tit			10. MODIE					THEY	
7	d Me	To	19e. Informent's Neme/Raietlonship (T.			lling Addrose /	Ctroot	and Alumba	PHAI		r, City or Town,	ICHI		
Ma	end 2 s salth an n 27 ls :			VICHITH		AME AS	-		#10	HODIS NUMBS	r, City or rown,	State, ZIP	C00e)	
ē,	f Health free 27 other tr		20a. Method of Disposition		20b. Placa of Dis	position (Name	of		7/10	Dete	20c. Location -	City or To	wn, Stata	
Baltimore,	00-		1 ☐ Burial 2 ☐ Cremetion 3 ☐ I 4 ☐ Donetion 5 ☐ Other (Specify,		CHAMBEI	emetory or oth			12	/25	DTIM	ז דא <i>ח</i> סי	E, MD.	
E	permit. Pag Department Important: if any Injury o		21. Signeture of Funarel Service Licens			22. Nama and	_			2)	TATAE	MUALI	واللالا والأ	
B	permit. Departrimporta any inju		WARLA	1.1										
			23e. Pert1. Enter the disease, or comp shock, or heart fellure. List only o		400091   V	nter the mode	HAN of dvir	IBERS	cardlec or	RIVERD	ALE, MO	. 20	Approximeta	
	Physician /Medical Examiner	Examiner	Immediate Cause (Finel disease or condition resulting in deeth)	e	TRACE  to (or as a cons HY PER	REBR				SCHOL			Interval Between Onset and De Z DA	15 25
	and -tran	хап			e to (or es e cons	equence of):								
K 68760,	death certificate be executed a attending physician and of for use es the buriel-transit	Medical	Sequentially list conditions, if any, leeding to immediate cause. Enter Undarying Cause (Disease or Injury that initieted events resulting in daeth) Lest		e to (or as a conse	equence of):								
Box	attendir	lan		d		_					_			
P.O.	requires that the de een signed by the a hould be detached t	by Physician/	Pert II. Other significant conditions co	ntributing to death but n	ot resulting in the	underlying cau	ise giv	ven in Pert i.			obacco use co res 2 No	ntribute to		death? Inknown
Vital Records,	aw requii ss been s 2 should	Completed								24a. Waa a perior	an autopsy med?	ava	are autopsy fin aliable prior to mpletion of cau death?	
a	: The il									1 U Y	as 2 No	10	Yes 2 N	10
Zit.	Physician: The rise certificate ral director, per	o Be	25. Was case rafarred to medical examiner?	Hospitel:			Oth	or.		(Chack only or				
of		-	1 Yes 2 No	1 Da Inpatiant 28a. Dete of Injury	2 ER/Outpati			4LI NU			ence 6 Oth ow injury occur		)	
on	ding in.	tion	1 Netural 5 ☐ Pending	(Month, Dey Yo	par) Injury	M	. Injur Wor	k?` Yes 2⊟h		7d. Describe 11	ow injury occur	00		
Division	To the Respital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	Certification:	2 Accident Investigation 3 Suicide 6 Could not be determined	28a. Plece of Injury building, etc. (5	- At home, ferm, s Specify)					3f. Location (S City or Tow	itreet end Numb n, State)	er or Rura	l Route Numbe	er,
	the Hospital hin 24 hours the Funeral inpletely filled	edical C	29a. Certifler (Check only one) Certifying Phy 2 Medical Exami	sician: To the best of m nar: On the basis of ex and manner stated	eminetion end/or i	eth occurred at investigetion, in	the tir	ne, dete end plnion, deat	d place, er h occurred	d due to the c	ause(s) and me leta and place,	nner es st and due to	ated. the cause(s)	KK
	To the within 2 To the comple	Me	296. Signature and tipe of certifier	Q. ()		29c. I	icans	DB 7	150	1 2	29d. Data alghe	d (Month), I	Day, Year)	
	h		30. Nema and address of person who co	ompleted cause of deet	h (Item 23a) (Type	e, Print)						01/	V	
	9			.D. 915	TOLL HOU		Ε.,	FRED	ERICE	MD.	21701			
	Sta		31. Date filed (Month, Dey, Year)	32. Registrar's	Signatura									
	Registr	ar	FEB 26	1996 1	Studen Ro	1.11	_							
DH	MH 16 Rev 6/9	5	~ 0	0		- Mary								

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FOR 1 - STATE

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	Addededia I not)								2 DATE	OF DEATH			3. TIME OF DEATH
1. DECEDENT'S NAME (First,		NIA MORR	IS KINC	AID					MONTH			YEAR	8:59 P
4. SOCIAL SECURITY NUMB 220-44-1327		5. SEX	6. AGE (In yrs. I	est birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE (Month)	Day, Ybar) 24, 1	906	Count	HPLACE (State or Foreign try) RGINIA
9a. FACILITY NAME (If not in	stitution, give st	reet and number)			9b. CITY	Y, TOWN C	OR LOCATI	ON OF DI			_	INTY OF E	
NATIONAL NA	AVAL M	EDICAL C	ENTER			BET	HESD	A				MONT	GOMERY
10a. STATE	10b. COUNTY	,		10c. CIT	Y, TOWN	OR LOCAT	TION						10d. INSIDE CITY
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17. FATNER'S NAME (First, M	iddle, Last)						18, MOT	HER'S NA	AME (First, A	fiddle, Maiden	Surname)		
ARTHUR J	. MORR	IS					BI	ERTH	A MYE	RS			
19s. INFORMANT'S NAME (7		OWE TO								er, City or Town			1000
VIRGINIA-EAR		CHKE				-		CO		O, CA			
20a. METNOD OF DISPOSIT  1X Buriel 2 Crematic  4 Donation	n 3 🗆 Reme	oval from State		E AND DATE crematory or o IGTON				(ETE	RY3/6				own, State VA
21. SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE	4								GAW	LER'S	S SONS
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State of Maryland / Department of Health and Mental Hygiene 96 07296

						Ce	rtificat	e of	Death			Reg. No	).	0	0 1 6	
г	Di		1. Decedent'a Name (First, Middle, La	st)							2. Data of De	ath		Vana	3. Tima of D	)eath
	Physici /Medi		ANNA KNOLL								FEBRUAI	RY 2		Year 996	12:50	AM
	Examir		4a. Facility Name (If not institution, given	re street and number	er)				4b. City, To	wn, or L	ocation of Deat	h 4c.	County	of Death		
Ĺ			MERIDIAN ASPEN	MOOD					SILVE	ER SI	PRING		MON	TGOM	ERY	
	Funeral Director			6ex I□M 2⊠F	Age (In yrs. la 89	Yrs.	If Under Months	1 Year Days		24 Hrs. Min.	8. Date of Bil (Month, Di MAY 7,	sy, Year)	6		place (State or intry) LAND	Foreign
	dand w		10a. State 10b. County		10c. City,	Town or Lo	ocation							1	0d. inside City	Limits
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	h witi		14400 HOMECREST	ROAD			20	906				UNI	TED	STATI	ES	
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20	be filed within 72 hours after death with the Maryland nai Hyglene. d other than "natural", or items 23a or 28a-f show event, the Medical Examiner must be notified at		1 Never Marriad 2 Married	1 Yas 2			1 ☐ Yes	V		i, ruento	Rican, etc.)		Specify	k, White,	etc.	
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lan	should be filed within and Mental Hygiene. marked other than imatic event, the Mi	To Be	ABRAHAM APPEL						REB	EKA	NURNBU	RG				
Maryland		-	19a. Intormant's Name/Ratationship (	Type, Print)		19b. Maiti	ng Address	(Stree	t and Numb	er or Rui	rai Route Numb	er, City o	or Town,	State, Zip	Code)	
	27 li		SAUL PENN (SON-	-IN-LAW)		1030	3 ROS	SMOI	RE CT.	, BE	ETHESDA	, MD	208	14		
ore	of Hee		20a. Method of Disposition 11√2 Buriai 2 ☐ Cremation 3 ∫	Damoust from Cta	000	ace of Dispo			ice)		Deta	20c. Le	ocation -	City or To	wn, State	
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		υ,	Part I. Enter the disease, or chie shock, or haert tailure. List only	plications that caus one cause on each	sed the death.	Do not en	ter the mod	e of dyi	ng, such as	cardiac	or respiretory a	rrest,	,	200	Approximate interval Between	een
	Physician //Medical		/												Onset and De	eath
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68760,	The law requires that tha death certificata be axecuted ate has been signed by the attending physician and page 2 should be detached for use as the bunal-transit	edicai	that initiated events resulting in death) Last	C	Due to (or e	es a consec	quenca of):									
9 ×	ing p	2	L	d										1		
Bo	attending for usa a	Physician/		Q,												
	the s	ysic	Part II. Other significant conditions of	ontributing to death	but not result	ting In the u	inderlying c	ause gi	ven in Pert i	4	23b. Dld	tobacco	use cor	ntribute to	the cause of	death?
P.0	es that tha daath igned by the atter be detached for to		Hip 7	roctu	ne.	Ria	KE	٠			1 🗆	Yee 2	!□ No	3 Pro	bably My U	nknown
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0	Attending Ph or death. ector: After thi by the funeral	atic	2 Accident Investigation	7 teis	1296	900	AM		Yes 🍋	No	7	ell	•			
Division of	or Attending after death. Director: After d in by the fune	Certification:	3 Suicide 6 Could not be determined	286. Placa of	Injury - At hometc. (Specify)	ne, tarm, st	reet, factory	, office			28t. Location ( City or To	Street ar	nd Numb a)	er or Rure	I Route Number	er,
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1 - FOR STATE REGISTRAR

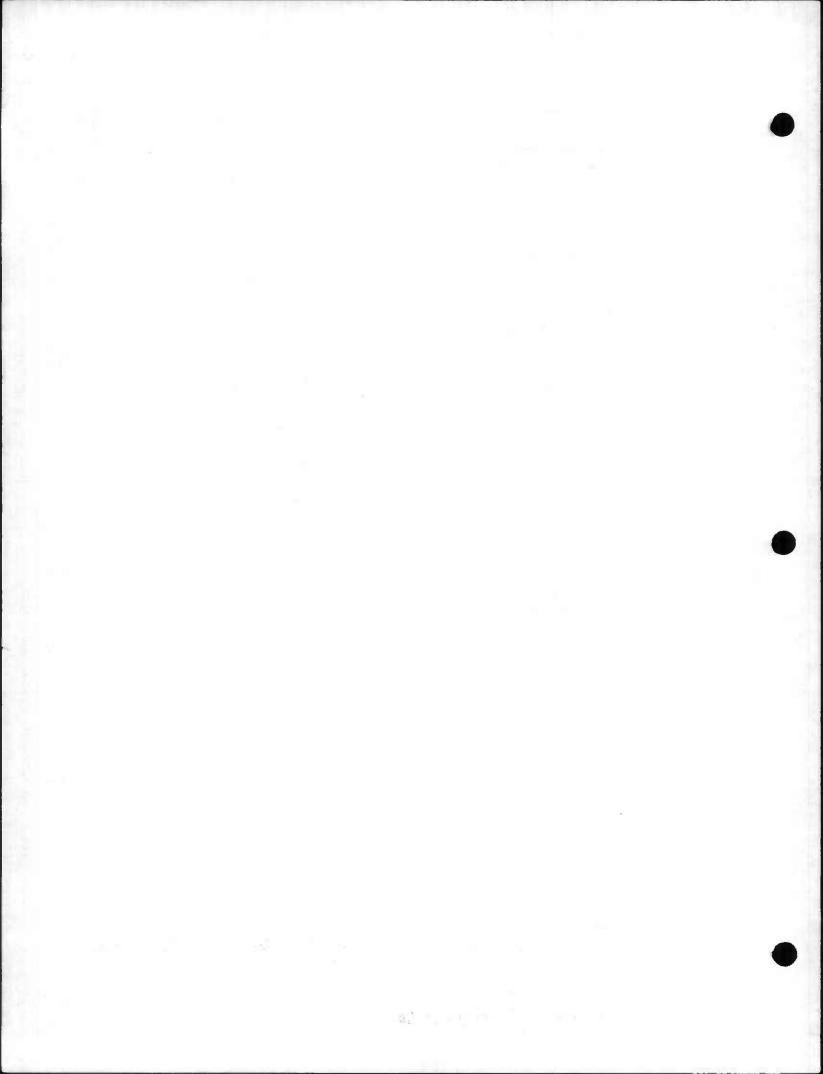
	1. DECEMENT'S NAME (First	, Middle, Lest)	3-77	00	10	ORI	0			2. DATE OF (	DEATH D	AY /	75-79"	3. TIME OF DEATH
	4. SOCIAL SECURITY NUM	DER	5. SEX	6. AGE (In yrs. I		IF UNDER	_	IF UNDER	24 HRS.	7. DATE OF	WETH .	YLI	7 C BIRTHE	LACE (State or Fore
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PO PO	HOLY CROS		PITAL			SII	VE	R SPR	ING			MC	ONTGO	MERY
DIRECTOR	10a. STATE MARYLAND	10b. COUNT	GOMERY			Y, TOWN O		ATION SPRING	G					10d. INSIDE CITY X LIMITS? 1 YES 2 1
AL	10e. STREET AND NUMBER						10	of. ZIP CODE						HAT COUNTRY?
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TO B	19a. INFORMANT'S NAME (							and Number	or Rural A	oute Number, (	City or Tow	vn, State, Zip		
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	20ty METHOD OF DISPOSIT	on 3 🗆 Ren	noval from State	20b, PLAC	E OF DISPO	SITION (Na	ne of c	emetery cren	natory or		20c. L0	CKVILI	City or Tov	rn, State
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CERTIFICATION	Sequentially list condi if any, leading to imm cause. Enter UNDERLY CAUSE (Disease or inj	odiate ING	b. DUE TO	O (OF AS A CONS	110000000	)F):	N	151	OK					13)
ERTIF	that initiated events resulting in death) LAS		d.	O (OR AS A CONS	SEQUENCE C	F):								
MEDICAL C	PART II. Other algorific	ant condition	na contributing to	o death but no	t resulting	in the un	dertyl	ng cause	gtv/n in i	Part I. 24		AUTOPSY RIMEDA 2 NO	24b.	WERE AUTOPSY F MAILABLE PRIOR COMPLETION OF COMPLETION OF DEATH?
Ä			Helil	CHACE	160									
PHYSICIAN:	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:	- Con 80	MAII	OTHER	₹:	PLACE OF D						
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ВУ Р		Pending Investigation	(Month,	Day, Year)	IN	JURY M	V	VORK?	] NO					
ED	2' Accident 3 Suicide 6 Homicide	Could not be determined	28e, PLACE	OF INJURY — At 3, etc. (Specify)	home, farm,	street, fact	ory, off	fice		281. LOCATH City or T	ON (Street own, State		or Aural A	oute Number,
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

DHMH 16 Rev 6/95

## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

Physicia		1. Decedent's Nama (First, Middla, Las	dd d	Cen	ificate of	Death	2. Data of Dea	Reg. No.		and David
/Medic	al	Harry Pindell	Levely, Jr.			tb. City, Town, or Lo	Month Februar	Day 20 19	Year 96 1:	ne of Death
Examin Funeral Director	er	44. Facility Nama (If not institution, give 6150 Rockburn F  5. Social Security Number 6. Si 213-16-3180  Usual Rasidence of Decedant	Iill Road	st birthday) Yrs.	If Under 1 Yaar Months Days	21227 If Undar 24 Hrs. Hours Min.	8. Data of Birth (Month, Day Feb 4	Unite	ed States  9. Birthplaca (Stary)  Marylar	ata or Forai
how		10a. Stata 10b. County	10c. City,	Town or Loca	ation				10d. inslo	da City Limi
Sa-f a	ecto	MD Howard		E1kr	1					Yas XDN
t be n	I D	10e. Street and Number 6150 Rockburn F	H11 Road		10f. Zip Coda 212	27		10g. Citizan of V	What Country?	
thypiene. ther than "natural", or theme 23a or 28a-f show ent, the Medical Examiner must be nothined at	by Funeral Director	11. Maritai Status  1 Nevar Married Married  3 Widowed 4 Divorced	12. Was Decedant Ever in U,S. Armed Forces?  12. Yas 2 No 194  If Yas, Give 1950	lf \	as Decedant of H	Ilspanic Origin? (Spe an, Maxican, Puarto I Specify:	cify Yas or No- Rican, atc.)	14. Race	e - Amarican India k, Whita, atc.	n,
n end Mental Hygiene. Is marked other than "natur raumatic event, the Medical.	Completed	15. Decedant's Ed (Specify only highast grad Elemantary/Secondary (0-12)	ucation 1960 ucation da completed) College (1-4or 5+)	(Giva ki	O NOT use retired	during most of workir	ig	United Milit	States	
d other	Be	17. Fathar's Nama (First, Middla, Last)	1 0			18. Mothar's Nama			a)	
th end Men 7 is marke traumatic	2	Harry Pindell Le		10h Maillea	Address (Otrost	Catt and Number or Rura	ille B		Otata 7/2 Octa	
Department of Health er Important: If item 27 ia any injury or other traugings.		Billie Jean Level 20a. Mathod of Disposition  1 Burial 2XX Cramation 3  4 Donation 5 Other (Specify 21. Signature of Funeral Service Licen	Ramoval from Stata  20b. Pla cer	ca of Disposinatary, crema Lincol	tion (Nama of atory or other place n Crema 1 Nama and Addra		Deta 2/96 n M. Tay	Brentwo		vland ne, I
	Examiner	23a. Part1. Enter the disease, or compshock, or heart failura. List only of Immediate Causa (Final disease or condition resulting in death)  Sequentlaily list conditions, if any, leading to immediate cause. Enter Underlying Cause, (Disease or Injury)	a. Bruchi	lymp	phocyticance of):				Approx Interval Onset (	l Batween and Death
by the attending tached for use a	Physician/Medical	Causa (Disease or Injury that initiated avants rasulting in death) Last	d	is a consequa		an in Part I.	23b. Did to	2.1	ntribute to the car	
5.8	Completed by			I			24a. Was a perfor		24b. Ware auto available p completion of death?	rior to
certificate ha							1 🗆 Y	as 2 00	1 🗆 Yas	212100
D D	lon: To Be	27. Mannar of Death  1 Natural 5 Pending		R/Outpatient 8b. Tima of Injury	3 DOA Oth	y at k?	na 5 🗆 Rasid			
s effer death.  I Director: After  ed in by the fune	Certification:	2 ☐ Accidant invastigation 3 ☐ Suicida 6 ☐ Could not be 4 ☐ Homicida datamined	28a. Placa of Injury - At hom building, atc. (Specify)	a, farm, stree		Yas 2 □ No	8t. Location (S City or Tow	itreet and Numb n, Stata)	er or Rural Routa	Number,
	edicai (	29a. Cartifiar Certifying Phy one)	sictan: To the best of my knowle tner: On the basis of examination and manner stated.	edga, daath o n and/or Inva	occurred at the tin stigation, in my o	na, data and place, a pinion, daath occurre	nd dua to tha cod at tha tima, o	ausa(s) and ma data and piaca, a	nnar as stated. and dua to tha cau	ısa(s)
To the	Me	29b. Signatura and title of certifiar	Leem D		29c. Licans	a number D3796	_	29d. Data signed	(Month, Day, Ye	er)



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

				State of Marylan	Certific			Mental Hy	Reg. No.	6 07299
	Physici	an	1. Decedent's Neme (First, Middle, La Hattie Co:					2. Dete of D Month	Dev	3. Time of Deeth
И	/Media	cal	4a. Facility Neme (If not institution, gir				4b. City, Town, or		20,1996 th 4c. County	1:20PM
4	Examir	ner	Meredian-Cors				Centre		, , , , ,	en Anne's
	Funeral Director		5. Social Security Number 219-18-3427 6. 8	Sex 7. Age (In yrs. 70	Mont	nder 1 Year ths Deys	if Under 24 Hrs Hours Min.	(Month, D	rth ey, Year) 20,1925	9. Birthplace (State or Foreign Country) Maryland
	pue *		Usuel Residence of Decedent  10e. Stete 10b. County	10e Cit	y, Town or Location					10d. Inside City Limits
	Manyli	tor	MD. Queen		tevensv	ille				1 ☐ Yes 2% No
	r 28s	Director	10e. Street end Number		10f.	Zip Code			10g. Citizen of V	/het Country?
	th wit		607 Victoria	Way		216	666		U.S	.A.
020	n 72 hours efter deeth with the Maryland "natural", or items 23a or 28a-f ahow golfal Evantinet mail be notified at	by Funeral	11. Meritel Stetus  1 Never Merried AMerried 3 Widowed 4 Divorced	12. Wes Decedent Ever in U. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes:			dispenic Origin? (Sen, Mexicen, Puer Specify:	pecify Yes or N to Ricen, etc.)		e-American Indien, k, White, etc. : White
Maryland 21215-0020	C .	Completed	15. Decedent's E (Specify only highest grant (0-12)	ducation ade completed) College (1-4or 5+)		Jsuel Occup f work done T use retire	pation during most of wo d)	rking	16b. Kind of Bu	
2	T to the		8 17. Fether's Neme (First, Middle, Last	1)	Clerk		18 Mother's No.	ma /First Middle	Re a, Meiden Sumem	tail
lan	d la b	To Be	Harry Hersey						ma Clou	*
	nd 2 should be faith and Mental I 27 is marked of r traumatic eve	Ė	19e. informent's Neme/Rejetionship (				end Number or Ri ria Way			State, Zip Code) e, Md. 21666
Baltimore,	of Her		20e. Method of Disposition  1 Magazinia 2 Cremetion 3 Cartesian 4 Donetion 5 Other (Special Control of Cartesian Control of Cartesian Ca	Removel from Stete	Plece of Disposition (semetery, cremetory)	or other ple	œ) Feb	. 23, 1	996	City or Town, State
Balt	permit. Page Department of Important: If any injury or once.		21. Signeture of Funerel Service Lice	nsee	22. Name	e end Addre	ess of Fecility F	ellows Home,	Helfe	nbein &
	100		23e. Pert1. Enter the disease, or com shock, or heart feilure. List only	pilcations that caused the deet	h. Do not enter the r	mode of dyl	ng, such es cerdie	c or respiretory	ester,	Approximete Interval Between
	Physician /Medical Examiner		Immediate Cause (Finel disease or condition	· Motasto	/		1 CANO			Onset end Deeth
	Examinor	76	resulting in deeth)	Due to (c	or es e consequence					
	uted d ansit	Examiner	•	b. — — — — — — — — — — — — — — — — — — —	r es a consequence	26.				
o,	ficete be executed physician end is the burial-transit		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	0) 01 800	es a consequence	01).				
68760,	sete by	edical	that initiated events resulting in deeth) Lest	C. Due to (or	r es e consequence	of):				
	E 0 6			d						
Box	death certifie attending	iclar	Pert II. Other significant conditions of	contributing to dooth but not reco	uiting in the underbit		ven in Best I	Oah Die	I tohooo uso oos	tribute to the cause of death?
, P.O	thet the led by th detach	by Physician/M	Total agricult conditions	Animouning to death but not less	annig in the underlyin	ig cause gr	Veri HI Felt I.		Yes 2 No	3 Probably Unknown
of Vital Records	been s	Completed b							s an autopsy omed?	24b. Were autopsy findings available prior to completion of cause of deeth?
E H	ician: The lev certificate hes rector, page 2	Con						1 🗆	Yes 2 No	1 ☐ Yes 2 ☐ No
V Its	Physician: this certific ral director,	Be	25. Wes case referred to medical exeminer?	Hospitei:		Ott	26. Plece of De			
	5 00	1: To	1 Yes 2 No 27. Manner of Deeth	28e. Dete of Injury	ER/Outpetient 3□ 28b. Time of	DOA 28c. Inju	4 Nursing F		how injury occurr	
ion	Attending or death. ector: After by the fund	ation	Pending  2 ☐ Accident  5 ☐ Pending investigatio	(Month, Day Year)	Injury M		rk?  Yes 2□No			
Division	ai or Attending P s after death. Il Director: After t ed in by the funers	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	28e. Plece of Injury - At he building, etc. (Specify	ome, ferm, street, fac y)	ctory, office			(Street end Number own, Stete)	er or Rural Route Number,
	To the Hospital or Attending Phy within 24 hours after death. To the Funeral Director: After this completely filled in by the funeral	edicai	29a. Certifier (Check only one) 1 Certifying Pt 2 Medical Example (Check only one)	nysician: To the best of my knowniner: On the basis of examiner end menner steled.	wledge, deeth occurr tion end/or investige	red et the ti tion, In my o	me, dete end plece ppinion, deeth occu	e, end due to the urred et the time	cause(s) end me , dete end piece, e	nner as stated. and due to the cause(s)
	To the within To the comple	2	29b. Signature and title of certifier	8/2- 2		29c, Licens	se number	,	_	(Month, Dey, Year)
			particle	1 march		DY	1621		2.24	76
			30. Neme end address of person who	completed cause of death fiten	23e) (Type, Print)					
Ē	Sta Registr	_	31. Dete filed (Month, Dey, Year) 2-26-96	32. Registrer's Signe	ture	4.				

DHMH 16 Ray 6/95

					larylan		ificate of	Death	-	Reg. No.	5 0	7300			
	Physici /Medi		Decedent's Nama (First, Middla, Last)     Eugene H. Ludlum					2. Data of Death Month Feb 22				3. Time of Death			
	Exami		4a. Facility Nama (If not institution, g	rive straet and number	)		4	b. City, Town, or Lo	cation ot Death	4c. County	of Death				
			Maple Ridge Gro	-			## A A A A	Rockville			gomer				
١	Funeral Director		156-01-9076	1727 M 2□ E			If Undar 1 Yaar Months Days	If Undar 24 Hrs. Hours Min.	8. Data of Birtl (Month, Day July 9			aca (Stata or Foraign try) Jersey			
215-0020	how		Usual Rasidence of Decedant  10a. Stata 10b. County		10c. City	, Town or Loca	ation				10	Od. Insida City Limits			
	Se-f	cto	Maryland Howard	d	Lat	urel						1 ☐ Yas 2 █\$No			
	yith the	Dire	10e. Street and Number				10f. Zip Coda			10g. Citizen of What Co					
	s 23	erai	8630 Tower Drive	12. Was Decedant	Everie III	2 12 14	20723	lianania Ori-la? (Can	aihi Van as Na	United	State e - Amarica				
	urs after death with the Manylar al', or flems 23a or 28a-1 show Exemines must be notified at	by Funeral Director	1 Nevar Married 2 Married  Widowed 4 Divorced	Armed Forces	7		as Decedant of h Yas, specify Cuba □ Yas 2X No	lispanic Origin? (Spe an, Maxicen, Puarto i Specify:	Rican, atc.)	Specify	k, Whita, a	atc.			
	2 should be filed within 72 hours after death with the Maryland and Mental Hygiene. Is marked other than "natural", or flems 23a or 28a-f show aumratic event, tra Medical Examinat must be notified at	Be Completed	15. Decedant's Education (Specify only highast grada complated)  Elementary/Secondary (0-12)  College (1-4or 5		5+)	16a. Decedant's Usual Occu (Give kind of work done lifa. DO NOT use ratin		ation during most of working	ng	16b. Kind ot Businass/Industry					
D 2	Hygie Hygie nt, th	Co	12 17. Fathar's Nama (First, Middla, La	et)		Presi	.dent	18 Mothar's Nama	Banking  lama (First, Middle, Maldan Surnama)						
/lan	Wental I	To Be	W.E. Ludlum	oly				Margaret			14/				
Baltimore, Maryland 21215-0020	of 2 should and 1 street and 1		19e. Intormant's Name/Ralationship Kenneth Ludlum/Sc			_		and Number or Rura Live Laure				Coda)			
	permit. Pages 1 and 2 should be filed will Department of Health and Mental Hygiens Important: if item 27 is marked other than any injury or other traumatic event, traumatic event e		20a. Mathod of Disposition 1 XBurial 2 Cramation 3			ace of Disposi metary, crema	tion (Nama of atory or other place	ce)	Data	20c. Location -	City or To				
Ħ	artme ortant Injury		4 ☐ Donation 5 ☐ Other (Special Signature of Funeral Service Lice		Haze		Cemetery		-27-96			Jersey			
Ba	Depre		I Show a (	Collins		Ha 41	rry H. V 12 Old (	ss.of Facility Vitzke Fur Columbia B	eral Ho Pike Eli	ome, Ind	c. City,	MD 21043			
			23a. Part1. Enter tha disaasa, or co shock, or haart tailura. List on	mplications that ceusa ly ona causa on each i	d tha daath ina.	. Do not antar	tha moda of dyin	ig, such as cerdiac o	r raspiratory ar	rest,		Approximata Intarval Batween			
Physician /Medical Examiner  /Medical Examiner  tmmediate Ceusa (Final disassa or condition rasulting in death)  a. Dehy dra											į,	2 days			
		e	, ,	0		as a conseque	ance of):					1			
	ficate be executed physician end is the burial-transit	Examiner	Sequentially list conditions	в. <u>Ue</u>	ment:	as a conseque	ance ot):					of years.			
0		Exa	Sequentially list conditions, if any, leading to immediate ceuse. Entar Underlying Causa (Disease or Injury that initiated avents rasulting in daath) Last  Due to (or as a consequence ot):  Due to (or as a consequence ot):												
68760,	cate b	edicai													
Box 6		by Physician/M	by Physician/M	by Physician/M		d	d								
	death e atte				Part II. Other eignificant conditions	contributing to death h	out not resul	Iting in the und	lartving causa giv	an in Part I	23h Did t	obacco use col	atribute to	the cause of death?	
P.0	that the de ed by the a detached				þ		contributing to doctiff	out not rasu	ang in the one	anying codes giv	att in Fait i.		/es 2□ No	3 ☐ Prob	\/
cords	law requires that the death certites been signed by the attending as been signed by the attending 2 should be detached for use a						Completed by							24e. Wes a	an autopsy med?
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ita		Be	25. Was cesa ratarred to medical axaminar?					26. Pleca of Daath	(Chack only o	na)					
of V	0 0	မ	1 ☐ Yas 2 No			ER/Outpatient	3□ DOA Oth	4 U Nursing Hor		ance 6 Oth		)			
Division of Vital Records,	Afte fune	tion:	27. Mennar of Death  1 Naturai 5 □ Panding  2 □ Accident Invastigati	28a. Data ot Inju (Month, Da	y Year)	28b. Tima ot Injury	28c. Injur Wor								
	To the Hospital or Attending within 24 hours after death.  To the Funeral Director: After completely filled in by the fune	edical Certification:	2 Accidant Invastigati 3 Suicida 6 Could not 4 Homloida determine	be 28a. Place of In	of Injury - At homa, farm, atreet, factory, office 28f. Location					on (Street and Number or Rural Routa Number, Town, Stata)					
	pital ours a	S													
	To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by	edica	29a. Cartifiar (Check only one)  1 ★ Certifying F 2 ★ Medicat Exi	ertifying Physician: To tha bast of my knowledga, death occurred at tha tima, data and place, and dua to tha ceusa(a) a edicat Examiner: On tha basis of exemination and/or invastigetion, in my opinion, daath occurred at the time, dete and p and mannar statad.						eusa(a) and ma dete and plece,	nnar as sta and dua to	ated. tha ceusa(s)			
	To the Com	Σ	29b. Signatura and titia of certifiar	0.0			29c. Licens	a number		29d. Data signed (Month, Day, Year)					
			Meren 1	eller mo			234613			Feb 23, 1996					
			30. Nama and address of person who	complated ceusa of o	1 -1	23e) (Type, Pr	1. 1	Ellicott	City N	10 21	042				
	Sta Registr	-	31. Data tiled (Month, Day, Year) FEB 2 7	1996 32. Ragistr	rar's Signati	ure	£.	1	1						

DHMH 16 Rev 6/95

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		FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEA		3. TIME OF DEATH		
		Emma M. Lemm						ry 22, 9			
	١.,	4. SOCIAL SECURITY NUMBER		MK	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Day, Y	ear)	BIRTHPLACE (State or Foreign Country)		
phonic		213 01 5928  9e. FACILITY NAME (If not institution, give st	21	83 YRS.	CITY TOWN	OR LOCATION OF D	JUNE 6,		ARYLAND Y OF DEATH		
60	H	FROSTBURG VILLAG	Ph.St Theek			SURG, MD	EATH	ALLE			
2,2	DIRECTOR	RESIDENCE OF DECEDENT	E NORBING NO					TABBE			
Page 8	IRE	25-00-00-00-00-00-00-00-00-00-00-00-00-00	C A NIV		OWN OR LOCAT	FION			10d. INSIDE CITY LIMITS?		
srmit.		MARYLAND ALLE	GANI	FRU	STBURG 100	. ZIP CODE		18a, CITIZE	1X YES 2 NO		
020 physician. burial-transit permit. Pages	FUNERAL	2 ORMOND STREE	Г			21532	2	7.	S.A.		
:0 Siclan	S	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Spec	fy Yes or No — 1	4. RACE — American Indian, Black, White, etc.		
002 of ph	ВУ	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR O	ATES TO		2 X NO Speci	an, Puerto Rican, et fy:	(C.)	Specify: WHITE		
21215-0020 Il or attending physic for use as the burial		15. DECEDENT'S EDUC	ATION	18e. DECEDENT'S US	UAL OCCUPATION	ON	16b, KIND C	F BUSINESS/INDU			
212 212 If or a for us	COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life, Do NOT use n	done during mo	est of working		ANY COUN			
VD ched ched	MPL	12		TEACHER	S ASSIS	STANT_	BOARD	OF EDUC	ATION		
LAN the hose e detach	8	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, N				
MARYLAND retained by the hospit 5 should be detached notified at once.	BE	WILLIAM J. 19s. INFORMANT'S NAME (Type/Print)	DAVIS	OBERR /Const	A McCAUGHN  Route Number, City or Town, Stete, Zip Code)						
MAR) retained to 5 should	2	ROBERT_W. LEMMERT	SR					LAND, MD			
RE, nay be page		20e. METHOD OF DISPOSITION	206	PLACEAND DATE OF	ISPOSITION (Ne			c. LOCATION — CI			
ALTIMORE, death. Page 6 may be funeral director, page		Cemetery, crematory or other place)  FROSTBURG MEMORIAL PARK, 2/25/96 FROSTBURG, MD 21532									
ALTIN death. Pag e funeral di l.		22. NAME AND ADDRESS OF FACILITY SOWERS FUNERAL HOME, P.A.									
BAI er dea the fur mal.		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,   Approximate									
BALTIMORE, MARYLAND 21215-0020 hours after death. Page 6 may be retained by the hospital or attending physician. ed in by the funeral director, page 5 should be detached for use as the burial-tran medical examiner must be notified at once.		23. PART I. Enter the diseases, or c shock, or heart fellure. L	omplicationa that caused lat only one ceuse on e	the death. Do not ach line.	enter the mo	de of dying, aud	ch as cardiac or	respiratory arres	t, Approximate interval Batween		
24 hours filled in lion, or re		immediate cause (Final disease or condition reaulting in deeth)  a. Respiratory facture 5 years  Due to (or as a consequence of:  Sequentially list conditions, our to (or as a consequence of:  Sequentially list conditions, our to (or as a consequence of:									
d within 24 ompletely fill cremation.		reaulting in deeth)	DUE TO (OR AS A	CONSEQUENCE OF:	Jou u	uke			390073		
	z		Sever	a Chron	ic obs	tructive	Pulmo	nam Di	soaso loyears		
P.O. BOX 68' h certificate be executionaling physician and configure prior to buring or other traumatte.	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING									
BOX ficate be ex physician a ne prior to	5	CAUSE (Disease or Injury	DUE TO (OR AS A	CONSEQUENCE OF):							
S, P.O. BOX death certificate be e : attending physician ental Hygiene prior to	E	that initiated events resulting in death) LAST	,,	_					į į		
S, deat deat	2	PART II. Other algnificant conditions	contributing to death b	ut not regulting in	be underlying	a seuse chee le	Boot I Day W	A ALI ALI TORROY			
00 # 66 *	CAL	Aorti	c Stenos	a C	Corons	ery Arter	PE	AS AN AUTOPSY ERFORMEO?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE		
RECO requires theen signed of Health	MEDIC		eas	1	001014	7	7 1'0'Y	ES 2 NO	OF DEATH?		
1TAL RECOF  N: The law requires tha ficate has been signed to State Dept. of Health a  Item 23 shows any	N.	DID TOBACCO USE CONTR		F DEATH YES	₩ NO E	UNCERTAI	N 🗆		1 1 123 2 1 10		
	HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF OEATH	Check only one)						
F VIT, SICIAN: The certificate to the State	IYSI		1 Inputient 2 I ER/Outp	etlent 3 DOA 4	Nursing Hom		6 Other (Specify				
O 뜻 함을 함	٥.	1 Netural 5 Pending	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME C	WO	URY AT PRK? YES 2 1 NO	28d. DEŞCRIBE I	HOW INJURY OCCU	RED		
ON Affer death	D BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY	- At home, ferm, atre			281. LOCATION (S	Street and Number or	Rural Route Number,		
DIVISION OF VITOR OF VITOR OR ATTENDING PHYSICIAN: DIRECTION: After this certifications after death with the St. Item 28 is marked, or it	ETEC	4 Homicide detarmined	building, etc. (Spec	Hy)			City or Town,	State)			
DO OR DIRE	Pe	290. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of my knowl	edge, death occurred a	t the lime, date	end place, end dus	to the cause(s) en	d manner as stated			
THE HOSPITAL THE FUNERAL filed within 72 PORTANT: II	COMPL								ceuse(s) end manner as stated.		
TO THE HOSPI TO THE FUNE Be filed within	ш	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	UMBER 29d. DATE SIGNE		HGNED (Month, Day, Year)		
/ PP & W	TO B	Jan				D2121	14	123/91			
0/1		30. NAME AND ACCRESS OF PERSON WHO									
140		JESUS H. TAN, M.D.	32. MEGISTRAR'S SIGNA	F PLAZA F	ROSTBU	RG. MD 2	1532				
		31. DATE FILED (Month, Day, Year) FEB 2 6 1996	32. MEGISTRAR'S SIGN.	confestical							

\$ A

permit. Pages 1, 2, 3 should funeral director, page 5 should be detached for use as the burial-transit retained by the hospital or attending physician. 福 notified Page 6 may be 0 must examiner death. the attending physician and completely filled in by the Mental Hyglene prior to burial, cremation, or removal. hours after medical the event, traumatic the death certificate be ö signed by the shows any been s has b 23 OR ATTENDING PHYSICIAN: The t: After this certificate har death with the State I 6 marked, .00 DIRECTOR: # 28 HOSPITAL

BALTIMORE, MARYLAND 21215-0020

Amended = 100, 10f, MdS, 3/1/96, ALLEGANY Co. 96 07302 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR **CERTIFICATE OF DEATH** 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR DALE WILLIAM LAYTON

4. SOCIAL SECURITY NUMBER

5. SEX FEBRUARY 8:30 PM M 1996 IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Country) MARCH 24, 1970 MARYLAND 1 M 2 | F 213 02 6647 25 9a. FACILITY NAME (If not institution, give street end number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 16421 MOUNT SAVAGE ROAD NW MOUNT SAVAGE ALLEGANY RESIDENCE OF DECEDENT 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND ALLEGANY FROSTBURG 1 YES 2 1 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 16421 MT. SAVAGE ROAD, NW 21532 215 45 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puerto Rican, etc. 1 TES 2 NO Specify: BY Specify: 3 Widowed 4 Divorced IONE MONTH - 1993 WHITE 16e. DECEDENT'S USUAL OCCUPATION

The bland of work done during most of working ETED. 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Spe (Give kind of work done life. Do NOT use retired.) College (1-4 or 5+) COMPL 12 LABORER COAL 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surneme) PAUL W. LAYTON INA PORTER BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Pural Route Number, City or Town, State, Zip Code) 2 INA LAYTON SAVAGE ROAD. 16421 MT. NW. FROSTBURG, MD 21532 20an METHOD OF DISPOSITION

1 (X Burlal 2 | Cremation 3 | Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE LAYTON CEMETERY, MARCH 2,1996 4 Donation 5 Other (Specify) GARRETT COUNTY, MD 21. SIGNATURE OF EUNERAL SERVICEALICENSES 22. NAME AND ADDRESS OF FACILITY SOWERS FUNERAL HOME, P.A. 60 W. MAIN ST., FROSTBURG, MD 21532 23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate ahock, or heert feliure. List only one cause on each line. interval Between **IMMEDIATE CAUSE (Final** Onset and Death disease or condition resulting in death) SELF INFLICTED CUN SHOT WOUND TO THE HEAD SUDDEN MAJOR DEPRESSION CERTIFICATION UK YRS Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY 1 YES 2 NO OF DEATH? 1 TES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER: YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Stepher (Specify) 28d. DESCRIBE HOW INJURY OCCURED 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 1 Natural М BY FEB 28 1996 PM 2 Accident 3 Suicide SUBJECT SHOT HIMSELF 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number City or Town, State) COMPLETED 8 Could not be 4 Homicide determined MOUNT SAVACE ROAD NU 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due NOT NECOSAVACE PARTY AND COMMISSION OF THE PHYSICIAN: 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occursd at the time, date and piece, and due to the cause(e) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE FEB. 28,1996

D09157

CUMBERLAND MD 21502

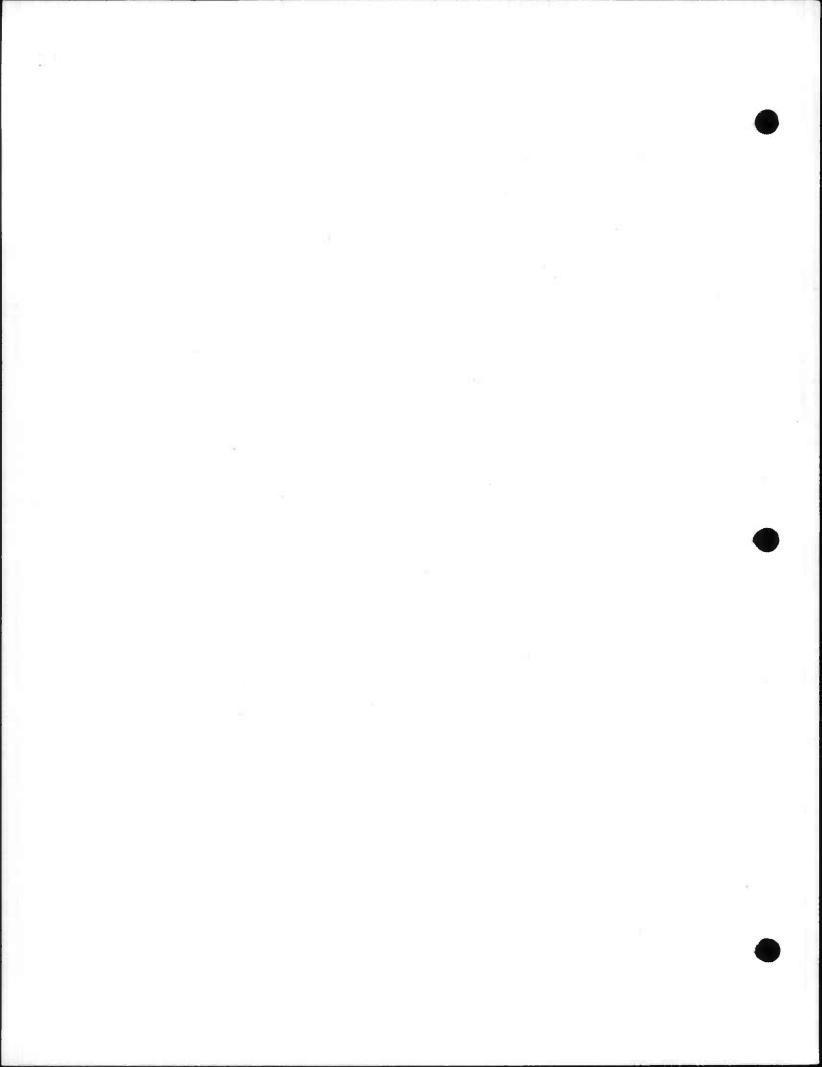


2

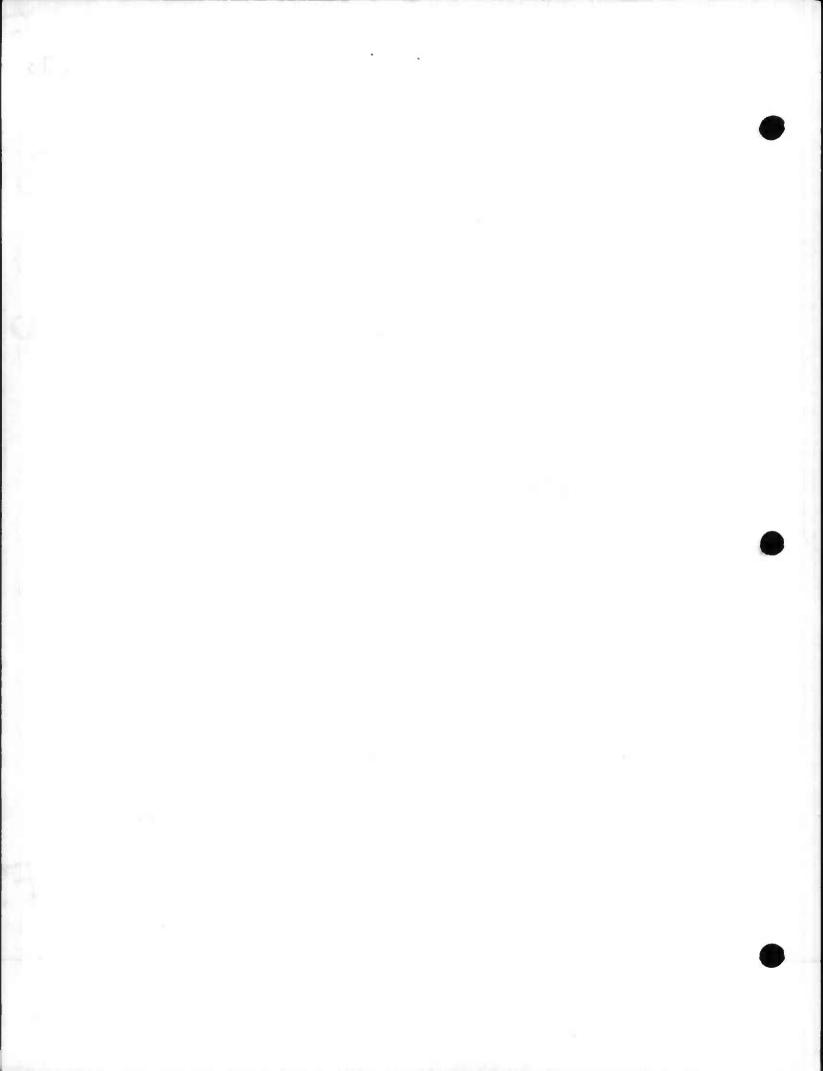
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) PAUL SNOW, MD, DPTY MED EX 124 W 3RD ST

PER PRESIDENT PR

DIVISION OF VITAL RECORDS, P.O. BOX 68760



		1 - STATE REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)	SIMIE OF MANYL		ICATE OF		REG. NO	D.	3. TIME OF DEATH	
		Hatel	ALLDINE LO	4 UC				24, 199	6 0510 m	
		4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BINTH (Month, Day, Year)	0.	BIRTHPLACE (State or Foreign Country)	
P B		236-46-3622	1 🗆 M 2 💢 F	62 YRS.			April 1,	1933	Virginia	
3 should	~	9a. FACILITY NAME (If not institution, give a			96. CITY, TOWN C	OR LOCATION OF DE	EATH	9c. COUNTY	OF DEATH	
6,	5	Lorien-Riverside	Nursing & Re	ehab.Ctr.	100	Icam	0	Harfo	ord	
Jes 1,	DIRECTOR	10a. STATE 10b. COUNT	Y	10c. CIT	Y, TOWN OR LOCAT	TION			10d, INSIDE CITY	
. P.	E	Maryland	Harford		Bel Ai	ir			TE YES 2 NO	
permit. Pages	AL	10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	
. usit	6	1208 Runnymede I	ane			21014		Ţ	JSA	
215-0020 attending physician. se as the burial-transit	FUN	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	N U.S. ARMED	13. WAS DEC	ENDENT OF HISPAI	NIC ORIGIN? (Specify W		RACE — American Indian, Black, White, etc.	
-002 fing phy	BY	1 Never Married 2 Married 3 Never Married 4 Divorced	IF YES, GIVE WAR OR D			2XXVO Specif	nn, Puerto Rican, etc.) y:		Specific	
15- lendin	0	16. DECEDENT'S EDU	CATION	I se proconstru			1		White	
21215-0020 al or attending physic for use as the burial	LETE	(Specify only highest grade	completed)	(Give kind of Ille. Do NOT u	USUAL OCCUPATION Work done during mo se retired.)	on st of working	166. KIND OF BI	USINESS/INDUST	rry	
	7	Elementary/Secondary (0-12)	College (1-4 or 5+)	Home	maker		Own			
AND the hospital detached for once.	COMP	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maide	n Sumame)		
# 8 6 Z	BE C	Robert (UNK	Tabor			Bonita	(UNK)	An	os	
MARYLAND retained by the hospit 5 should be detached notified at once.	10 B	THE INFORMANT'S NAME (Type:Print)		19b. MAILING	ADDRESS (Street a	ind Number or Rural	Route Number, City or To			
60 m	F	John Larue /		1208	Runnymed	e Lane,	Bel Air, I	Marylan	nd 21014	
ALTIMORE, Jeath. Page 6 may be funeral director, page xaminer must be		201/METHOD OF DISPOSITION 1 D Burlet 2 D Symmation 3 D Ram	over from State   20t	D. PLACE AND DATE	OF DISPOSITION /Na		DATE 20c. L	OCATION - City	or Town, State	
M Sirecte 6		4 Donation J. Other (Specify)	My DW	podlawn (			2-28-96 BI	uefield	d, West VA	
BALTIMORE, or death. Page 6 may be the funeral director, page val.		21. SIGNAPHINE OF FUNERAL SERVICE US	11/100	11/	HOWAT	D ADDRESS OF FA	CILITY		l Home, P.A.	
0 = 6		111111111111111111111111111111111111111	1/1/11/10	147/1			ry Road, A			
EOX 68760, fincate be executed within 24 hours after physician and completely filled in by the prior to burial, cremation, or removater traumatic event, the medical or the complete traumatic event, the medical contractions are contracting to the contraction of	RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. OUE TO (OR AS A  OUE TO (OR AS A	A CONSEQUENCE O	en Com	e (ano		priactive arrest	Approximate Interval Between Onset and Death 3 Colf S	
\$ 80 E	Ë	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST								
마 등 하는 이	SE		d							
		PART II. Other significant condition	a contributing to death b	out not resulting	in the underlying	g cause given in	Part I. 24s. WAS A	N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
a part m	MEDICAL						1 🗆 YES		COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
> 0							_		1 123 2 100	
	X	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF DEATH (Ch	eck only one)			
VITA CIAN: The intificate h he State or item	SIC	1 TES 2 NO	HOSPITAL: 1   Inputient 2   ER/Outs	patient 3 🗆 DOA	OTHER: 4 Nursing Hom	e 5 🗆 Residence	6 Other (Specify)			
PHYSIC this co	PHYSICIAN:	27. MANNER OF DEATH  1 Netural 5 Pending Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIM	JURY WO	URY AT PRK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	ED	
SIC ENDI	ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	Y — At home, farm,	street, factory, offic	•	28f. LOCATION (Street City or Town, State	t and Number or i	Burel Route Number,	
E Band	Ē	20s. CERTIFIER CERTIFYING PHYSI	ICIAN: To the best of my know	dadae death occur	nd of the time date	and place, and due	to the country and m			
절절원들	COMPL								nuse(s) and manner as stated.	
물 물 골 등	出	296. SIGNATURE NOW SITLE OF CENTURE	A			HEGO:	7 7	29H, DAYE-BI	DNED (Month, Day, Mar)	
223	٩	30, NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type	, Print)	1	1/1	-/	44y-1 1186	
		D'ETER Lafrest			ne 85 ( 8	erten !	lay t	Lucu	ood lik	
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN			- CONTRACTOR OF THE CONTRACTOR				
		FED & 1995	MELIA CUTUSTILISH	rendally						



ITEMS: 28d, 8 28f, PER MEO FILM

State of Maryland / Department of Health and Mental Hygiene

G-736 6/6/96 t.t Certificate of Death 1. Decedant's Name (First, Middla, Last) 2. Data of Death 3. Tima of Death Month **Physician** ANTONIETTA LEMUCCHI 1996 February 25 4:42 PM /Medical 4a. Facility Neme (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Takoma Park Montgomery Washington Adventist Hospital If Under 1 Yeer If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthday) 6. Dete of Birth (Month, Day, Year) Birthplece (Stata or Foreign Country) **Funeral** Months Days Hours 1 M 2 GF 579-42-5041 Yrs Director 92 March 13,1903 Italy Usuel Rasidance of Decedant with the Maryland 10b. Count 10c. City, Town or Location worle 10d. Insida City Limits r than "natural", or items 23a or 28a-f ahor the Medical Examiner must be notified at 1 ☐ Yas 2√ No Director Takoma Park Maryland Montgomery 10e. Street and Numbar 10f. Zip Coda 10g. Citizan of Whet Country? 909 Maplewood Avenue 20912 IISA Funeral 12. Was Dacedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☒ No If Yes, Giva Year or Detas: 13. Wes Decedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuben, Maxican, Puarto Rican, etc.) 14. Race - American Indian, Biack, Whita, etc. permit. Pages 1 and 2 should be filed within 72 hours after c Department of Health and Mentai Hygiene. Important: if Item 27 is merked other than "natural", or Item any Injury or other traumatic avent, the Medical Essentering DRES. 1 □ Nevar Married 2 □ Married Baltimore, Maryland 21215-0020 White 1 ☐ Yas 2 ☑ No Specify: þ 3 ⊠Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Eiamantary/Secondary (0-12) Collega (1-4or 5+) Homemaker/Volunteer Own Home 6 17. Father's Neme (First, Middla, Last) 18. Mothar's Neme (First, Middla, Maidan Sumama) Be Maddalena Lanaro Ricardo San Nicolo 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Numbar or Rural Route Number, City or Town, Stata, Zip Code) 7227 Garland Avenue, Takoma Park, MD 20912 Aldo Joseph Lemucchi 20a. Mathod of Disposition 20b. Place of Disposition (Nama of cemetary, cramatory or other place) 20c. Location - City or Town, Stete 1 Burial 2 Crametion 3 Removal from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Gate of Heaven Cemetery 2/29/96 Silver Spring, MD 21. Signature of Funeral Service Licensee 22. Neme end Addrass of Facility Francis J. Collins Funeral Home, Inc. 500 University Blvd.W., Silver Spring, MD 20901 amsey 23a. Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such es cerdiac or respiratory arrest, shock, or heart failure. List only one cause on the line. Intarval Batwe Onset and Death **Physician** /Medicai immediata Causa (Finai disease or condition resulting in death) Cardio Vascular Disease 10 Min. **Examiner** Dua to (or as a consequence of) Examiner The law requires that the death certificata be executed burial-transit Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Cause (Disease or injury that initiated evants rasulting in daath) Last Dua to (or as a consequence of): physician s the burial Box 68760. Physician/Medical Dua to (or as e consequence of) 60 attending USB P.O. P Part ii. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? ate has been signed by page 2 should be detac 1 Yee 2 No 3 ☐ Probably 4 ☑ Unknown Left Hip Fracture Records. þ Completed 24b. Wara autopsy findings avelieble prior to 24a. Was an autopsy complation of cause of death? 1 Yas 2K No 1 □ Yes 2 □ No certificate spital or Attanding Physician: The hours after death.

Ineral Director: After this certificate y filled in by the funeral director, pa Division of Vital Be 25. Wes case referred to medical 26. Place of Deeth (Check only ona) Other: 4 Nursing Homa 5 Residence 8 Other (Specify) Hospital: 1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 10 1 Yas 2 No Certification: 27. Mannar of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Naturai 5 Panding 1 Yas 2 No invastigation 21 Accidant 2/21/96 FELL IN BATHROOM Unknown 3 Suicide 6 Could not be datarmined 28a. Piace of injury - At homa, farm, straat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicide SAME AS # 10 Home Hospital 24 hours 1 Certifying Physician: To the best of my knowledge, death occurred at the time, deta and place, and due to the causa(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the causa(s) and manner stated. 29a. Certifian To the Hosp within 24 hor To the Fune completely fi Medical 29b. Signatura end titla of certifiar 29c. Licensa number 29d. Data signed (Month, Day, Year) 30. Nama and addrass of person who complated causa of death (Itam 23a) (Type, Print) John F. Tauber M.D. 8218 Wisconsin Ave., #318, Bethesda, MD 20814-3107 31. Data filed (Month, Day, Year) 32. Registrer's Signature State

white Davidson Randall

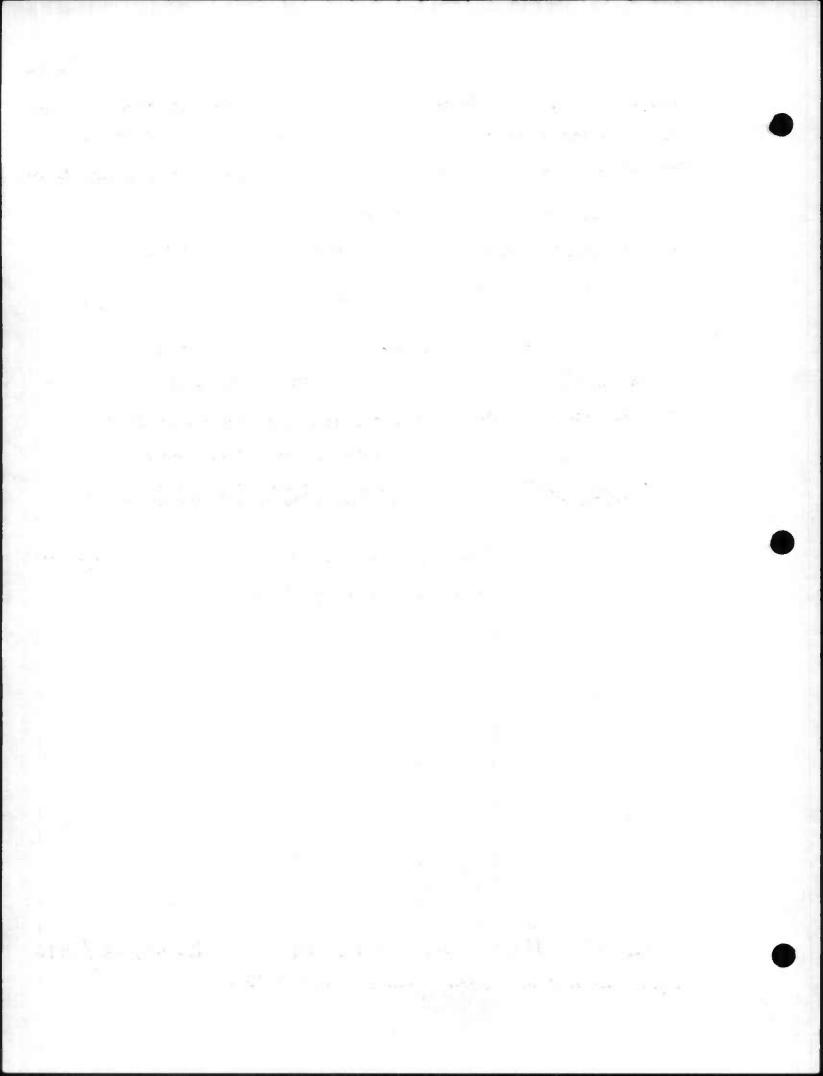
FEB 271996

**DHMH 16 Rev 6/95** 

Registrar

State of Maryland / Department of Health and Mental Hygiene 07305 Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death **Physician** Month Day George Lantos 21 1996 11:30 pm Feb. /Medical 4a. Facility Nama (If not institution, giva straat and numbar) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Montgomery General Hospital Olney Montgomery If Under 1 Year | If Under 24 Hrs. | 8. Data of Birth (Month, Day, Year) 5. Social Sacurity Number 7. Aga (In yrs. last birthday) Birthpiaca (Stata or Foreign Country) **Funeral** Months **№** M 2□ F 047-32-4829 82 Yrs. Director Dec. 27,1913 Szolnok, Hungary Usual Rasidanca of Dacedant the Marylend 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 28a-f show 7 is marked other than "natural", or frems 23s or 28a-f shov traumstic event, the Moulcal Examiner must be notified at MD Montgomery Silver Spring 1 Yas 2 No Director 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 15211 Elkridge Way 20906 U.S.A. #3 E Funeral death 12. Was Dacedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 M No If Yas, Giva Yaar or Datas: Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Raca - Amarican Indian, 11. Marital Status Black, Whita, atc. e filed within 72 hours efter al Hygiene. other than "natural", or ite 1 Nevar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: by Specify: 3 ☐ Widowed 4 ☐ Divorced White Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elementery/Secondary (0-12) Collega (1-4or 5+) Doctor Medica1 permit. Peges 1 and 2 should be file Department of Heelth and Mental Hy, Important: If Item 27 is marked othe any Injury or other traumatic event, Once. 17. Fathar's Name (First, Middla, Last) 18. Mothar's Nema (First, Middla, Malden Surnama) Be Joseph Lantos Szeren Schwartz 19a. Intormant's Name/Ralationship (Type, Print) Eva Resmovic / Daughter 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 10505 Democracy Lane, Potomac, MD 20b. Place of Disposition (Name of cematary, cramatory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 XBuriai 2 ☐ Cramation 3 ☐ Ramovai from Stata Judean Memorial Gardens 2/23/96 Olney, MD 4 □ Donation 5 □ Othar (Specify) 21. Signature of Juneral Se Licensee 22. Nama and Addrass of Facility Edward Sagel Funeral Direction 1091 Rockville Pike, Rockville, MD 20852 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata intarval Betwaan Onset and Death **Physician** /Medical immediata Causa (Finel INTRACRANIME 2/17/1996 disaasa or condition rasulting in death) Examiner Due to (or es a consequance of): Examiner CARDIO RESPIRATORY physician and the burief-transit The law requires that the death certificate be executed Sequantially list conditions, if any, laading to immadiata causa. Enter Underlying Cause (Disaase or injury that initiated evants rasulting in death) Last Dua to (or as a consequence of) P.O. Box 68760, Physician/Medicai the Dua to (or as a consequance of): 88 attending for use as Part ii. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown bengis be del Division of Vital Records. þ should Completed 24b. Were autopsy tindings available prior to complation of cause of death? 24a. Was an autopsy performed? hes 10 2 page this certificate 1 ☐ Yas 2 ☐ No 1 □ Yes 2 □ No. Hospital or Attending Physician: Be 25. Was casa rafarred to medical axaminer? 28. Piaca of Death (Check only one) Other: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) Certification: To 1 Yas 2 No 1 ☐ inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA funeral 28a. Data of injury (Month, Day Year) 27. Manpar of Death 28d. Dascribe how injury occurred 28b. Tima of 28c. Injury at Work? After 1 Natural 2 Accidant 5 Pending Invastigation s efter death.
If Director: Aft
ad in by the fu 1 ☐ Yas 2 ☐ No 6 Could not be detarmined 3 Sulcida 28a. Placa of injury - At homa, farm, streat, tactory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicida filled in To the Hospital of within 24 hours a To the Funeral D completely filled in icai 29a. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete and place, and due to the causa(s) and manner as stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signatura and titla of certifiar 29c. Licensa number 29d. Data signad (Month, Day, Year) D45014 30. Name and addrass of person who complated cause of death (Item 23a) (Type, Print) 2 5 700 UV 3418 COURT OLMOWOOD OLNO 31. Data tiled (Month, Day, Year) FEB 2 8 1996

State Registrar 32, Registrar's Signature



State of Maryland / Department of Health and Mental Hygiene

					,	Certifica		Death		Reg. No.	6	07306	
в	Physic	ian	Decedant's Name (First, Middle, Las		. 1		3		2. Data of Dea Month Feb.	-	Year,	3. Time of Death 11:55 AM	
	/Medi	cal	An English Name (Mant Institution at un	Elizabe	th Eni	nis Law	ler	th City Town or			996		
-	Examii	ner	4a. Facility Name (If not institution, give street and number)  4b. City, Town, or Location of De Gaithersburg							THE STATE OF THE S	mery		
1	Funeral		Social Sacurity Number 6. Se	x 7. Ag	a (in yrs. iast i	rs, jast birthday) If Under 1 Year   If Under 24 F		r   If Under 24 Hrs.				pleca (Stata or Foreign intry)	
	Director		577.01.1555 Usual Residence of Decedent	□M 2 <b>X</b> ) F	85	Yrs. Month	ns Days	Hours Min.	Hours Min. S. Date of Birth (Month, Day, Year) FEB . 26 , 1911 W.			HINGTON D.C.	
	yland		10a. Stete 10b. County	10c. City, Town or Location							10d. Inside City Limits		
21215-0020	e Ma	ctor	MARYLAND MONTGOME	SRY	GALT	HERSBURG	3					¹X Yes 2□No	
	with th	Funeral Director	10e. Street and Number 401 RUSSELL AVEN	TTE		10f.	Zip Code	20877		10g. Citizen of V		ntry?	
	seeth	era	11. Marital Status	12. Was Decedent	Ever in U.S.	13. Wes De			pecify Yas or No-	U.S.		ican Indien,	
	within 72 hours after deeth with the Maryland ene. then "natural", or itema 23a or 28a-f show he Medical Evantine, must be notified a	by	1 ☐ Nevar Married 2 ☐ Married  ③☐ Widowed 4 ☐ Divorced	Armed Forcas?  1 Yas 2 No If Yes, Give Yeer or Datas:		. 13. Wes Decedent of Hispanic Origin? (S If Yes, specify Cuban, Maxican, Puan 1 □ Yes ② No Specify:		into Rican, etc.)  14. Haca- Black,  Specify:		k, White,	White, etc. WHITE		
5-0	72 hours	eted	15. Decedent's Edi (Specify only highest grad	ication	16	Sa. Decedent's U	sual Occu	upetion e during most of wor ed)	rkina	16b. Kind of Bu	sineas/In	ndustry	
121	Men.	Completed	Elemantery/Secondary (0-12)	College (1-4or 5	+)			ed)	All 19				
	D ST F		12 17. Fether's Name (First, Middle, Last)			HOMEMAK	ŒR	18 Mother's Nor	OWN B				
an	d be de la contact de de de de de de de de de de de de de	o Be	GEORGE ENNI	S		18. Mother's Name (First, Mid- KATE BROW  19b. Malling Address (Street and Number or Rural Route Num				BROWN			
Maryland	2 should be f and Mental I is marked of raumatic eve	To	19a. Informant's Name/Reletionship (T		1:								
	Health a sem 27 la		CAROLYN ANNE MORR	ISON				STA DRIVE		STOWN, M			
ore	m 0		20a. Method of Disposition 1 X Burial 2 □ Crametion 3 □ I		20b. Place	of Disposition (A	vame of		Dete	20c. Location -			
in	Pages ment of l ant: if he ury or or		4 Donation 5 Other (Specify,		CONGR	ESSIONAL			-	VASHINGT		).C.	
Baltimore,	permit. Pages 1 and Department of Health Important: if Item 27 any Injury or other tr 2006.		21. Signature of Funeral Service License	Fiters	)					LER'S SONS ASHINGTON D.C. 20016			
			23a. Part1. Enter the disease, or comp ahock, or beart failure. List enty of	ications thet caused ne cause on aach lir	the death. De	o not enter the m	ode of dy	ring, such as cardiac	or raspiratory ar	rest,		Approximata Intervel Between	
	Physician										Onset and Death		
1	/Medical Examiner		trimediate Cause (Finel disaasa or condition resulting in death) a. Aend fallow									mont	
	TE I	ē			Due to (or es	a consequence o	ot):						
	uted d ansit	Examiner	Constant to the state of the	b. ————	Due to fee on		.4\.						
0,	icete be axecuted physician and s the buriel-transit	Exa	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	Due to (or es	o (or es e consequence ot):								
68760,	nysicit	Physician/Medical	Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of):								-		
_	ing pl	Mec									!		
Box	eath cert ettendin for use	lan		d									
	the e	ysic	yslc	Part It. Other significant conditions co	ntributing to death bu	t not resulting	in the underlying	g causa g	iven in Part t.	23b. Did t	obacco use con	itribute t	to the cause of death?
s, P.O.	that the de ned by the e e detached	by Ph	Tenento 10 Yes 30 No 30 F								3 ☐ Pro	obabiy 4 Unknown	
Records	aw requires thet the death certificate be assocuted is been signed by the ettending physician and 2 should be detached for use as the burle-transit	Completed t							24a. Was a	an autopsy med?	av	Vare autopsy findings valiable prior to ompletion of cause deeth?	
Ä	The law ate has to page 2 s	mo;							1 🗆 Y	es 200 No	1	□Yas 2□ No	
Vitai	certificate rector, pag	Be (	25. Wes case reterred to medical examiner?						eth (Check only o	ne)			
of \	Physician: r this certific ral director,	2	1 ☐ Yes 2 ☒ No	fospital:		Outpatient 3	DOA		ome 5 Resid	enca 6 Otha	ır (Specii	fy)	
lon	D 6 9	atlon:	27. Menner of Death  1. Neturel 5 □ Pending 2 □ Accident investigation	28e. Date of injur (Month, De)	Year) 28b	. Time of Injury M	28c. Inju	ork? ☑ Yes 2 ☑ No	28d. Describe h	ow injury occurr	ad		
Division	To the Hospital or Attanding within 24 hours after death.  To the Funeral Director: After completely filled in by the fun	Certification:	3 Suicide 6 Could not be determined	term, street, factory, office 28t. Locati			28t. Location (S City or Tow	ion (Street and Number or Rural Route Number, or Town, Stete)					
	Hospita 24 hours Funera letaly fille	edical 0	29a. Certifler (Check only one) Certifying Phy Medical Exami	sician: To the best of ner: On the basis of and manner sta	axaminetion e	ge, deeth occurre end/or investigate	ed et the to	ime, dete and place opinion, daath occu	, and due to the or rred at the time, o	ause(s) and ma lete and place, a	nner as s ind dua t	stated. to the cause(s)	
	To the To the	Me	29b. Signature and title of certifiar 29c. License number						ber 29d. Date signed (Month, Day			Day, Year)	
	/		1 205/1 Feb. 27							27.	1996		
	6	-	30. Name and eddress of person who co	mpieted causa ot de	eath (Item 23e	) (Type, Print)							
	2		Joe R. Schulman,			George	town	Road Be	ethesda,	MD 208	814-	1700	
	Sta Registr		31. Date tiled (Month, Day, Year)	6 July d	r's Signature	Carlatt							

The second of the second of IN ONE OF SERVICE STREET, STREET, THE RESERVE SHOWS SHEET, BELIEVE SHOW

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN FEBRUARY 23,1996" MINNIE LIEBERMAN 1:30 AM " 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTN a, BIRTNPLACE (State or Foreign OCT 5, DAYS HOURS 94 95 POLAND 1 M 2 X F 109-22-9347 1901 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH HEBREW HOME OF GREATER WASHINGTON ROCKVILLE MONTGOMERY RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND MONTGOMERY ROCKVILLE 1 YES 2 NO 10e STREET AND NUMBER 101. ZIP COOF 10g, CITIZEN OF WHAT COUNTRY? 6121 MONTROSE ROAD 20852 UNITED STATES 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yes, specify Cuben, Mexicen, Puerto Ricen, etc.)
1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE -- American Indien, Black, White, etc. 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES SpecifiWHITE 3 Widowed 4 Divorced 18e. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementery/Secondary (0-12) College (1-4 or 5+) HOMEMAKER OWN HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Sumeme, RIFKA GILLARY ABRAHAM PERLA 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 12316~PALERMO~DR.,~SILVER~SPRING,~MD~20904HERBERT LIEBERMAN 20a, METHOD OF DISPOSITION
1 M Burlel 2 Cremation 3 M Removal from State
4 Donation 5 Dither (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State ETH MOSES CEMETERY 2/26/96 PINELAWN, NEW YORK 21. SIGNATURE OF FUNERAL SERVICE LICENSES DANZANSKY-GOLDBERG MEMORIAL CHAPELS 1170 ROCKVILLE PIKE, ROCKVILLE, MD 20852 Enter the diseases, or complications that caused tha death. Do not enter the mode of dying, such as cerdiec or reapiratory arrest, Approximate ahock, or haert failure. List only one cause on sach lins. Interval Batwo IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in daeth) ACUTE MYDCARDIAL INFARCTION DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF ORON Sequentielly list conditione, if sny, issding to immedists cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Pert i. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? EMBOLISM. FEMORAL 1 YES 2 NO OF DEATH? 1 | YES 2 | NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO I UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 Nursing Name 5 Residence 8 Other (Specify) 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 1 YES 2 NO 2 Accident Investigation 28e. PLACE OF INJURY — Al home, ferm, street, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 8 Could not be 4 Homicide

DIVISION OF VITAL RECORDS,

Mental signed by the a Shows has been Dept. certificate State OR ATTENDING PHYSICIAN: the 0 this c is marked, death DIRECTOR: after 28 HOURS tem TO THE HOSPITAL C TO THE FUNERAL D be filed within 72 hc

permit. Pages 1, 2, 3 should

Page 6 may be retained by the hospital or attending physician. Il director, page 5 should be detached for use as the bunal-transit.

BALTIMORE, MARYLAND 21215-0020

DIRECTOR

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CERTIFICATION

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29e. CERTIFIER

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physician prior

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2 MEDICAL EXAMINER: On the ition end/or investigation, in my opinion, death occured at the time, date end piece, end due to the ceuse(e) end menner ee stated. 296. SIGNATUAL AND TITLE OF CERTIFIER de wis Misician

NE CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner as stated.

29c LICENSI	NUMBER	
200. 202.13	C	011
0	80	24

RD ROCKVILLS

29d. DATE SIGNED (Month, Day, Year) 23

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 10N TROSE

31. DATE FILED (Month, Day, Mar) 26 1996

32. BEGISTRAR'S SIGNATURE Juli Studier Ra x 6 ==

				State of Ma	-	Department of Certificate or			giene 9	6 07308
	Physic /Medi Exami	cal	1. Decedent's Name (First, Middle, La.  VONCE  4a. Facility Name (If not institution, giv.	a street and number)		unking	4b. City, Town, or I	2. Data of De Month FEDTUA Location of Death	Day  1 23 / 4c. County of	
	Funeral Director		215 80 9768		a (In yrs. last birt	thday) If Under 1 Yea Months Day		8. Date of Bir (Month, Da Nov. 17	Montgo th y, Year) ',1939	9. Birthplaca (State or Foraign Country) South Durbin, Africa
	Meryland -f ehow	tor	Usual Rasidenca of Decedent  10a. Stata  10b. County  Maryland Montgome	orv	10c. City, Towr					10d. tnslde City Limits 1⊈ Yes 2 ☐ No
	h with the	al Director	10e. Street and Number 6 Harvard Court		ROCKVI	10f. Zlp Code 2085(	)		10g. Citizen of W	
020	n 72 hours after death with the Menyland "natural", or Hema 23e or 28e-f ehow suital Examinet must be notified at	by Funeral	11. Maritat Status  1 ∰ Nevar Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	12. Was Decedent I Armed Forces? 1 ☐ Yas 2 ☑ N If Yes, Give Year or Dates:		13. Was Decedant of If Yes, specify Cu		pecify Yas or No o Rican, etc.)	- 14. Race Black Specify:	- American Indian, , White, atc. Asian
1215	within 72 ene. than "nat	Completed	15. Decedent's Ec (Specify only highast gra Elementery/Secondary (0-12)	lucation de completed) College (1-4or 5	+)	Decedent's Usual Occi (Giva kind of work don life. DO NOT use retir Cretary	e duning most of wor		16b. Kind of Bus	
pu	be filed Ital Hygi of other event, t	To Be Co	17. Father's Name (First, Middla, Last) Alfred Lunking		36	cretary	18. Mother's Nan		Maiden Sumame	
	1 and 2 sho Health and Am 27 Is mu ther traum		19a. Informant's Name/Relationship (1) Graham Lunking/Bro 20a. Method of Disposition	,	8	Malling Address (Street Harvard Co Disposition (Nama of	ourt, Rock	cville,	Maryland	
_	permit. Pages Department of I Important: If Iti any Injury or o		1 Burial 2 Stremation 3 4 Donation 5 Other (Sp. 1)	AA	Montgo	y, crematory or other pi Februan omery Crema 22. Nama and Add Rockville,	ress of Facility Rob Inc. 300	nc. I pert A. West Mo	Bethesda Pumphrey ontgomer	, Maryland
	hysician		23a Part Embrus disease, or com- shock or heart failure. List only		M00689 re death. Do n	Rockville	, Marylanc	or respiretory a	rrest,	Approximate interval Between Onset and Death
1125	/Medical Examiner	er	Immediate Cause (Final disasse or condition resulting In death)	a respira		1		1		1 day
P .	intes that the death certificate be executed signed by the attending physician and doe deteched for use as the buriel-transit	an/Medical Examiner	Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last	C	Due to (or as a c	consequence of):	vernom	atosis		5 months
	that the deat led by the att deteched for	Physician/Med	Part II. Other significant conditions co	ontributing to death bu	ut not resulting in	the underlying cause g	given in Part I.	23b. Dld 1		tributs to the cause of death?  3 Probably 4 Unknown
ecords	ew requisite parts of the second seco	Completed by							an autopsy rmed?	24b. Were autopsy findings aveilable prior to completion of causa of death?
ital H	pa ate	Be Con	25. Was case reterred to medical				26. Place of Dea	1 🗆 t		1 Yes 2 No
vision of	Attending Physic death.  ector: After this by the funeral di	Certification: To E	examinar?  1		y Year) 28b. T	ima of 28c. tnj	ury at ork? □ Yes 2 □ No	28d. Describe l	denca 8 Other how Injury occurre  Street and Number wn, State)	
_	Hospita 24 hours Funeral tely fille	edical Ce	29a. Certifier 1 Certifying Phyone) Check only one)	ysician: To the best of linar: On the basis of and mannar sta	examination and	death occurred et the l/or investigation, in my	time, date and place opinion, death occu	, and due to the	cause(s) and man date and place, a	ner as stated. nd dua to the cause(s)
	within 2 To the	Me	29b. Signatura and title of cartifier  30. Name and address of person who of	a. So	0 M	D	unse number 43683			(Month, Day, Year)

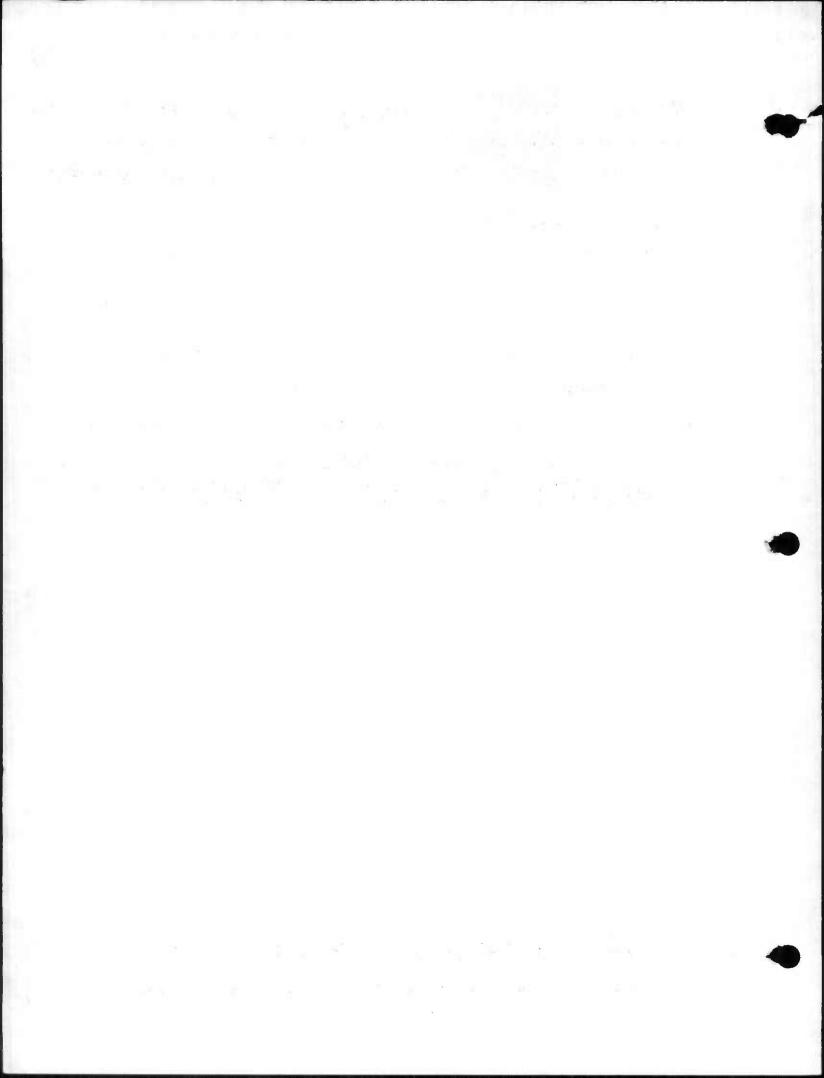
George A. Sotos, M.D., 9707 Medical Center Drive, Rockville, Maryland 20850

31. Date filed (Month, Day, Year)

FEB 2 7 1996

DHMH 16 Rev 6/95

State Registrar



	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	F	cate	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	ten
	CIA	ertif	the	6
	HYS	DIS C	with	ced,
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	2	2	8	=

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	) / DEPARTM			MENTAL HYGIE		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATH		3. TIME OF DEATH
		LEON WILSO	N MERE	DITH		Feb. 25	, 1990	10:00 AMM
	4. SOCIAL SECURITY NUMBER 5	SEX 6. AGE (In yrs		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		. BIRTHPLACE (State or Foreign
	214-32-7067	X_XM 2 □ F 9	O YRS.	THE DAYS	HOURS MIN.	(Month, Day, Year) 04/18/	05 1	Maryland
	9e. FACILITY NAME (If not institution, give street	t end number)	9b.	CITY, TOWN O	R LOCATION OF O			Y OF DEATH
OR	4076 Seippes Ro	oad		Feder	calsbur	g	Car	oline
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY							
E	NO. CHAIL	lino	10c. CITY, TO	OWN OR LOCATI		alsburg		10d. INSIDE CITY LIMITS?
	Maryland Caro	Tine				arsburg		1 TYES 2 X NO
RA		Dond		101.	ZIP CODE			en of what country?
FUNERAL	4076 Seippes				21632			ted States
	1 Never Married 2 1 Merried	2. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2	NO			NIC ORIGIN? (Specify Y	es or No — 1	4. RACE — American Indian, Black, White, etc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		1 TYES	2 NO Specif	y:	- 1	Specify: White
	15. DECEDENT'S EDUCAT	ION 16a	DECEDENT'S USU	IAL OCCUPATIO	N	16b. KIND OF B	USINESS/INDU	STRY
E	(Specify only highest grade con Elementary/Secondary (0-12)	mpleted) College (1-4 or 5+)	(Give kind of work in the Do NOT use retained to the control of th	done during mos lired.)	t of working	2233		
P P	8		armer			Dairy	/Grain	n
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maide	n Surname)	
BE (	Bann	<u>ister Mered</u>	ith		Mary H	Ethel Wi	lson	
5	190. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	ORESS (Street or	d Number or Rural	Route Number, City or To	wn, State, Zip C	ode) ND 21622
	Mabel Thawley Mo					Federa	Isburg	g, MD 21632
	20a. METHOD OF DISPOSITION  1X Burlel 2 Cremetion 3 Removal	I Irom State cemetery.	CE AND DATE OF DI	olace)				ly or Town, State
	4 Donellon 6 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENS	Hi1	1 Cres				deral:	sburg, MD
	STA O O O	C D			ADDRESS OF FA		skow 1	Funeral Home
	Muhay t.	isken						, MD 21632
	23. PART I. Enter the diseases, or comehock, or heart fellure. List	plications that caused the	desth. Do not e	enter the mod	le of dyling, suc	h ss cerdlec or ree	piratory srres	
	IMMEDIATE CAUSE (Finsi	^	. 2		0 4	0	٠	Onset and Death
	disesse or condition s	Chronic ?	opetin	shing	tulvon	ry dise	in	Years
		DUE TO (OR AS A CON	SEOUENCE OF):					/
8	Sequentially liet conditions, b	DUE TO (OR AS A CON	SEQUENCE OF:					
ξl	if sny, lesding to immediate cause. Enter UNDERLYING							
필	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CON	SEQUENCE OF):					-
CERTIFICATION	resulting in death) LAST							
	PART II Other significant conditions o	contributions to death had a				- 1		
S	PART II. Other significant conditions of	ontributing to deeth but no	100			Part I. 24s. WAS A	N AUTOPSY PRMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
ă	Trostare Care.	resucción p	we one	W EI	1010217	1 YES	2 NO	OF DEATH?
Σ	- Common							1 TYES 2 NO
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRIB				UNCERTAI	<b>и</b> 🗆 📗		
IS I	EXAMINER?	OSPITAL:	LACE OF DEATH (C	HER:	100			
¥	1 VES 2 NO 1	□ Inpatient 2 □ ER/Outpatient  28e. DATE OF INJURY	28b, TIME OF			6 Other (Specify)		
	Netural 5 Pending	(Month, Day, Year)	INJURY	WOR		20d. DESCRIBE HOW	INJURY OCCU	RED
BY	2 Accident Investigation 3 Suicide & Could not be	286. PLACE OF INJURY — At	home, lerm, street		2 1 110	281. LOCATION (Street	and Number or	Dural Doute Number
밀	4 Homicide 6 Could not be	building, atc. (Specify)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		City or Town, State	9)	real record receives,
۳	290. CERTIFIER 1 CERTIFYING PHYSICIAL	N: To the best of my knowledge,	doub convend at	the state of the state of				
COMPLET		On the basis of examination end						
	296 SHEMATURE AND TIPLE OF CENTIFIER	-						
BE	1/2 / 1/1/how	, ~~			29c. LICENSE NUI	169	DATE S	SIGNED (Month, Day, Wer)
임	THE NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEATH (	TEM 27) (Type, Pres		1311	/_ ′	1 - 3	1-11
Ĭ	1					_	1/17	01001
	David G. Olive	r, M.D., 50	)3 Dutc	hman'	s Lane	. Easton	, MI)	21601
	David G. Olive 31. DATE FILED (Month, Day, Year) FEB 27 1996	22. BEGISTRAR'S SIGNATURE	Dutc	hman'	s Lane	, Easton	, MD	21601

MEO FILM G-733 3/22/96 t.t

ITEMS: 23 PART I, II, 27, PER State of Maryland / Department of Health and Mental Hygiene

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Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death 25,1996 Т. FEBRUARY 3:28P.M McCAW 4e. Fecllity Neme (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Deeth HOWARD COUNTY GENERAL HOSPITAL COLUMBIA HOWARD COUNTY | H Under 1 Year | H Under 24 Hrs. | 8. Date of Birth | Months | Days | Hours | Min. | June 22, 1922 5. Social Security Number 7. Age (In yrs. last birthdey) 9. Birthplace (Stete or Foreign 1 □ M 2 □ F New York 220-18-3625 73 Yrs. Usual Residence of Decedent 10a. State 10b. Count 10c. City, Town or Location 10d. inside City Limits the Maryla 7 ie marked other than "naturel", or items 23a or 28a-f sho treumstic event, ma Mod cal Examinar must be notified at 1 ☐ Yes 2 No Director PA. Berks Reading 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? permit. Pages 1 and 2 should be filed within 72 hours after death with 1 Department of Health end Mentel Hygiene. Important: If Item 27 ie marked other than "naturel", or item—?? 106 Old Spies Church Road 19606 United States Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes ≥ Mo If Yes, Give Yeer or Dates: Wes Decedent of Hispenic Origin? (Specity Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Biack, White, etc. 1 Never Married 2 Married altimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: þ Specify. 3 ☐ Widowed 4 ☐ Divorced White Completed 15. Decedent's Education 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) Homemaker Own Home 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Leo Tyrell Frances unknown 19e. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Charles McCaw/Husband 106 Old Spies Church Rd. Reading, PA 19606 20b. Plece of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) Balt-Washington Crematory 2-26 Laurel, Maryland 21. Signature of Funeral Servica Licanses 22 Name and Address of Facility Harry H. Witzke Funeral Home, Inc. Shom a CD 4112 Old Columbia Pike Ellicott City MD 21043 23e. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dylng, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onsel and Death **Physician** /Medical Immediate Cause (Final CARDIAC ARRYTHMIA disease or condition resulting in death) Examiner Due to (or as a consequence of): Examiner The law requires that the death certificete be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initieted events resulting in death) Last Due to (or as a consequence of): Box 68760 physicien Physician/Medical the Due to (or es e consequence of): attending p P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? the signed by 1 ☐ Yaa 2 ☐ No 3 ☐ Probably 4 ☐ Unknown ALZHEIMER'S DISEASE Records, ρĄ Be Completed 24a. Was an autopsy 24b. Were autopsy findings aveilable prior to peen completion of cause of death? page 2: 1 Yes 2 □ No 1 ☐ Yes 2 ☐ No certificate Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director; to 25. Was case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 No 1 ☐ Inpatient 2 X ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Dey Year) 27. Manner of Death 1 Waturai 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 5 Pending 1 ☐ Yes 2 ☐ No Investigation 2 Accident 3 Sulcide 6 Could not be 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rurel Route Number, City or Town, State) 4 Homicide edicai 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

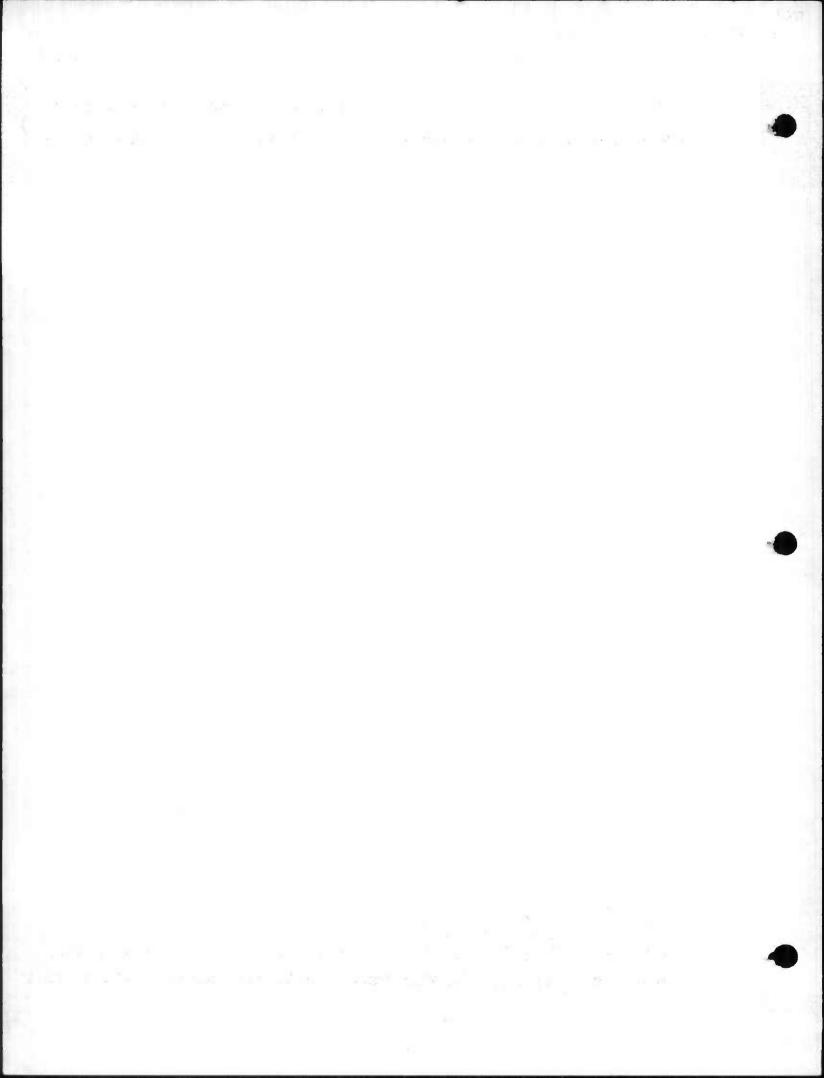
2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) 29b. Signifuse and title of certifie 29c. License number 29d. Date signed (Month, Day, Year) O.C.M.E. FEBRUARY 26,1996 oted cause of death (Item 23e) (Type, Print)

JP W 111 Penn Street, Baltimore, Maryland 21201 me and address of person who,

State Registrar 31. Date filed (Month, Dek, Year)

GOLLE

32. Registrar's Signature ali Davilson Restall



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A	The
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	UNCERTAIN OF ATTENDING DEVOICEMY. The law requires that the death certificate he executed within
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2	do
	MOCDITAL

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Fours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

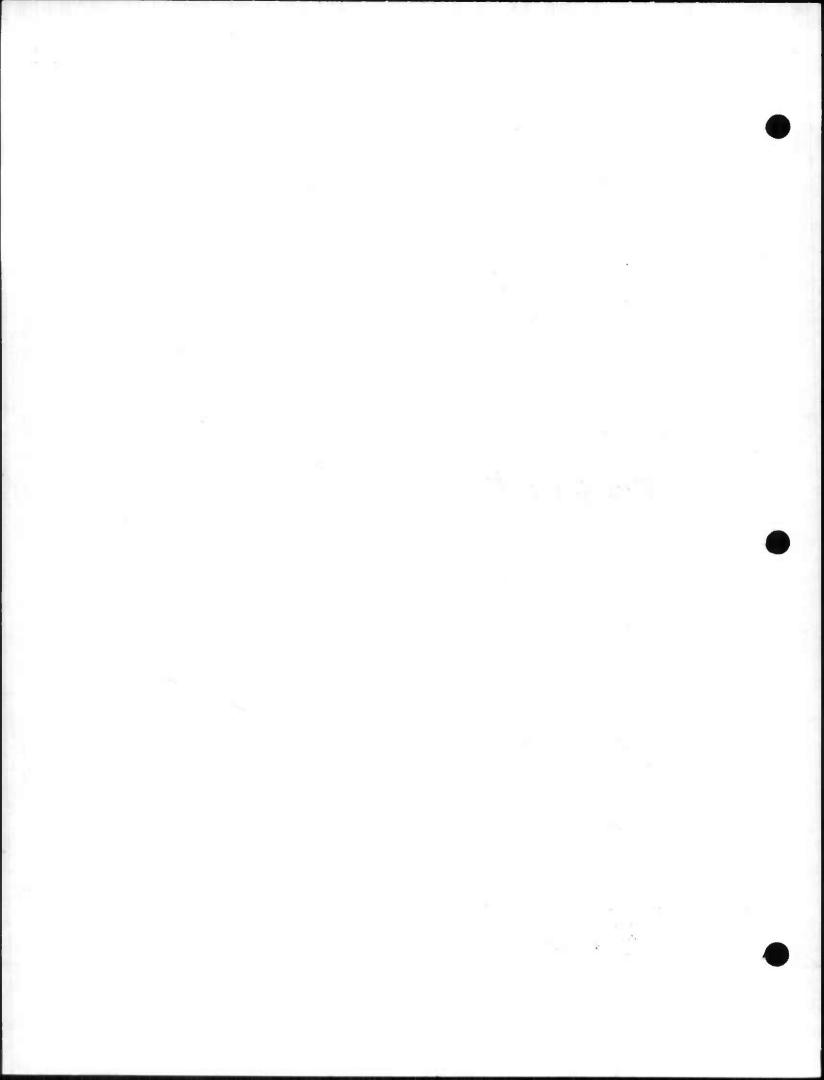
	FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH ANI	D MENTAI	L HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)		02.111.11	ATE OF BEATT	2. DATE	OF DEATH		3. TIME OF DEATN	
		Michel Na	jib Malek		Febr		22,1996	AR	
	4. SOCIAL SECURITY NUMBER 5	S. SEX 6. AGE		UNDER 1 YEAR IF UNDER 24 HRS	s. 7. DATE	OF BIRTH	8. B	IRTNPLACE (State or Foreign	
	137 - 64 - 0250	<b>⊠</b> M 2 □ F	77 YRS. MC	NTHS DAYS HOURS MIN		t 14,1	0	ountry) exas	
	9a. FACILITY NAME (If not institution, give street	et and number)		. CITY, TOWN OR LOCATION OF		0 11/1	9c. COUNTY		
DIRECTOR	Golden Oaks Nursin	ng Home		Laurel			Princ	ce George	
RE	10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCATION				10d. INSIDE CITY	
	Maryland Howard	<u>E</u>	Colu	umbia				1 X YES 2 NO	
FUNERAL	10e, STREET AND NUMBER			101. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?	
ÿ	7233 Second Time I	Lane		21046			USA		
E	11, MARITAL STATUS  1 Never Married 2 Married	2. WAS DECEDENT EVER II FORCES? 1 TYES	N U.S. ARMED	13. WAS DECENDENT OF NIS If yes, specify Cuban, Mer				RACE American Indian, Black, White, etc.	
B	3 X Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 TYES 2 NO Spi		moun, arc.,		Specify:	
	15. DECEDENT'S EDUCAT	TION	16a. DECEDENT'S US	IAL OCCUPATION			1	White	
COMPLETED	(Specify only highest grade cor	mpleted)		done during most of working	166.	KIND OF BUS	INESS/INDUSTI	TY .	
7	Grade 8	College (1-4 or 5 +)	Engineer	,	۸.	in Con	ditioni		
8	17. FATHER'S NAME (First, Middle, Lest)		Endineer	18. MOTHER'S		Aiddle Maiden		Lnq	
	Najib Malek			Helene			sorname)		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street and Number or Rus			State Zin Code	9)	
2	Philip Davies		1	cond Time Lar		·			
	20s. METNOD OF DISPOSITION	201	. PLACE AND DATE OF C		DATE		ATION - City of		
	1 Donation 5 Other (Specify)	I from State cem	etro Crema	atory, Inc.	2/2			le, Maryland	
	21. SIGNATURE OF NUMERAL SERVICE LICEN	11	COLO OLCIN	22. NAME AND ADDRESS OF	FACILITY			ie/ Maryland	
	► 8 11.140 C	1//		Donaldson Fu					
$\neg$	23. PART L Enter the disease, or con	nolications that cause	the death. Do not	313 Talbott	Ave. I	Laurel	, Mary		
	Shock of heart fellure. Lis	t only one cause on e	ech ilne.	enter the mode of dying, s	uch as card	nec or reepir	atory arrest,	Approximate interval Between	
	IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  - Amystropic Interest Sclerus:  - Due to for as a consequence op:  - Due to for as a consequence op:								
ŀ	resulting in deeth) e	DUE TO OR AS	CONSEQUENCE OF	ela selei	nes			8 MOS	
-		000 10 (011 70 7	CONSCOULINGE OF).						
Ö	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):						
₹ I	cause. Enter UNDERLYING								
Ē	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):						
CERTIFICATION	resulting in death) LAST								
	PART il. Other significent conditions of	contributing to death h	ust not moultime in t	ha wada tulaa assa atsa	(- B /		T		
CAL	TATT II. OTHER SIGNATURE CONDITIONS C	onthouting to death b	ut not resulting in t	ne underlying ceuse given	in Part I.	24a. WAS AN A PERFORI		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
						1 TYES 24	No	OF DEATH?	
Σ	DID TODA CCO LICE CONTENT							1 [] YES 2 [] NO	
BY PHYSICIAN: MEDIC	DID TOBACCO USE CONTRIE  25. WAS CASE REFERRED TO MEDICAL	JUIE TO CAUSE O	26. PLACE OF DEATH		AIN-LAIN				
2	EXAMINER?	IOSPITAL:	0	THEB:					
¥ I	27. MANNER OF DEATN	28a. DATE OF INJURY	28b, TIME O	F 28c. INJURY AT	7	-			
-	1 Netural 5 Pending	(Month, Day, Year)	INJURY		280, DE\$	CRIBE NOW IN	JURY OCCURE		
	2 Accident Investigation 3 Suicide B Could not be	28a. PLACE OF INJURY	— At home, farm, atres		281 1 0 0 4	LTION /Street as	ad Mumber or Dr	iral Route Number,	
	4 Homicide 8 Could not be	building, atc. (Spec	cify)			or Town, State)	TO THOMPON OF THE	ser nobie ramos,	
9	29a. CERTIFIER	N. To the heat of a best							
COMPLET				t the time, data and place, and on my opinion, death occured at t					
						and place, and			
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	nD		29c. LICENSE N	UMBER //		29d. DATE SIG	NED (Month, Day, Year)	
ဝ	30, NAME AND ADDRESS OF PERSON WNO C	OMPLETED CAUSE OF DE	ATN //TEAL DT /T	1115	4 1/6	/	04/	+3/76	
	ANDREW KUNPA			Enny ca-	٦٤,	LAU.	nec,	Mp. 2070)	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN			/				
	FEB <b>2 6</b> 1996	Falia David	was Rawfall						

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DIVISION OF VITAL RECORDS, P.O. B	
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DING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	death with the State Dept, of Health and Memtal Hygiene prior to burial, cremation, or removal.	s marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
IG PHYSICIAN: The	ter this certificate ha	ath with the State De	narked, or item 2
DI THE HOSPITAL OR ATTENDING PHYSIC	IN THE FUNERAL DIRECTOR: After this cen	in 72 hours after de	MPORTANT: If item 28 is marked,
四五五四	THE FUN	e filed with	MPORTAN

	FOR	STATE OF MA					MENTAL HYGIEN	E	01012	
	1. DECEDENT'S NAME (First, Middle, Last)				ATE OF	DEATH	REG. NO.  2. DATE OF DEATH MONTH D	W YEAR	3. TIME OF DEATH	
- 1	EARL F	DWARD 5. SEX 6.	MADA AGE (In yrs. les		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	23 1996	10:34 A <sup>M</sup>	
	214-05-9927 Se. FACILITY NAME (If not institution, give st	15€X M 2 ☐ F	90	YRS.	DAYS	HOURS MIN.	FEB 16 19	06 6	RTHPLACE (State or Foreign untry) MARYLAND	
OR	SACRED HEART HOS				CUMBE		EATH	ALLEGA		
ភ្ជ	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY	,		Inc CITY 1	OWN OR LOC	ITION			10d. INSIDE CITY	
DIRECTOR	MARYLAND AL	LEGANY			MBERLA	ND			LIMITS?	
\$	10a. STREET AND NUMBER 115 DECATUR STRE	E C			,	of. ZIP CODE		72	F WHAT COUNTRY?	
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married  XX Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1   IF YES, GIVE WAR		MED IO	If yea, s		NIC ORIGIN? (Specify Yea an, Puarto Rican, etc.)	8	A.  ACE — American Indian, lack, Whita, atc.  Pecify: WHITE	
3	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DE	CEDENT'S US	UAL OCCUPAT	ION	16b. KIND OF BUS			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	RAIL	etired.)	iost or working	TELEGRA	PH OPER	ATOR	
	17. FATHER'S NAME (First, Middle, Lest) FRANK MADARY						AME (First, Middle, Meiden E ROUT	Surname)		
H N	19a. INFORMANT'S NAME (Type/Print)		191	b. MAILING AL	DRESS (Street		Route Number, City or Tow	n. State. Zip Code	)	
2	TOMLA ANN MERKEL		5	50 N.	MECHA	CHANIC STREET CUMBERLAND MARYLAND 21502				
	29a. METHOD OF DISPOSITION 1 Burial 2XXCremation 3 Remo	oval from State	CAMPLACE /	MADDATE OF I	OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State					
- 1	1 Burial 2XXCremation 3 Removal from State 4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY									
1	Dale L. 1	Veritt	_		MERRI	TT-ADAMS	FUNERAL HO		dia ive	
	23. PART I. Enter the diseases, or cahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one causa	on aach lina	).				ratory arraat,	Approximata interval Between Onset and Death	
CENTIFICATION	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST  a. VENTA CLUAR TA CHTY CARDÍO  DUE TO (OR AS A CONSEQUENCE OF):  LOS ONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
rnisician: medicae	CHRONIC LUNG DISCASG-, do AGC. 1 YES 2 DATE OF							24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 WO		
ž I	DID TOBACCO USE CONTI	KIBUTE TO CAU.			(Check only on					
١	EXAMINER?	HOSPITAL:	Differentiant 2	[] post	THER:					
Ĕ	27. MANNER OF DEATH	28a. DATE OF IN.		28b. TIME (		ma 5 ∐ Realdenca	6 Other (Specify)  26d. DESCRIBE HOW	NJURY OCCUPE	)	
	1 Natural 5 Pending 2 Accident Investigation	(Month, Day,	Year)	INJUR	M 1 _	YES 2 NO	200. 02001102 11011	MOONT GOODNE		
3	3 Suicide 6 Could not be determined	26s. PLACE OF II building, etc	NJURY — At he : (Specify)	eme, farm, atri	et, fectory, off	lca	28f. LOCATION (Street City or Town, State)		rel Route Number,	
COMPLE	1011011 0111						n to the cause(a) and ma time, data and place, ar		se(a) and manner as stated.	
M I	29b. SIGNATURE AND TITLE OF CERTIFIES	1 130	ny	Mi	0	29c. LICENSE NU	334 - D	Fe b	NED (Month, Day, Year)  23 (95  33 1 1 1 1 2 2 1 1 3 2 2 1 1 3 2 2 1 1 3 2 2 1 1 3 2 2 1 1 3 2 2 1 1 3 2 2 1 3 2 2 2 1 3 2 2 2 2	
III	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE	OF DEATH (ITE	M 27) (Type, P	rint)			(	23 2 17100	
2	D.B. SHAM, M	· D · 20,	Johnsa	h Heig	et Ma	ed, Blog	., Cumbar	land,	MO 21182	

DHMH-16 Rav 1/89



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

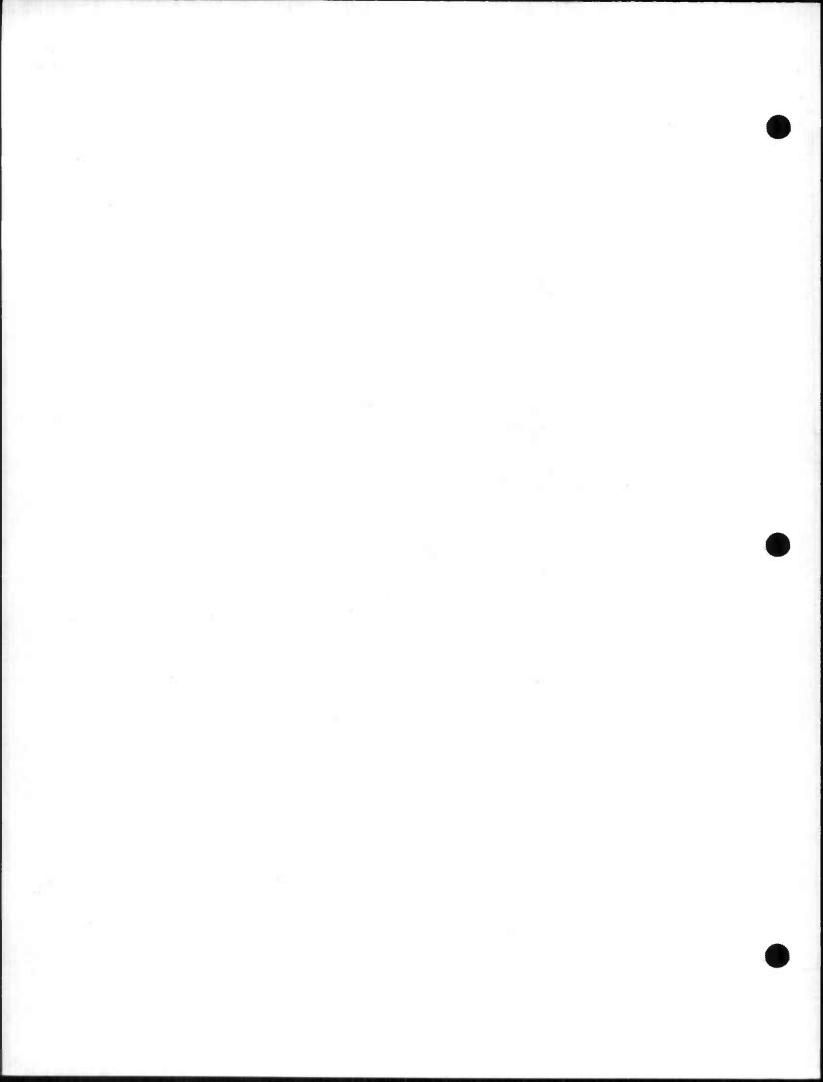
IMPORTANT: If tem 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR
1. DECEDENT'S NAME (FI
JOHN
4. SOCIAL SECURITY NU
214-07-1682
9e. FACILITY NAME (If no
SACRED HEA
RESIDENCE OF D
10e. STATE
MARYLAND
10e. STREET AND NUMBE
15127 TRAII
11. MARITAL STATUS
1 Never Married 2
3 Widowed 4 D

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First						2. DATE OF DEATH MONTH DAY YEAR				3. TIME OF DEATH					
JOHN	THO	MAS		MORE	RIS	SR.					FEBRUARY 27, 1996			1996	6:30 Am
4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE	(In yrs. las	t birthday)		DER 1 YEAR		-	4 HRS.	7. DA	TE OF BIRTN		8. BIRT	HPLACE (State or Foreign
214-07-1682		1 M 2 F	79	9	YRS.	MONTH	DAY	8 HOUF	18	MIN.	NO	V 20 19	916		W.VA.
9e. FACILITY NAME (If not in	nstitution, give s	treet and number)				9b. CI	b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEA						DEATH		
SACRED HEAD		PITAL				CU	CUMBERLAND ALLEGANY						ANY		
10e. STATE	10b. COUNT	Y			10c. CIT	ry, Town	N OR LO	CATION		_					10d. INSIDE CITY
MARYLAND	ATTI	EGANY					ERLA								LIMITS?
10e. STREET AND NUMBER		EGANI				OFIDE		101. ZIP C	ODE				10a CI	TIZEN OF	WHAT COUNTRY?
15127 TRAIL	DIDCE	ROAD S.V	Ť					21						. S . A	
1) IZ/ IKALL  11. MARITAL STATUS	KIDGE	12. WAS DECEDED	IT EVER I	NUS AR	MED	1	13 WAS D				MIC OBI	OIN? (Specify Yes			E — American Indian.
1 Never Married 2	Married	FORCES? 1	YES	2 1	10		If yes,	specify C	uban,	, Mexica	in, Puer	to Ricen, atc.)	01110	Blac	k, White, etc.
3 □ Widowed 4 □ Divorced IF YES, GIVE WAR OR DATES 1 □ YES NO Specify: WHITE										WHITE					
	CEDENT'S EDU				CEDENT'S				م ما را م			16b. KIND OF BUS	SINESS/IN	DUSTRY	
Elementary/Secondery (		College (1-4 or 5	+)	iife.	Do NOT u	ise retired	d.)	most of w	orning	1					
	12+ 4	4		A.B	.L. 1	HERO	CULE	SIN	С.			PROPELL	ANT 1	MANU	FACTURING
17. FATNER'S NAME (First, A	Aiddle, Last)					115		18, N	OTN	ER'S NA	ME (Fire	st, Middle, Maiden	Surname)		
WILLIAM RU	SSELL N	MORRIS						E	UG	ENI	A D	EETS			
190. INFORMANT'S NAME (	Type/Print)			198	b. MAILING	G ADDRE	ESS (Stree	et and Nur	nber c	or Rural F	Route N	umber, City or Tow	n, Stets, Z	ip Code)	
KAMILLA MO	RRIS	S. St. 10		1:	5127	TRA	AIL	RIDG	E	ROAI	D S	.W. CUM	BERL	AND 1	MARYLAND
20e. METHOD OF DISPOSIT		oval from Stata			AND DATE										own, State
4 Donation 5 Othe	r (Specify)		C	UMBE	RLAN	_						1996 C	UMBE	RLAN	D MARYLAND
21. SIGNATURE OF FUNER	AL SERVICE L	VI SEE	>				22. NAME AND ADDRESS OF FACILITY MERRITT-ADAMS FUNERAL HOME								
Dale	2. 11	DIND				404 DECATUR STREET CUMBERLAND MARYLAND						ARYLAND			
23. PART I. Enter the c	lisesses, or	complications the	t ceuse	d the de	ath. Do										Approximate
ehock, or i		Liet only one cer	use on e	eech line	).				0		. ^				Interval Between Onset and Death
diseese or condition	1101	( Or	die	2	1. Dans trans to il sure							Bulana			
resulting in death)		DUE TO	(OR AS	A OPNSE	DUENCE C	PF):	1100	7		100		200			- 1000
		PI	0 00	sch	ATA	F	- 1	nos	بذ	0	+				12gears
Sequentially list condi- if any, leading to imme		DUE TO	(OR AS	A CONSE	DUENCE	F) A	re.	0	۸.			0 -	_		10
cause. Enter UNDERLY CAUSE (Disease or Inj	ING	a Ar	le	rio	och	protie Cardiovosculos				No De	000	20	12 years		
thet initieted events		DUE TO	(OR AS	A CONSE	DUENCE C	F):									1
resulting in death) LAS	ST	d						_							
PART II. Other signific	ant condition	ne contributing to	death I	but not i	eeulting	In the	underly	vina ceu	se al	lven In	Part I	24a. WAS AN	AUTOPSY	24	b. WERE AUTOPSY FINDINGS
	Dia			lli								PERFOR	MED		AVAILABLE PRIOR TO COMPLETION OF CAUSE
	W.C.	<u> </u>	1.00		,,,,,							1 TYES 2	M NO		OF DEATH?
DID TOBACCO U	ISE CONT	DIDLITE TO CA	IICE (	SE DEA	TLI V	EC [	1 NO	17 III	NC	ERTAII	N D				t   YES 2   NO
25. WAS CASE REFERRED		KIBUIE IO CA	AUSE C		E OF DE				VCI	EKIAII	14 L	63			
EXAMINER?	O MEDIONE	HOSPITAL:	- ED/O			ОТН	IER:				~ 0 -				
27. MANNER OF DEATN		28a. DATE O		рания з	28b. TII		1	INJURY A		ildence		ther (Specify) DESCRIBE NOW I	NJURY O	CCURED	
1 Natural 5	Pending		Day, Year)			JURY		WORK?		МО	100			0001120	
2 Accident 3 Suicida	Investigation	26e. PLACE	OF INJUR	Y — At ho	me, term.	street, 1				-	26t. I	OCATION (Street)	and Numb	er or Rural	Route Number
4 Homicide	Could not be datermined	building	, etc. (Spe	ecify)			,,,,,					City or Town, State)			
29e. CERTIFIER	TIFYING DAVE	ICIAN: To the best o	f my kee	ulados d	ath con-	red at the	no time	tota and -	lanc	and di-	to th-	coupole) and co-		etad	
and and															(s) end manner as stated.
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296. SIGNATURE AND TITE	) ()	The same	Va	n	2			29c.	LICE	NSE NUI	NEER				D (Month, Day, Year)
30. NAME AND ADDRESS O	DE DEBEUM MY	O COMPLETED PA	DE DE D	EATH OTE	M 270 /E-	a Deimal		1	11	44	は		r F	EBRU	AKY JAG
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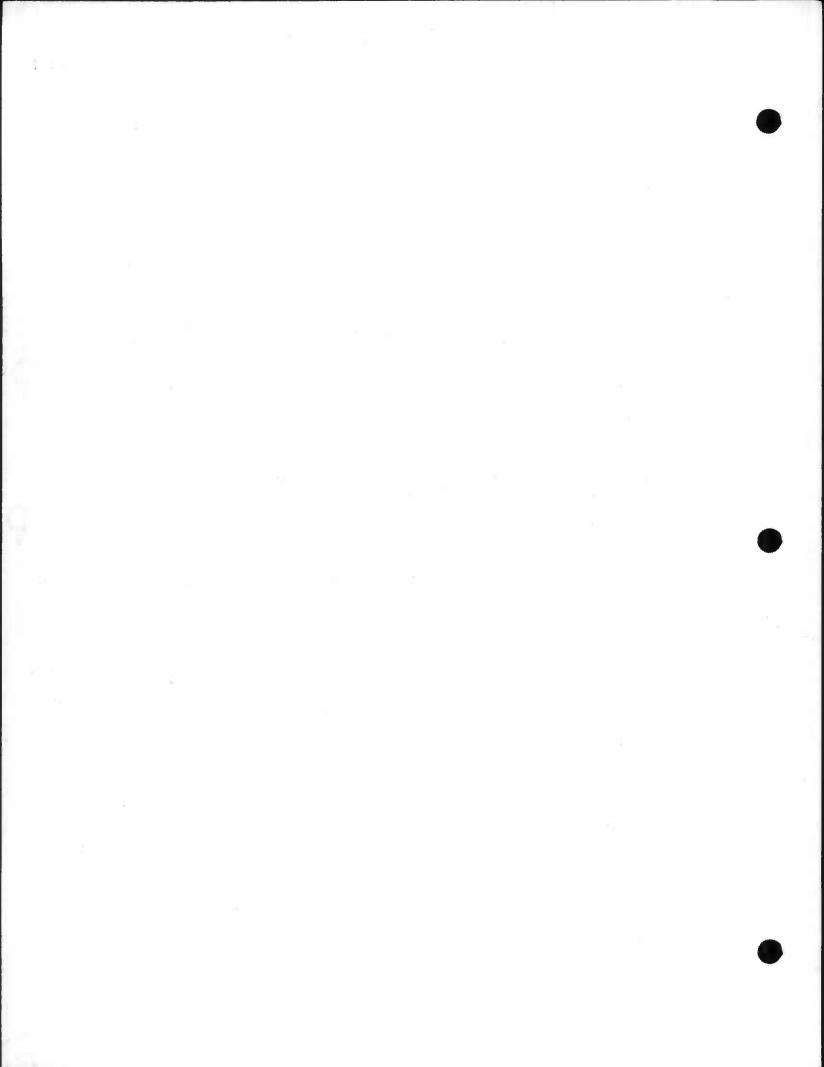




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A ATTENDING PHYSICIAN; The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the h	RECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be deta	
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		1 - FOR STATE REGISTRAR	STATE OF MARYL	AND /	DEPARTM RTIFICA	ENT OF I	HEALTH AND	MENTAL HYGIE		0 0 10 1 4		
		1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATN		3. TIME OF DEATN		
		Lorraine Woods M	iller					February	15,199	96 11:30 D M		
	١.,	4. SOCIAL SECURITY NUMBER		(In yrs. lest	MONT	NDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTNPLACE (State or Foreign Country)		
PIN		232-28-5560		2	YRS.			Jan. 22,1		West Virginia		
3 should	Œ	90. FACILITY NAME (If not institution, give					OR LOCATION OF D			TY OF DEATN		
.2	5	Calvert County No	ursing Center		I P	rince	Frederi	CK	Calv	rert		
	DIRECTOR	10e. STATE 10b. COUN			10c. CITY, TO	WN OR LOCA	TION			10d. INSIDE CITY LIMITS?		
permit, Pages			legany Cumberland							1 X YES 2 □ NO		
	FUNERAL	100. STREET AND NUMBER  628 Frederick Str	root			10	Y. ZIP CODE			EN OF WHAT COUNTRY?		
020 physician. burial-transit	N.	11. MARITAL STATUS	12. WAS DECEDENT EVER II	N U.S. ARI	MED	13 WAS DE	21502	NIC ORIGIN? (Specify )		J.S.A.		
020 physi		1 Never Married 2 Married	FORCES? 1 YES	2 X N		If yes, sp	pecify Cuben, Mexic	an, Puerto Rican, etc.)	W 01 NO -	14. RACE — American Indian, Black, White, etc. Specify:		
1215-0020 or attending physician. r use as the burial-tran	Э ВУ	3 X Widowed 4 Divorced	CONTRACTOR CONTRACTOR							White		
121 or afte	ETED	15. DECEDENT'S EDI (Specify only highest grad	e completed)	(Gh	CEDENT'S USUA ve kind of work of Do NOT use retir	lone during me	ON ost of working	16b, KIND OF B	USINESS/INDU	ISTRY		
D 2	PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)		omemak			Own Ho	ome	-		
YLAN by the hos be detach at once.	COMPL	17. FATNER'S NAME (First, Middle, Last)		18. MOTNER'S N	AME (First, Middle, Meide							
YL Dy th	BE C	Major L. Woods			e (Rogers)							
MARYLAND 21215-0020 retained by the hospital or attending physic 5 should be detached for use as the burial notified at once.	TO B	19e. INFORMANT'S NAME (Type/Print)			Route Number, City or To							
E, N age 5		Rita V. Mower						Cumberland				
OR 6 maj ctor, p		20e_METHOD OF DISPOSITION 1	noval from State 20b	PLACEA etery, cren	ND DATE OF DIS natory or other pl et Memo	POSITION (N.	Boxls			ity or Town, State		
Page al dire		21. SIGNATURE OF FUNERAL SERVICE L		27	Ma T	22. NAME A	ND ADDRESS OF FA	ACILITY	Cumber	land, Maryland		
BALTIMORE, MARYLAND 2 rours after death. Page 6 may be retained by the hospital of in by the funeral director, page 5 should be detached to or removal. medical examiner must be netified at once.		1 William	1790	919	#	_	nt Funera		0 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
B. nours after or removal		23. PART i. Enter the diseases, or	complications that caused	tha dea	ith. Do not as	ntar the mo	oda of dying, suc	ch aa cardiac or rea	piratory arre	erland Md.21502		
		shock, or haert failure. iMMEDIATE CAUSE (Final	List only one cause on &	ach lina.						interval Between		
within 24 within 24 cremation,		disease or condition resulting in death)	C.0	. P.	1.		Cordi	all of	solu			
68760 executed within 24 hours aft and completely filled in by o burlal, cremation, or remo matic event, the medica			DUE TO (OR AS A	CONSEQ	UENCE OF):			COLUMB	1010	0		
68 and and bur	NO.	Sequentielly liet conditions,	b. DUE TO (OR AS A	CONSEC	HENCE OFF	1211	wa	onto	esti.	3300		
3OX te be sician prior t	CAT	if any, leading to immediate cause. Enter UNDERLYING								104.		
O. E ertifica ng phy giene offher	IFI	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	DUE TO (OR AS A CONSEQUENCE OF):								
	CERTIFICATION	resulting in death) LAST	d									
We we	AL C	PART II. Other aignificant condition	na contributing to death b	ut not re	euiting in the	undarlyin	g cause given in		N AUTOPSY	24b. WERE AUTOPSY FINDINGS		
T ** D * -	EDIC/							1 _ YES	2 NO	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
M. RECOR w requires that been signed b pt. of Health ar	Σ									1 PES 2 NO		
L law	ä	DID TOBACCO USE CONT			_		UNCERTAL	N 🗆				
	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OF DEATH (Ch	IER:						
11 일 등부 기	HYS	1 YES 2 NO  27. MANNER OF DEATH	1 Inpatient 2 ER/Outp	atlent 3	28b. TIME OF		IURY AT	8 Other (Specify)	I II II III OOO			
NG PHYSIC frer this cer marked, o		1 Netural 5 Pending	(Month, Day, Year)	ŀ	INJURY	WC	ORK? YES 2 NO	28d. DEŞCRIBE NOW	INJURY OCCU	JRED		
VISION ATTENDING ECTOR: After s after death	D BY	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, atc. (Spec	— At hon	ne, ferm, street,			28f. LOCATION (Street	t and Number o	r Rural Route Number,		
DIVISION OR ATTENDING I DIRECTOR: After hours after death item 28 is man	ETE	4 Nomicide determined	, and topos	,,,				City or Town, Stet	"			
DIV AL OR A AL DIREC 2 hours if item	COMPLET	29a. CERTIFIER (Check only one)	ICIAN: To the best of my knowl	edge, das	th occurred at t	he time, date	and place, and due	to the cause(e) end m	enner se stated	i,		
OSPIT UNERV Ithin 7	Ö	2 MEDICAL EXAMIN		and/or in	westigation, in a	my opinion, d	leath occured at the	time, data end placa, a	and due to the	cause(e) and manner as stated.		
TO THE HOSPITAL (TO THE FUNEFAL EDE filed within 72 h	BE (	29b. SIGNATURE AND TITLE OF CERTIFIE		,	2-13.	c l	29c. LICENSE NU	MBER	29d. DATE	SIGNED (Month, Day, Year)		
P 2 2 3	5	30. NAME AND ADDRESS OF PERSON WI	IO COMPLETED ONICE OF THE	4	-	95	D03077					
5		Dr. Issam Damalo				Rd. Pi	rince Fr	ederick M	[arv1ar	nd 20678		
160		31. DATE FILED (Month, Day, Year)	3 BEGISTRAD'S SIGN	ATOME .	. 61			Table I.	y 1 a 1	20070		
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Amendal # 100, 3/4/96, M.S., allegany Co,

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR

REGISTRAR

- 1	1. DECEDENT'S HAME (First, Middle, Las	н.								2. DATE OF DEATH MONTH DAY YEAR			3. TIME OF DEATH
	William  4. SOCIAL SECURITY HUMBER	6. AGE (In yrs. In	TO A STATE OF THE PROPERTY OF						Feb. 28, 1996			5:30 P.  PLACE (State or Foreign	
	217-10-4002	5. SEX		MONTHS DAYS HOURS			-	MIN.	(Month, Day, Year)			Countr	y)
	Da. FACILITY HAME (If not institution, giv	31	80	9b. CITY, TOWN OR LOCATION OF DEATH					Tune	7,191	5	Mar	vland EATH
œ	Egle Nursing H				Lona			UN OF DE	AIR		Alleg		EATH
5	RESIDENCE OF DECEDENT				LOLIC						rrreg	arry	
DIRECTOR	Maryland AII	egany		100	Y, TOWN O						THE .		10d. INSIDE CITY LIMITS?
-		-87		L	onaco	min	g						TXXYES 2 - NO
FUNERAL	10e. STREET AND HUMBER		3.1	101. ZIP CODE						10g. CITIZEN OF			
NE	12 Union St Str						2153					US	
F	11. MARITAL STATUS  1   Hever Married 2  Married	FORCES? 1	HT EVER IH U.S. AI	HO	13. \	WAS DEC	ENOENT O	OF HISPAI In, Mexica	HC ORIGIN?	Specify Yes an, etc.)	or Ho—	14. RACE Black	— American Indian, c, Whita, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE Y	WAR OR DATES		1	☐ YES	2 HO	Specify	<b>/</b> :			Speci	White
ED as	15. DECEDENT'S E		16a. D	ECEDENT'S	USUAL OC	CUPATIO	ЭН		16b, K	IND OF BU	SINESS/INOL		
	(Specify only highest gri Elementary/Secondary (0-12)	(0	Give kind of the Do NOT up	work done o se retired.)	luring mo	st of worldn	79		Text				
APL	12	College (1-4 or 5				Labor					тте		
COMPL	17. FATHER'S HAME (First, Middle, Last)						18. MOTH	HER'S HA	ME (First, Mic	dle, Maiden	Sumame)		
ш	David Murphy					Myı	rtle	Smit	h				
TO B	19a. INFORMANT'S HAME (Type/Print)				G ADDRESS (Street and Number or Rural Route								
-	Wm. H. Murphy		F	30x 10	01, E	art	on, Mo	d. 2	1521				
	20a. METHOD OF DISPOSITION  1 Description 2 Comments 3 Recognition 3 Rec	amoval from State	20b. PLACE	AHD DATE	OF DISPOS	TION (No	ame of		DATE	20c. LO	CATIOH C	ity or To	wn, Stata
	4 Donation 6 Other (Specify)		Sunse	et Mer	n. Pa	rk	March	12,	1996	Cum	berla	nd,	Md.
	21. SIGNATURE OF FUHERAL SERVICE	LICENSÉE -			22, 1	NAME A	NO AODRES	SS OF FA	CILITY				
	Eichhorn-McKenzie Funeral Home onaconing Md. 21539  23. PASTI. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,												
	resulting in death)	DUE TO	COR AS A CONSE	EOUENCE O	F):	ere	and	300					1129
TIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	oue to	O (OR AS A CONSE	EQUENCE O	F):								1124
ICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	O (OR AS A CONSE	EQUENCE O	r): r):				Part I. 2	4a, WAS AN	RMED?	246.	WERE AUTOPSY FININ AMAILABLE PRIOR TO COMPLETION OF CA
MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b	O (OR AS A CONSE	EQUENCE O	F):				Part I. 2		RMED?	246.	WERE AUTOPSY FINE AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?
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3. TIME OF OEATN

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FOR STATE REGISTRAR

1 DECEDENT'S NAME (First Middle Lest)

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Mc MAHON 4 96 6.0 JUSEPH lohN Feb 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign Country) 7. DATE OF BIRTH (Month, Day, Year 65 DAVE HOURS 1 🔯 M 2 🗌 F 078-32-9992 Aug. 13,1930 Canada Pages 1, 2, 3 should Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR Silver Spring Holy Cross Hospital Montgomery RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Silver Spring 1 YES 2 X NO use as the burial-transit permit. 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 12805 Valleywood Drive 20906 USA 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yea, specify Cuban, Mexican, Puario Rican, atc.)

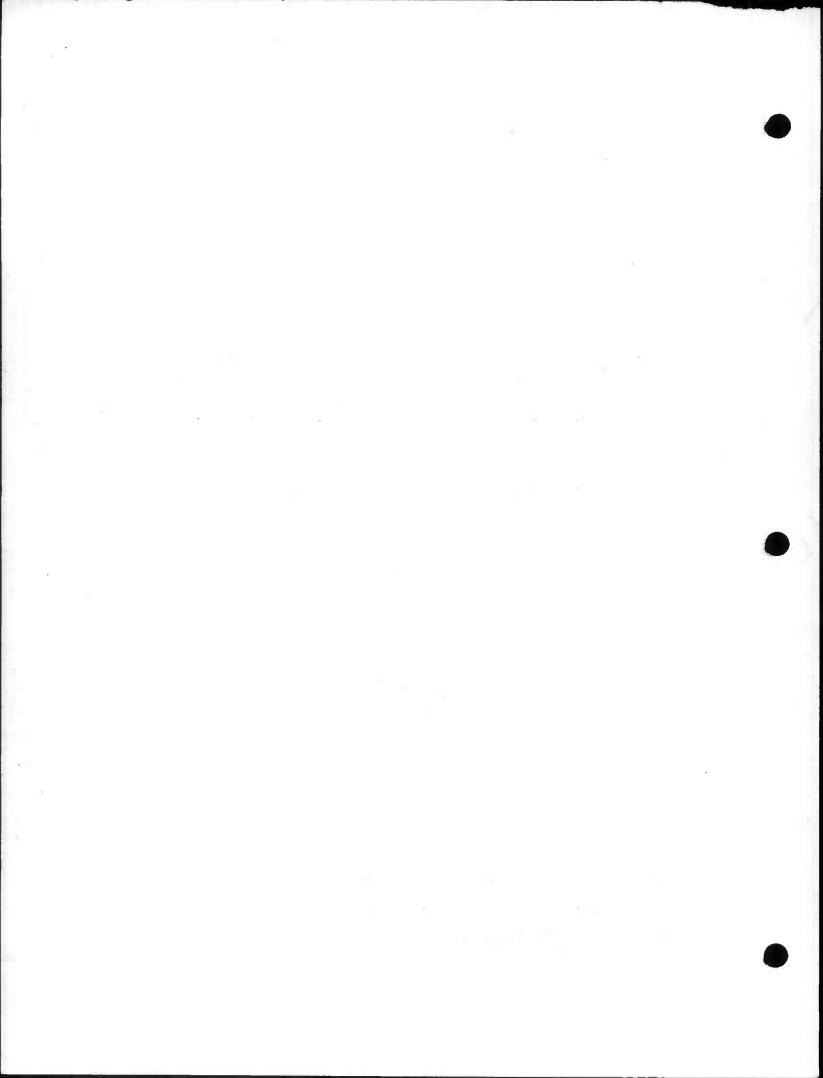
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 X NO 1 Never Married 2 X Married Specify BY 3 Widowed 4 Divorced White 60 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) (Give kind of work done life. Do NOT use retired.) E Q Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 12 Driver Western Union funeral director, page 5 should be detached 17, FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 76 Agnes Unknown Unknown notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Winifred M. McMahon 12805 Valleywood Drive, Wheaton, MD 20906 pe 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE 20s. METHOD OF DISPOSITION

1 St Burlel 2 Cremetion 3 Removal from State
4 Donelion 5 Other (Specify) must Gate of Heaven Cemetery 3/1/96 Silver Spring, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Francis J. Collins Funeral Home, Inc. 20901 ole. 2 comos 500 University Blvd.W., Silver Spring, MD 23. PART I. Enfer the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, ehock, or heart feliure. List only one ceuse on each line. filled in by the medical interval Batween 6 Onset and Death IMMEDIATE CAUSE (Fine) other traumatic event, the cremation, disease or condition\_ Sepsis 4 days completely resulting in death) DUE TO (OR AS A CONSEQUENCE OF): executed bunial, Week and CERTIFICATION Sequentially list conditions, Hygiene prior to If any, leading to immediate cause. Enter UNDERLYING physician eriphetal vancular disease DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Diseese or injury that initiated eventa attending resulting in death) LAST 0 the atten PART ii. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS Signed by the PERFORMED? AWAIL ARLE PRIOR TO Chronic obstructive pulmonary disease, severe that any COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO requires 23 shows dependent diabetes mellitus 1 \_ YES 2 \_ NO been x. of DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: Dept. WE certificate has 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Ch Item State HOSPITAL:
1'S inpatient 2 - ER/Outpatient 3 - DOA OTHER: 1 YES 2 NO PHYSICIAN: 4 Nursing Home 5 Residence 8 Other (Specify) 0 the 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCUREO marked, this c 1 Natural
2 Accident
3 Suicide 5 Pending investigation 1 YES 2 NO death BY OR ATTENDING After 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 60 ETED 8 Could not be DIRECTOR: after 4 Homicide 28 hours tem 29a. CERTIFIER
(Check only one)

2 MEDICAL EXAMINED: On the best of my knowledge, death occurred at the time, data and piece, and due to the cause(s) and menner as stated. COMPL TO THE HOSPITAL OF THE FUNERAL DE FILE WITHIN 72 HO 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the ceuse(s) and manner as stated. 29d. DATE SIGNED (Month, Day, Year) Kenton Toony In M) Internal Medicinal Modicina to completed cause of Death (ITEM 27) (Typo, Print) D08695 0 GEORGE S. KENTON MD 10620 GEORGIA AVE SILVER BPRING MD 31. OATE FILEO (MONTO Day, Voar)
MAR 01 1996 32. REGISTRAR'S SIGNATURE **DHMH-16 Ray 1/89** 

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

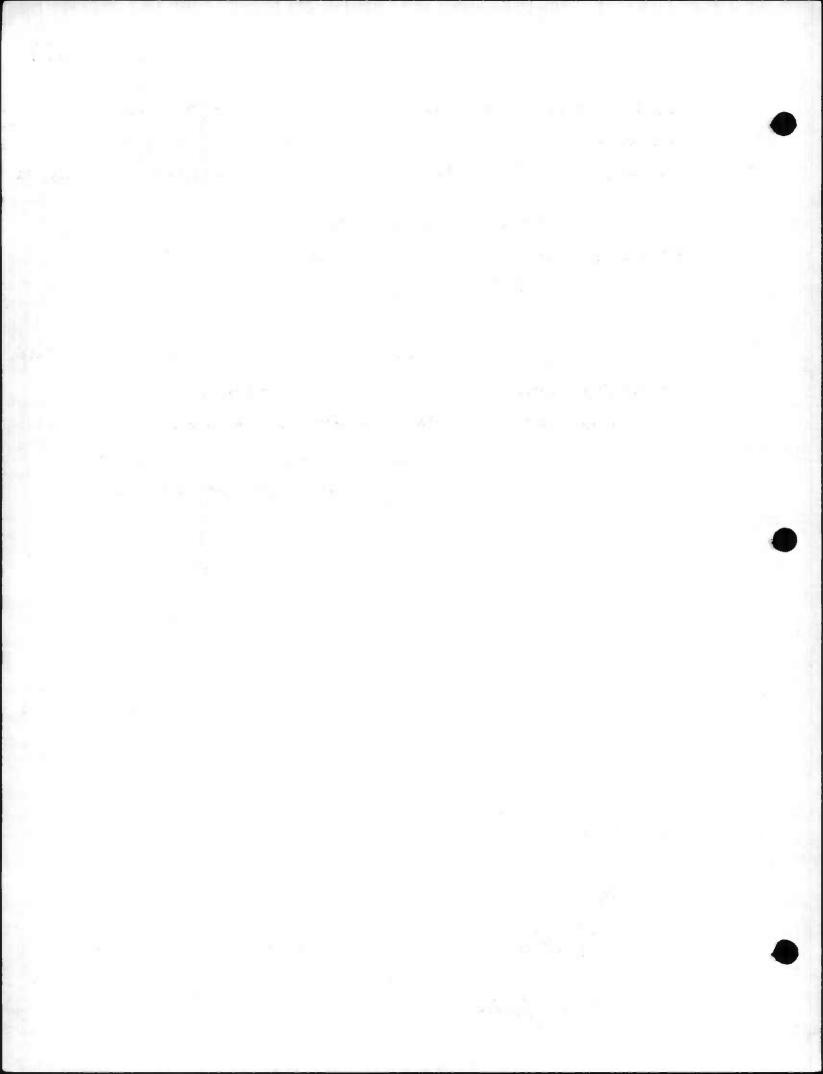
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or 28		Director	10e. Street and Numbar					10f. Zip Code				10g. Citizan of	What Coun	try?		
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altimore,	permit. Pages 1 and 2 should be filed within Department of Haelth and Mental Hyglans. Important: If item 27 is merked other than 'any Injury or other traumatic event, tra Meones.		21. Signature of Funeral Sarvice Lice	·· /	110	стор	_	ame end Add			71750	Alexand	IIa,	VA		
ä	Depa Impor any Ir		St. AS	7- 1			Fra	ncis .	J. Col	lins	Funera	1 Home,	Inc.			
	_		23a. Part 1. Enter tha disaese, or complications thet caused the deeth. Do not antar the mode of dying, such es cardiec or respiretory arrest, shock, or heart failure. List only one cause on each line.  500 University Blvd.W. Silver Spring, MD Approximation of the caused the deeth. Do not antar the mode of dying, such es cardiec or respiretory arrest, interval.													
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2	of or Attend after death Director: /	Certification:	4 Homicide datermina	28a. Plece of building.	, atc. (Speci	ty)	n, onout,	idolory, omo				wn, Stata)	0, 1,0,2			
	To the Hospital or Attending within 24 hours after death.  To the Funeral Director: After completely filled in by the fune	edicai C	Medical Exa	hysician: To the be	s of examina	owiedga, o	daath oc	curred et tha igation, in my	tima, data ar	nd placa, ath occur	and dua to tha	causa(s) and m	annar as st	ated. tha causa(s)		
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			30. Name and address of person who	Complated causa of AYMONS	of daeth (Iter	m 23a) (T	ype, Prin	nt)	30. 1	-	1.	lock and	(a. 10	1 2	01	
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Registrar

MAR 01 1996



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death Month Year **Physician** 1996 Aileen Matthews February 27 4:20 PM /Medical 4a. Facility Nama (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 15416 Bramblewood Drive Silver Spring Montgomery 5. Social Security Number If Undar 1 Yaar | If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) 7. Aga (In yrs. last birthday) Birthpiaca (Stata or Foreign Country) 1 ☐ M 2 🖾 F Months Days Hours Yrs. 482-09-8316 77 March 3, 1918 Iowa Usual Residence of Decedant 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 ☐ Yas 2 ☑ No Director Maryland Montgomery Silver Spring 10e. Street and Number 10f. Zlp Coda 10g. Citizan of What Country? 15416 Bramblewood Drive 20906 USA Funeral 12. Was Dacedant Evar in U,S. Armed Forces? Was Dacedent of Hispanic Origin? (Specify Yas or No If Yas, specify Cuban, Maxican, Puarto Rican, atc.) Race - Amarican Indian, Black, Whita, atc. Armed Forces?

1 ☐ Yas 2 ☑ No

If Yas, Giva

Yaar or Datas: 1 Nevar Married 2 Married White 1 Yas 2₺ No Specify: Be Completed by 3 Nidowed 4 Divorced 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15, Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Coilega (1-4or 5+) Elamantary/Secondary (0-12) Assistant to Dean Education 17. Fethar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maidan Surnama) Stanley Grant Matthews Minnie Bowers 2 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Rodi L. N. Kadin 19011 Osage Drive, Boonsboro, MD 21713 20b. Place of Disposition (Nama of cematary, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 Burial 2 Cramation 3 Removal from Stata 4 ☐ Donation 5 ☐ Othar (Specify) 3/1/96 Lakemont Memorial Park Davidsonville, MD 22. Nama and Addrass of Facility 21. Signatura of Funeral Sarvice Licansas Francis J. Collins Funeral Home, Inc. 500 University Blvd.W. Silver Spring, MD 20901 comos 23a. Part1. Enter the diseasa, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximata Intarvai Batween Onsat and Death Immediate Causa (Final disaasa or condition rasulting in death) 3 Months Metastatic Non Small Cell Lung Cancer Due to (or as a consequence of): Examiner 3 Months Cardiovascular Disease Sequentially list conditions, if any, laading to immadiata cause. Entar Undarlying Causa (Disease or injury that initiated evants rasulting in death) Last Dua to (or as a consequence of) Chronic Lung Disease 2 Years Physician/Medical Dua to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yss 2 ☐ No 3⊠ Probably 4 Unknown þ 24b. Wara autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy 1 ☐ Yas 2 ☑ No 1 ☐ Yas 2 ☑ No Be 25. Was casa rafarred to medical axaminer? 28. Placa of Death (Check only ona) Hospital: Othar: 4 Nursing Homa 5 Assidance 6 Othar (Specify) Certification: To 1 Inpatiant 1 Yas 2 No 2 ER/Outpatient 3 DOA 28a. Data of Injury (Month, Day Year) 27. Mannar of Death 28b. Tima of Injury 28c. Injury at Work? 28d. Dascribe how injury occurred 1 Natural 5 Pending invastigation 1 🗌 Yas 2 🗆 No 2 Accidant 6 Could not be datarmined 3 ☐ Suicide 28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify) Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 ☐ Homicide 1 Certifying Physician: To tha best of my knowledga, death occurred at the time, date and placa, and dua to tha cause(s) and mannar as stated.

| Medicat Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and mannar stated. 29a. Cartifier Medical (Check only one) 29b. Signatura and titla of sertifiar 29c. License number 29d. Date signed (Month, Day, Year) D35996 nde Feb. 28, 1996 30. Nama and addrass of person who complated causa of daath (Item 23a) (Type, Print)

The law requires that the death certificate be executed Records, P.O. Box 68760, Division of Vital or Attending Physician: 24 hours e Funeral D

**Funeral** 

Director

r than "natural", or items 23s or 28s-f show the Medical Examiner must be nothlisd at

filed within 72 hours after death with the Meryland

Baltimore, Maryland 21215-0020

Peges 1 and 2 should be filed withir nent of Heelth and Mentel Hygiene. Int: If Item 27 is marked other than Irry or other traumatic event, the Mark

Department of Important: If any injury or

**Physician** 

/Medical

Examiner

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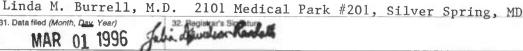
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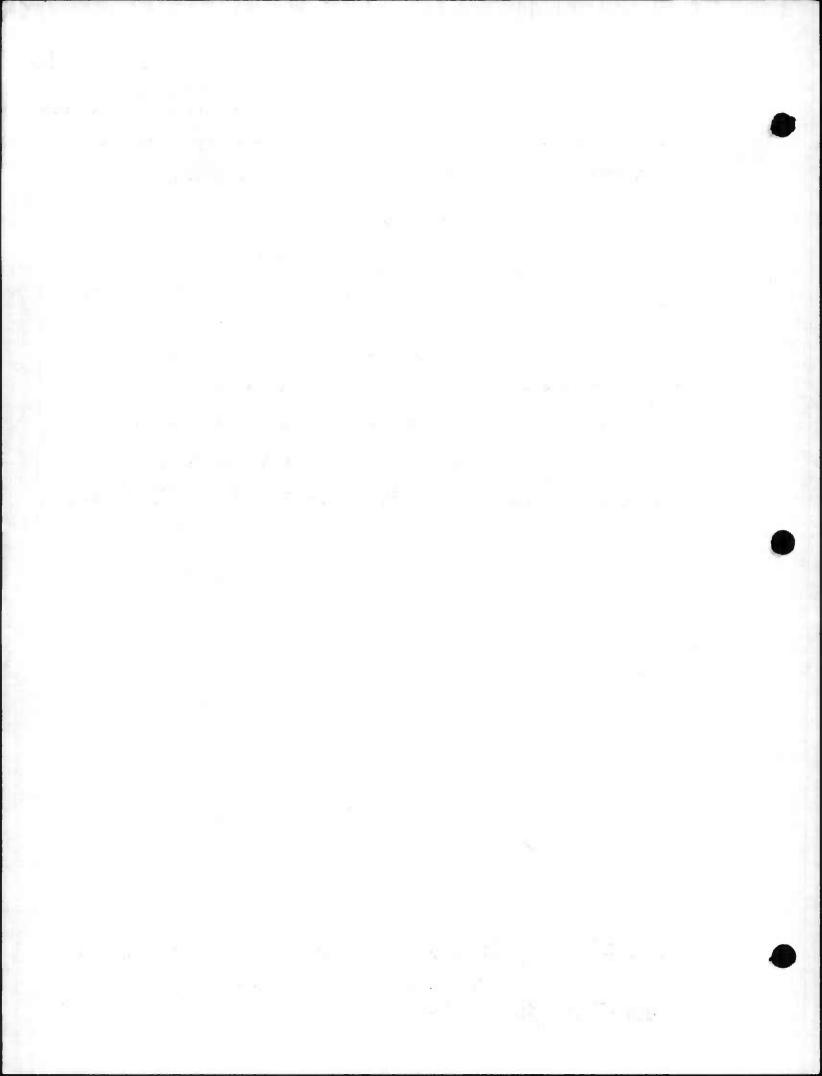
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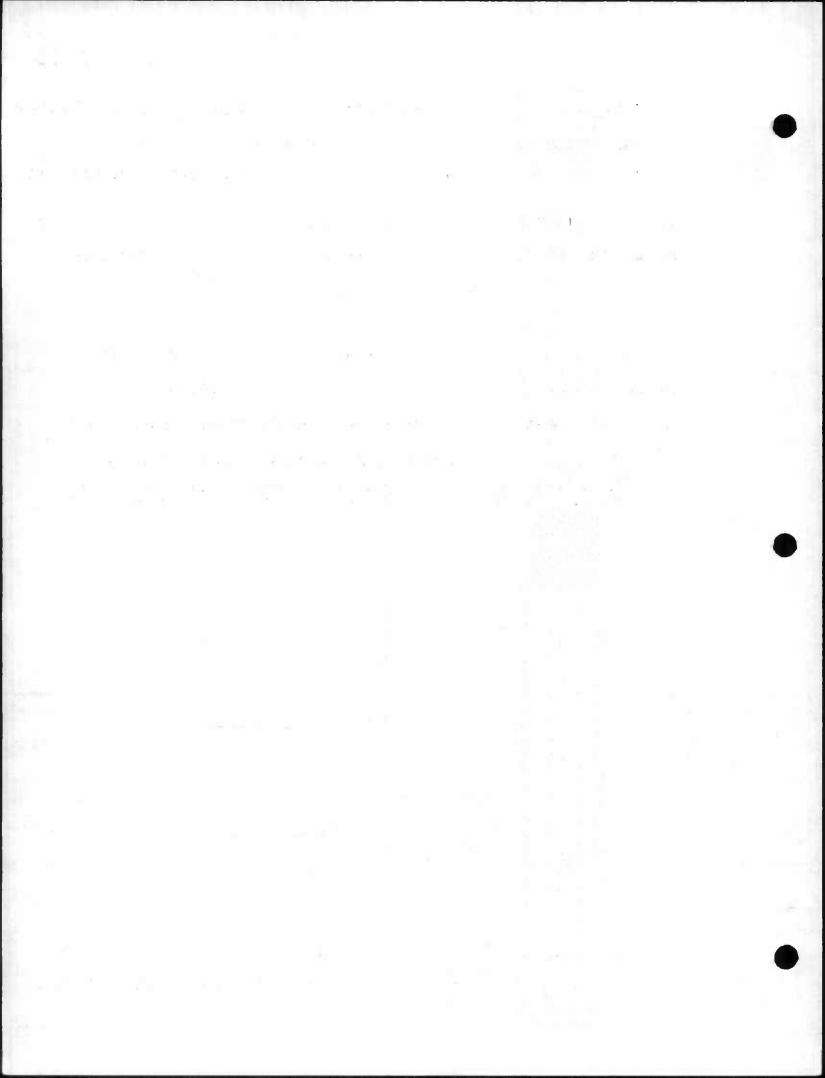
31. Data filed (Month, Day Year) MAR 01 1996





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	Physic /Medi	cal	JAKEY 4a. Facility Name (If not institution, give street and number		MAD	EOY	4b. City, Town, or Loca	Pebruary ation of Death	Day 25 19 4c. County	Year 46	5115 AW
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21215-0020	within ane.	Completed	15. Decedent's Education (Specify only highest grade completed)  Elementery/Secondery (0-12) College (1-40)	r 5+)	life. DO l	's Usuel Occup of work done NOT use retire BROKER	during most of working	9	Bb. Kind of Bu		
Maryland ;	be file d othe avent,	To Be C	17. Father's Neme (First, Middle, Last) SAMUEL MADEOY			18. Mother's Name (		eiden Sumem			
ary	d 2 should th and Mer 7 is merke traumetic	-	19e. Informant's Neme/Reletionship (Type, Print)		19b. Mailing A	ddress (Street	and Number or Rural	Route Number,	City or Town,	Stata, Zip	Code)
	5807		TOBY MADEOY, WIFE		734 WH	ITAKER	TERRACE, S	SILVER S	PRING,	MD	20901
Baltimore,	H H H		20a. Method of Disposition  1 Burial 2 Dicrametion 3 Ramoval from Stat  4 Donation 5 Other (Specify)	69	ece of Disposition metery, cremeto EAN MEM		GARDENS 2,		OLNEY,		iwn, Stata
Balt	permit. Per Department important: any injury		21. Signature of Funaral Service License	111			SS OF SCHILT GOLDBERG N VILLE PIKE				INC. 0852
	Physician /Medical Examiner		23a. Part1. Enter the disease or complications that cause shock, or heart fallure. Its only one cause on each limited like the cause of condition resulting in death)	ndre	On not enter the	L	ng, such as cardiac or	respiretory erres	st,		Approximate interval Between Onset and Death
Box 68760,	death certificate be executed e ettending physician end of for use as the burial-transit	n/Medical Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initieted evants resulting in deeth) Last	Due to (of	yelscy f es a consequen as a consequand	ce of):	UKEMIA				lyear
о. О	requires that the death wen signed by the ette hould be deteched for	by Physician/M	Part it. Other significant conditions contributing to death  diabetes mellitus corumny				ven in Part t.	23b. Did tob	_/		o the cause of death? bably 4 Unknown
Records,	aw request by peer 2 shou	Completed b						24a. Was an performe		av	ere autopsy findings ailable prior to mpietion of causa death?
-	E se	Som						1 ☐ Yes	2. No	1 🗆	☐Yes 2☐ No
Ta	Physician: The this certificate iral director, page	Be	25. Was case referred to medical axaminer?			1 -	26. Plece of Deeth	(Check only one)	)		
of Vital	Physic this c	၉	1 ☐ Yes 2 No Hospitei: 1 ☑Inpat		R/Outpetient 3	DOA	her: 4 Nursing Hom				V)
	After fune	Certification:	27. Menner of Death  1 Netural 5 Pending 2 Accident investigation 3 Suicide 6 Could not be	ley Year)			Yes 2□No	3d. Dascribe how			48
<u>≥</u>	pital or Attano burs after deatl arai Director: lilled in by the		4   Homicida building, 8	atc. (Specify)	ne, farm, atreet,			City or Town,	Stete)		al Route Number,
	To the Hospital or within 24 hours afte To the Funeral Dir completely lilled in	Aedical	29a. Certifier (Check only one)  Certifying Physician: To the best 2 Madicat Examinar: On the basis end manner s	of examinetic	nedge, deeth occ on end/or investi	getion, in my	opinion, death occurred	d et the time, det	e end plece, a	nd due to	the cause(s)
	N Wife	Σ	29b. Signature and title of certifier  **Test allege 111-0	Ω		29c. Licens			J. Data signed		
,	10	-			23e) (Type, Prin		114572 Aug #XX		Feb		

State Registrar 31. Dete filed (Month, Dey, Year) FEB 26 1996 32, Registrar's Signature



3. TIME OF DEATH

SALIIMORE, MARTLAND ZIZIS-0020	thin 24 hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	imation, or removal.	nt, the medical examiner must be notified at once.	
DISCOUNT OF THE COURS, T.O. BOX 86/00	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and comple	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.	

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH

		iens					February 27, 19			1996	10:50 A	М				
	4. SOCIAL SECURITY NUMB		5. SEX		100		IF UNDE	DAYS	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.		7. DATE OF BIFTH (Month, Day, Year)		8. BIRTN Countr		PLACE (State or Foreign	
	218-56-257.	1 M 2 X F	9	8 YI	RS.					Aug.		1897		nsylvania		
~	9a. FACILITY NAME (If not in:			9b. CIT	Y, TOWN C	R LOCATI	ON OF DE	EATH		9c. COU	INTY OF DE	EATH				
DIRECTOR	Manor Care-Fernwood							B	ethe	sda			Mo	ntgor	nery	
EC	10e. STATE	10b. COUNTY			100	c. CIT	Y. TOWN	OR LOCAT	ION					10d. INSIDE CITY		
8	Maryland	Mont	tgomery				Ве	thes	da				LIMITS?			
	10e. STREET AND NUMBER				101	ZIP CODI				1 YES 2						
2	6530 Democracy Blvd.						20817								States	
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN	U.S. ARMED							17 (Specify Va			- American Indian,	
	1 Never Married 2	2 XNO	If yes, specify Cuban, Mexican, Puerto  1 ☐ YES 2 ☑ NO Specify:					in, Puerto	rto Rican, etc.) Black, Whit			, White, etc.				
ВУ	3 Wildowed 4 Divo		, and the same					γ.		White						
	15. DECEDENT'S EDUCATION 16e. D (Specify only highest grade completed)						EDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY							DUSTRY		
91	Elementary/Secondary (0-		College (1-4 or 5	-)	(Give kind of work done during most of working life. Do NOT use retired.)											
MP	12				Воо	kk	eepe	r				Furniture				
COMPLETED	17. FATHER'S NAME (First, Mi	. ,				16. MOTHER'S NAME (							Surneme)			
B	James McA		<u> </u>			Susan McNair										
2	19e. INFORMANT'S NAME (7)											ber, City or Tow				
	Jean A. Br											tsburg				
	1 St Buriel 2 Cremetion	n 3 🗆 Remo	val from State	20b.I	PLACE AND D	y or of	OF DISPOS ther place)	YEMPIE	ch 1	, 19	96 DAT	E 20c. LC		City or Tov		
	4 Donetton 5 Other		ENGER	-   P	<u>Parklawn Memorial P</u>							Roc	kvil	le, M	Maryland	
ŀ	NO.	SIGNATURE OF FUNERAL SERVICE LICENSEE					R 22.	ober	ND ADDRESS OF FACILITY Of A. Pumphrey Funeral					Home/		
Koung Found M00198 7557							557	pert A. Pumphrey Funeral Home/ Bethesda-Chevy Chase Inc 57 Wisconsin Ave.,Bethesda,MD 20814-350							1	
23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart feiture. List only one cause on each line.									Approximata							
	IMMEDIATE CAUSE (Finel										Onset and Daat					
1	disease or condition resulting in death)	<b>+</b> ,	Cerebrovascular Accident 2								2 weeks					
Ì			DUE TO (OR AS A CONSEQUENCE OF):													
Z	Sequentially list condition		Heart Failure								3 weeks					
CERTIFICATION	if any, leading to immediates. Enter UNDERLYII	liate	CONSEQUENCE OF):													
윤	CAUSE (Disease Dr Injury that initiated events  c. Arteriosclerotic Heart Disease  Due to (OR AS A CONSEQUENCE OF):												20 years	5_		
ᇤ	resulting in death) LAST		Old A				,								į	
뜅													+			
¥												WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	8			
MEDICAL											1 TYES 2 NO			COMPLETION OF CAUSE OF DEATN?		
뿔											1 TES 2 NO					
ÿ	DID TOBACCO US	SE CONTR	IBUTE TO CA	USE OF	DEATH	YE	S 🔲 I	NO 🗆	UNC	ERTAIN	۱ 🗆					
	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:	2	6. PLACE OF	DEAT	H (Check									コ
PHYSICI	1 TYES 2 NO		1   Inpatient 2	ER/Outpa	tient 3 🗆 DC	AO			5 🗆 Re	sidence	6 Other (Specify)					
H	27. MANNER OF DEATH	handlen.	26e. DATE OF (Month, Da		28b.	TIME	E OF URY	28c. INJU	JRY AT RK?		28d. DES	CRIBE HOW I	NJURY OC	CURED		
וּ		Pending nvestigation					М		ES 2 [	NO						4
		Could not be	26e. PLACE Of building,	26e. PLACE OF INJURY — At home building, etc. (Specify)			treet, fact	tory, office			281. LOC. C/ty	ATION (Street or Town, State)	and Number	r or Rural Ro	oute Number,	٦
MPLET																
δ S	(Check only one)  1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated.  2 MEDICAL EXAMINER: On the base of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner ee stated.												ł			
шШ	29b. SIGNATURE AND TITLE OF CERTIFIER								29c. LICE	NSE NUM	IBER		29d, DAT	E SIGNED (	(Month, Day, Year)	┪
0 0			$\Delta \Lambda$	QV	ell				D2	0065	5		•	Feb.	27, 1996	
-	30. NAME AND ADDRESS OF															٦
	Eva M. More.				cutive	В	lvd.	, Ro	ckvi	11e,	Mar	yland	208	52		
	31. DATE FILED (Month, Day, Y	2 900	32. REGISTRA		TURE											٦

State of Maryland / Department of Health and Mental Hygiene

96 0732

						Cert	ificate of	Death			Reg. No.		
			1. Decedant's Nama (First, Middla, Last	O .					- 6	2. Deta of Det			3. Tima of Death
	Physici		Palma R	. mas	1+0					Februa	Day	Yaar	11308.1
4	/Medi		4a. Facility Nama (If not institution, giva		3 ( )			4b. City, To	wn, or Lo	cation of Death		nty of Death	5 (1001.1
Ŕ.	Examir	ier	Shady Grove Adve		nital				kvil				no ru
_			5. Social Security Number 6. Se		(In yrs. last bi	rtho(nu)	If Undar 1 Yaar	If Undar	THE RESERVE			lontgon	
	Funeral		10	M 20XF			Months Days	Hours	Min.	8. Data of Birt (Month, Da)	(, Year)	9. Birtho	olaca (Stata or Foreign
	Director		123-18-8651 Usual Rasidance of Dacedanf		69					March 2	8,1926	Ne	ew York
	py s		10a. Stata 10b. County		10c. City, Tow	n or Loca	ition					1	IOd. Inside City Limits
	sh o	2	,									1.	X□ Yas 2□ No
	N P	ctc	Maryland Montgon	nery	Roc	kvil							. 1972 1774 1875 1870
	£ 22	Director	10e. Street and Number				10f. Zlp Coda				10g. Citizan	of What Cour	ntry?
	23a		11491 Old Colum	mbia Pike,	Apt.D2	2	209	04			Unite	d Stat	tes
	72 hours effer deeth with the Meryland "nature!", or flems 23a or 28a-f show offsal Examinet must be notified at	Funeral	11. Marital Status	12. Was Dacedant E Armed Forcas?	var in U,S.	13. Wa	as Decedant of H	dispanic Ori	igin? (Spe	ecify Yas or No-		Race - Amaric Black, Whita.	
0	or it		1 ☐ Navar Married 2X Married	1 ☐ Yas 2 🔯 No If Yas, Giva	0		JYas 2⊠No	Specify:				city: Whi	
21215-0020	Sur Sur Sur Sur Sur Sur Sur Sur Sur Sur	by	3 ☐ Widowed 4 ☐ Divorced	Yaar or Datas:			2 1 ds 2 to	Specify.			Spe	ony: WIII	rte
20	72 h	Completed	15. Decedant's Edu		16a	. Decedar	nt's Usual Occup nd of work dona	ation	e of constain		16b. Kind of	Businass/ind	dustry
21	9 2	ple	(Specify only highast grad	College (1-4or 54	.)	lifa. DC	NOT usa retire	d)	I OF WORKI	ny			
2	DOX	Ю	12	0	<i>'</i>	Home	emaker				At H	lome	
		Be C	17. Fathar's Nama (First, Middla, Last)					18. Motha	ar's Nama	(First, Middla,	Maidan Sum	iama)	
a	0 % D e	To B	Ralph Martel	110				L	ena .	Augusta			
2	d 2 should th and Mer 7 is marke traumatic	-	19e. Informent's Neme/Ralationship (7)		198	. Meilina	Address (Streat					wn. State. Zic	Code)
Maryland	alth a 27 is r trau		Kenneth E. Hames	Son-in							thersburg, MD		
	- 9 E E		20a. Method of Disposition				tion (Nama of		T	Data		on - City or To	
Baltimore,	00-		1 ☐ Burial 2 ☐ Cramation 3 ☐ F		camata	ry, crama	tory or othar pla		- 1				
	tant fury		4 ☐ Donetion 5 ☐ Othar (Spacify)		St. Ma	-	Cemete		3-2	-96	Amster	sterdam, New York	
Sal	pemit. Pag Department important: It any injury o		21. Signature of Funaral Sarvice Licens	90		22. N	Nama and Addra nes-Rina	ass of Facili	ty uner	al Home	. Inc.		
ш	20539		11/5.14										g, MD 20904
			23a. Part1. Enter the disaasa, or complished, or heart feilura. List only o	ications that ceused i	the death. Do	not antar	tha moda of dylr	ng, such as	cerdiac o	or raspiratory ar	rast,		Approximata Interval Between
N	<b>₽</b> hysician	2	Shook, of Healt Islidia. List only o	na cedsa on each mie								1	Onset and Death
J	/Medical		Immediata Cause (Finel	much	Car	4.	1 81	+0.	1. V.	0		1	ninutes
В	Examiner		disaasa or condition rasulting in death)	a. M40	70007	CIC	V 1 100	2/3/	OC 1				. (() (00)
		ē									_	· V	nintes
	ned Insit	Examiner		· acut	Dua to (or as a	OCO	andle	21	T-N.	SCYC T	00		7,0
_ PA	and and	Exa	Sequantially list conditions, if any, laading to Immadiata	1 .			,					1	2112
760	iceta be executed physician and s the buriel-transit											Says	
68760,	ertificeta be execut Jing physician and se as the buriel-trar	edicai	rasulting In death) Last	-								1	
×	ding se a	₹	windsettes mellitur									2500	
Bo	that the death certifice ed by the attanding ph detached for use as the	Physician										i	
o.	the de	ysl	Part II. Other significant conditions con	ntributing to death but	not rasulting I	n tha und	arlying ceusa giv	van in Part i	i.	23b. Did 1	obecco use	contribute to	o the cause of deeth?
Ω.	that the sed by detac									10	198 2 N	o 3 Prof	bebly 4 540hknown
Records,	8 5 8	by										T	
0	v requires been sign should be	ted								24a. Wes perfo	en eutopsy med?	av	are autopsy findings allable prior to
ec	2 S S	pie										of	emplation of ceusa death?
	B - B	Completed								101	as No	1[	Yas 2000
Vital	ician: The certificate rector, pag	Bec	25. Was cesa rafarred to medicel					26. Place	a of Death	(Check only o	na)		
>		0	axaminar? 1 ☐ Yas 2 🕱 No	Hospital:	t 2) ER/O	utpatient	3 DOA Oth	ner.		ma 5 Rasio		Other (Specif	fv)
of		T:	27. Manner of Death	28a. Data of Injury	28b.	Tima of	28c. Injur		-	28d. Dascribe I			77
0	Attending For death.  Sector: After by the funer	tlo	1 Natural 5 Panding 2 Accidant Invastigation	(Month, Day	Year)	Injury		rk? ∣Yas 2□	No				
15	death. ctor: A y the fu	fica	3 ☐ Suicida 6 ☐ Could not ba	28e. Place of Injur	v - At homa, fa	ım. straa	t. factory, office		- 2	28f. Location /S	Streat and Nu	mber or Run	al Routa Number,
Division	or la alter Dire	Certification:	4 ☐ Homicida datarminad	building, atc.	(Specify)	,	.,,			City or Tou	m, Stata)		
	ours ours filler		29a, Cartifier 16 Cartifying Phys	sician: To the best of	my knowlede	death a	occurred at the si-	ma dala co	d place	and due to the	-auca/a)	manoor co c	tated
	To the Hospital or Attent within 24 hours after deatl To the Funeral Director: completely filled in by the	edical		ner: On the basis of a	exemination an	d/or Invas	stigation, In my o	plnion, dea	ith occurre	ad at tha tima,	data and plac	e, and due for	the ceusa(s)
	ithin or the xmple	Mex	29b. Signature and title of certifier	and manner stell			29c. Licans	a number			29d. Data sin	ned (Month,	Day Year)
	To To		NOON OF	7	~ ~								
-	2		· (Cll)	1000	/1//		103	677	7	14	don	ary	26, 199,
	. )		30. Nama end eddress of person who co	impleted ceuse of dea	ath (Item 23e)	(Type, Pr	int)		_		1	, ,	1000
				CIII MO	7901 M	cdi	cal (t	- Wr	· K	alw.	11/6 r	nd.0	20820
	Sta		31. Data filed (Month, Day, Year) FEB 2 9 1996	JZ. Nedistrar	's Signature						,		
	Registr	ar	FEB 2 9 1996	) HULL WILL	wiscor Man	Start.							

Address to the second s

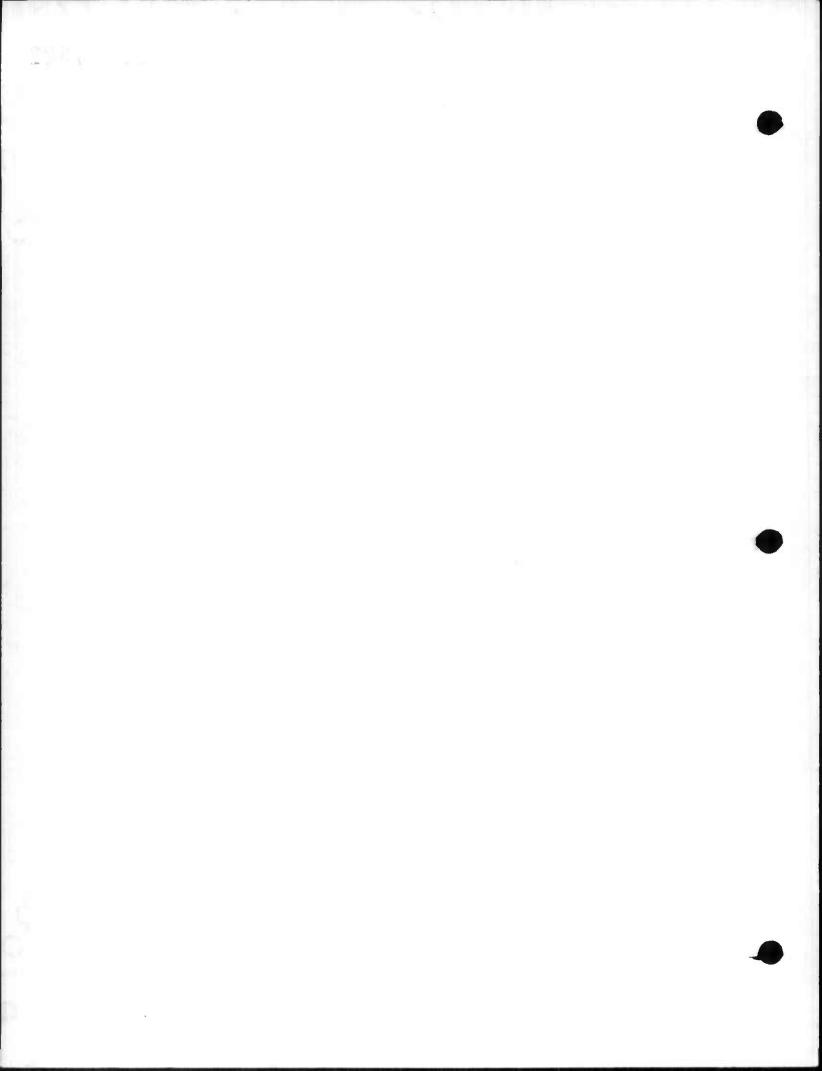
# BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after dis. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If I lem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical ex	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  NO THE HUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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Pages 1, 2, 3 should

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.											
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH					
	Dorothy Morris		Feb. 23,	7:00 P M								
	4. SOCIAL SECURITY NUMBER 5. SE	, , , , , , , , , , , , , , , , , , , ,			7. DATE OF BIRTH (Month, Day, Year)	1996 8. BIR Cou	THPLACE (State or Foreign					
	20 00 1E	M2 <del>R</del> F 95	YRS.	AYS HOURS MIN.	Dec. 25,	1900 Rus	sia					
OC.	98. FACILITY NAME (if not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH											
DIRECTOR	Collingswood Nursing Home Rockville Montgome:											
E E	10s. STATE 10b. COUNTY		19c. CITY, TOWN OR	LOCATION			10d. INSIDE CITY LIMITS?					
	MD Montgom	nery	Bethesd				1 X YES 2 □ NO					
FUNERAL	100. STREET AND NUMBER  5225 POOKS Hill Road  101. ZIP CODE  109. CITIZEN OF WHA  USA											
N.		ICL WAS DECEDENT EVER IN U.S. ARM	150		NIC ORIGIN? (Specify Yes							
	1 Never Married 2 Married	ORCES? 1 YES 2 NO	) If y	es, specify Cuban, Maxico	an, Puerto Rican, atc.)	Bla	CE — American Indian, ick, White, atc.					
BY	3 X Widowed 4 Divorced			TES ZIX NO Specif	у.	Spi	white					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complete)	(G/ve	EDENT'S USUAL OCCU	JPATION ng most of working	16b. KIND OF BUS	SINESS/INDUSTRY						
님	Elementary/Secondary (0-12) Colle	ege (1-4 or 5 +)	ne Maker									
NO	17. FATHER'S NAME (First, Middle, Last)	1 1101	ile Plaket	18. MOTHER'S NA	AME (First, Middle, Malden	vn Home	34.5					
BE C	Max Meyers			Yetta			1977					
10 B	19e. INFORMANT'S NAME (Type/Print)	19b.	MAILING ADDRESS (S	treet and Number or Rural	Route Number, City or Town	-,						
F	Dolores Dobrow		5225 Pooks	s Hill Rd.	Bethesda,	MD 2081	4					
1 8	20s. METHOD OF DISPOSITION  1 To Burlet 2 Cremation 3 Thermovel for	20b.PLACE AN	ND DATE OF DISPOSITION OF PRINCIPLE (NO. 1)	ON (Name of	DATE 29c. LO	CATION — City or	Town, Stata					
	4 Donetton 5 Other (Speedby) King David Memorial Gardens2/27 Falls Church, VA											
	22. NAME AND ADDRESS OF FACILITY Edward Sagel Funeral Direction											
$\vdash$	1091 Rockville Pike Rockville MD 20852  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate											
	23. PART I. Enter the diseases, or compile shock, or heart fallure. List or	cetions thet ceused the desi nly one cause on each line.	th. Do not enter the	e mode of dying, suc	th as cardiac or respi	ratory srrest,	Approximate interval Between					
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  s. Carlovas cula difference as a condition of the condition											
	resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):											
z	Sequentially list conditions b.											
CERTIFICATION	Sequentially list conditions, if sry, leading to immediate cause. Exert INDEDITION											
I S	CAUSE (Disease or injury that initiated events Due to (OR AS A CONSEQUENCE OF):											
E	that initisted events resulting in death) LAST											
	d.											
SAL	PART II. Other significant conditions contributing to death but not resulting in the undarlying causa given in Pert 1. 24s. WAS AN AUTOPSY PERFORMED?  24b. WERE AUTOPSY PROPINGS AMAILABLE PRIOR TO											
MEDIC	Organia Brain Syndrole 1 YES 2 (2 Me) COMPLETION OF CAUSE OF DEATH?											
2	1   YES 2   DWO											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		OF DEATH (Check only		N LUT							
Sic		SPITAL: inpatient 2 ER/Outpatient 3 E	DOA 4 Militaine	Home 5 🗆 Residence	8 🗆 Other (Specify)							
동	27. MANNER OF DEATH 2			c. INJURY AT WORK?	28d. DESCRIBE HOW IN	JURY OCCURED						
BY	1 Natural 5 Pending 2 Accident Investigation		YES 2 NO									
ED	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJURY — At home building, atc. (Specify)	e, farm, street, factory,	office	28t. LOCATION (Street a. City or Town, State)	eet and Number or Rural Route Number, tate)						
COMPLET	(Check only CERTIFYING PHYSICIAN: To	To the best of my knowledge, death										
8		he basis of exemination and/or im-	veatigation, in my opini									
BE	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUI	MBER	29d. DATE SIGNE	D (Month, Day, Year)					
임	30. NAME AND ADDRESS OF PERSON WHO COME	PLETED CAUSE OF DEATH (ITEM	27) (Type, Print)	1011	11	res	LY, 1776					
	R. Shumack_MD	2309 Sho	exolde	Id when	ofen ms	209	0.5					
	31. DATE FILED (Month, Day, Year) 3:	2. REGISTRAR'S SIGNATURE										
	FEB 2 8 1996	whi Davidson Rola	El.									



An	ended	#	31, 2/28/96, MR	State of Maryla	cty Ce	artment of H	lealth and			07323		
		- 11	1. Decedant's Nema (First, Middla, Last		1 00	rimouto or	Douth	2. Data of De		3. Time of Deeth		
	Physici /Medi		DONALD	MILLER				Month Februar		96 1:00 PM		
	Examir		4a. Facility Neme (If not Institution, give	street and number)			4b. City, Town, or	Location of Deeth				
		М	Independence Cour			Millades & Vene	Hyattsv			e Georges		
	Funeral Director		5. Sociel Security Number 6. Sa.	M 2□F	rs. last birthday) Yrs.	If Undar 1 Year Months Days	Hours Min	. (Month, Da	h y, Year)	Birthplaca (State or Foreign Country)		
			468-03-4772 Usual Residence of Decadant		79 TIS.			Dec. 2	0, 1916	Minnesotta		
	how		10e. Steta 10b. County		City, Town or Lo					10d. Insida City Limits		
	Sa-f	cto	Maryland Prince 0	eorges	College	.,				X□ Yas 2□ No		
	th with the	Funeral Director	10e. Street and Number 9100 Bridgewater	Street		10f. Zip Coda 20740			10g. Citizen of Wh United			
5-0020	72 hours after death with the Maryland naturel', or items 23s or 28s-f show diest Examens must be notified at	by	11. Marital Status  1 Never Married 2 Marriad  3 Widowed 4 Divorced	12. Was Decedent Ever In Armed Forcas? 1 ☑ Yes 2 ☐ No If Yas, Giva 1942 Yaar or Detes:	u,s. 13.	Was Decedant of Hilf Yes, specify Cub 1 ☐ Yas 2 ☑ No	tispanic Origin? ( en, Maxican, Pua Specify:	Specify Yas or No rto Rican, etc.)		American Indien, White, etc. White		
21215-0	e * 6	Completed	15. Decedant's Edu (Specify only highast grad Elamentary/Secondary (0-12)	cation e complated) Collega (1-4or 5+)	16a. Dece (Giva lifa.	dant's Usual Occup kind of work done DO NOT use ratire	pation during most of wo d)	orking	16b. Kind of Busin	nass/Industry		
	should be filed withing Mental Hygiene. marked other than matic event, the M	Con	12	6	U. S	S. Army				Government		
Maryland	ntal H	Be	17. Father's Nama (First, Middla, Last)						na (First, Middla, Maidan Sumama) Williams			
Z	should ind Men imarke	2	August Suttmill  19a. Informant's Name/Ralationship (Ty		10h Maiii	no Addrana /Ctenat			S or, City or Town, St	ata Tin Codal		
Ma	alth and 27 is my resum		Robert Redding E		1							
ē,	f Health tem 27 other tr		20a. Method of Disposition	20b		osition (Nama of matory or other pla		Data	20c. Location - Ci			
E	Pages nent of nrt: If its iry or o		1 Burial 2 □ Cramation 3 □ R 4 □ Donation 5 □ Othar (Specify)	emoval mon State		on Nation		1-96	Arling	ton, VA		
altimore,	permit. Pages 1 a Department of Her Important: If tem any injury or othe once.		21. Signature of Funeral Servicer License		22	2. Nema end Addre	ss of Fecility			con, vn		
Ω	88 2 2 8		1 /ll 5.1/2		1	ines-Rina 1800 New				pring,MD 20904		
	Physician /Medical Examiner	e	23a. Part1. Entar tha disease, or complishock, or heart failura. List only or Immediata Causa (Final disease or condition rasulting in death)	AGUEN		Erotiz 1			in Dide	Approximate Interval Between Onset end Deeth		
,	cate be executed physician and the burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	Dua to	(or as a consec	quance of):						
x 68760,	law requires that the death certificate be executed as been signed by the attending physician and a Should be deteched for use as the burial-transf	Ilcal	Causa (Disaasa or Injury that initiated evants rasulting in death) Last	Dua to	(or as a conseq	quence of):			7/2			
Box	attend for us	Physician/Med										
P.O.	that the de ed by the detached	ysk	Part II. Other significant conditions con	tributing to death but not r	asulting in tha u	ndarlylng causa giv	van in Part t.		. /	ibute to the cause of death?		
	es that the	Completed by Ph	ALZHEMO	200 Bis	EVASE			1 🗆	Yes 2 No 3	☐ Probably 4 ☐ Unknown		
Records,	e taw requires has been sig ge 2 should b								24a. Was an autopsy periormed?  24b. Wara autopsy finc evailable prior to completion of cau of death?			
	The ate h	Com						10	res 200Mo	1 ☐ Yas 2 ☐ No		
/ita	certificate rector, pag	Be	25. Wes casa rafarred to medical axaminer?	The state of the s		l au		eth (Check only o	ma)			
n of Vital	ng Ph fter thi	on: To	27. Manner of Death  1 Natural 5 Panding	ospitai: 1 Inpatiant 2 28a. Data of Injury (Month, Day Year)	ER/Outpatier 28b. Time of Injury	f 28c. Injur Wor	y at rk?	T	dance 8 Other now injury occurred			
Division	I or Attanding after death. Director: After In by the fune	Certification:	2 Accidant Invastigation 3 Sulcide 6 Could not be 4 Homicida datarmined	28a. Piace of Injury - At building, atc. (Spe	M 1 ☐ Yas 2 ☐ No  Place of Injury - At home, farm, straat, factory, office uilding, atc. (Specify)  28f. Location City or 7					ation (Street and Number or Rural Route Number, or Town, Stata)		
	To the Hospital or Atla within 24 hours after de To the Funeral Directo completely filled in by th	edical Ce	29a. Certifier (Check only one)  29 Medical Examir	ician: To the best of my ker: On the basis of exami	nowledga, daati nation and/or In	n occurred at tha tir	ma, data and plac plnion, daath occ	e, and dua to tha urred at tha tima,	cause(s) and mann data and piace, and	ar as stated. d dua to tha cause(s)		
	o the	Mec	29b. Signatura and titia of cartifiar	and mannar statad.		29c. Licans	a number		29d. Data signed (	Month, Day, Year)		
	->-0		A2 01	a Ochol	me	02	185	2	26 FEB	Brushy 1996		
	15		30 Nama and addrass of person who co	mplated causa of death (It	am 23a) (Type,	Print)	. 1 20	D/11	1755	Month, Day, Year) Brushy (996 YEMD2023/		
	Sta	te	31. Data filed (Month, Day, Year)		1203	(VUCE	NIBULY	ical Mi	1171 10	ME ME NO 18/		
	Registr	277.0	26 FEBAUAR 1956	FEB 2	8 1996	Jalin Dave	dior Karda	ll.				

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

Amended #1, 2/28/96, MRT, Montg. Certificate of Death 1. Decedent's Neme (First, Middle, Last) Date of Death 3. Time of Death 3 30 AA **Physician** Walter Morris Vern 2 Muery o /Medical 4a. Facility Nama (If not Institution, give street and number) 4c. County of Death 4b. City, Town, or Location of Death **Examiner** 4211 Wicomico Avenue Beltsville Prince George's If Under 24 Hrs. 5. Social Security Number If Undar 1 Yaar Months Deys 8. Data of Birth (Month, Day, Yaar) April 17, 1942 9. Birthplece (State or Foreign Country) West Virginia 6. Sex 7. Aga (In yrs. last birthday) **Funeral** Deys XXM 2□ F Hours 232-68-8900 53 Yrs Director West Usual Rasidenca of Decedent Peges 1 and 2 should be filed within 72 hours efter death with the Manyland neal of Heelth and Mental Hygiene.
Inti: If Item 27 is marked other than "natural", or itema 23a or 28e4 ahow any or other transmit or notified allow any or other transmits ovent, in Aedical Exercise man be notified at 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland Prince George's 1 ☐ Yas 25 No Director **Beltsville** 10e. Street and Number 10f. Zio Coda 10g. Citizen of What Country? 4211 Wicomico Avenue 20705 United States Funeral 12. Wes Decedant Evar in U,S. Armad Forces? 13. Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. XXYes 2□No If Yas, Giva Yaar or Datas: —1969 1 Nevar Merriad 2 Married 21215-0020 1 ☐ Yas XXNo by Specify: White 3 Widowed 4 Divorced Completed 16a. Dacedant's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT use retired) 15. Dacadant's Education (Specify only highast grada completed) 16b. Kind of Business/industry Elemantary/Secondary (0-12) Collaga (1-4or 5+) C.I.A. United States Government Baltimore, Maryland 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Sumama) Be Walter Morris Mary Jane Byard 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Vickie Lynn Morris same as #10 20b. Place of Disposition (Nama of camatary, crematory or other place) 20a. Method of Disposition Data 20c. Location - City or Town, Stete 1X Burial 2 ☐ Cramation 3 ☐ Ramoval from State Department of important: M any injury or once. Knights of Pythias Cemetery 4 ☐ Donation 5 ☐ Other (Specify) 2/28/1996 Pine Grove, West Virginia 21. Signature of Funaral Sarvice Licen Donald V. Borgwardt Funeral Home, P.A. 4400 Powder Mill Road Beltsville, Maryland 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximete Intarval Between Onsat and Daath **Physician** /Medical Immediata Causa (Final diseese or condition rasulting in death) Examiner Examiner The law requires that the death certificete be executed bunel-transit Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Disaasa or Injury that initiated avants rasulting in deeth) Lest pug Dua to (or as a consequence of): Box 68760. Physician/Medical the Due to (or as a consequenca of): 98 esn be deteched for P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown of Vital Records, þ 24a. Was an autopsy parformed? 24b. Wara autopsy findings available prior to complation of causa of death? page 2 should Completed certificate 2 1 No 2 No or Attending Physician: director. 25. Was casa referred to medical Be 26. Placa of Daath (Check only ona) Other: 4 Nursing Homa Lo 1 Yas 2 No 1 ☐ Inpatiant 2 ☐ ER/Outpatiant 3 ☐ DOA 5 Hasidance 6 ☐ Other (Specify) this 28a. Data of Injury (Month, Day Year) 27. Mannar of Death Certification: 28d. Dascribe how Injury occurred 28b. Time of 28c. Injury at Work? Division After 1 Natural 5 Panding Invastigation Injun 1 Yas 2 No death. 2 Accident To the Hospital or Attended within 24 hours after deat To the Funeral Director: filled in by the 3 Suicide 6 Could not be 28a. Place of Injury - At homa, farm, straat, factory, offica building, atc. (Spacify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, deta and place, and due to the cause(s) 29a, Certifier Medical completely and mennar stated. 29d Data signed (Month, Day, Year) 29b. Signature and title of certifie 29c. Licansa number

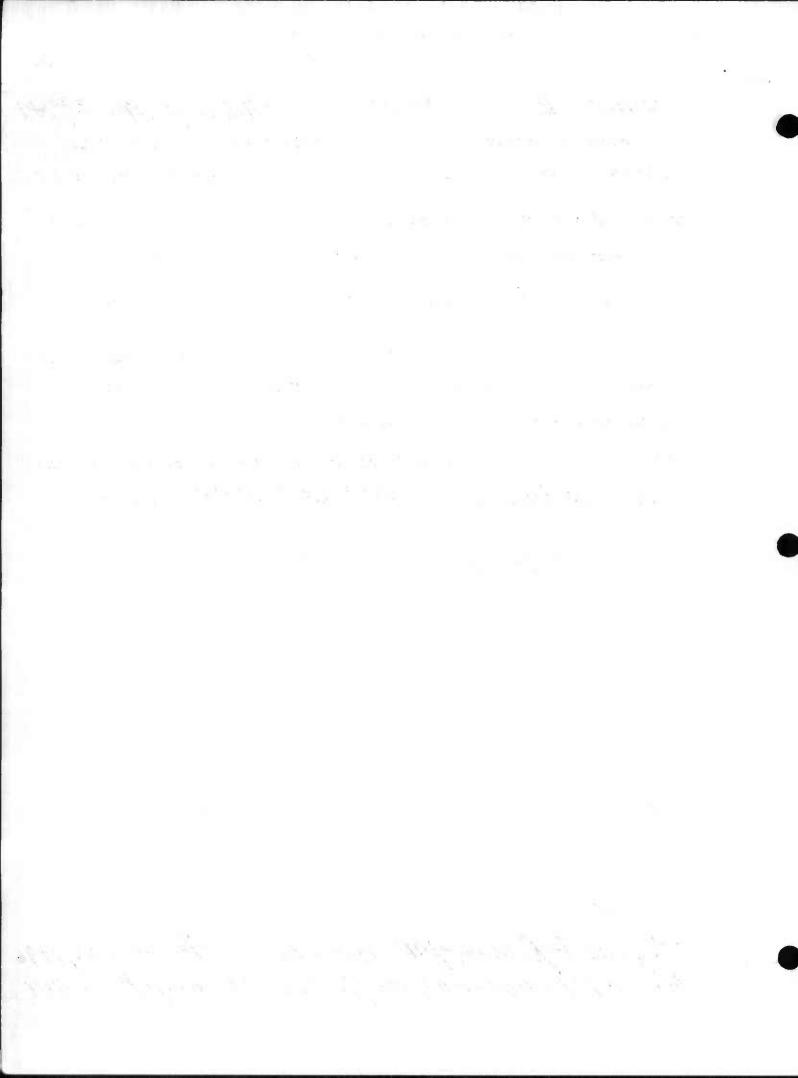
Registrar DHMH 16 Rev 6/95

State

2 8 1996

32. Registrar's Signat

auchor Rada



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State of Maryland / Department of Health and Mental Hygiene

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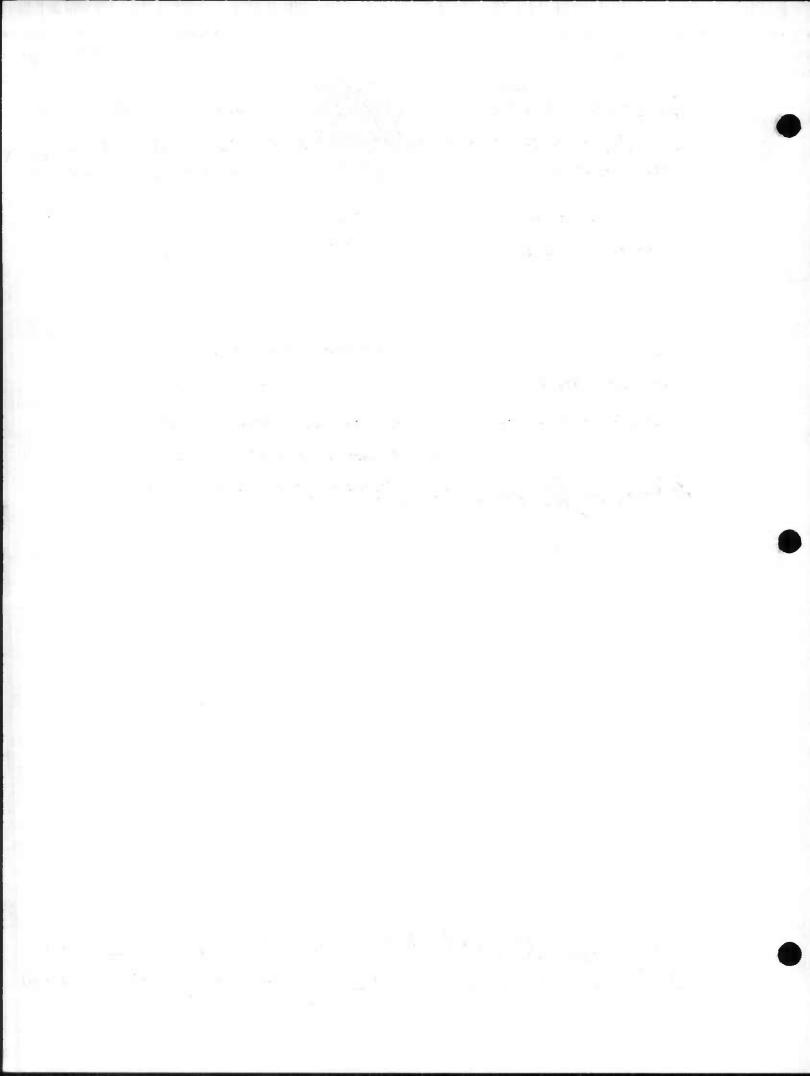
								Cer	tificate	of	Death			Reg. No.			
	Physic /Medi		Decedant's Nama (Fi	rst, Middla, Le	Beul	ah	Mae M	CHO	cko				2. Data of De Month Februa	Day	1996	3. Time of Death 12:05P	
	Exami		4a. Facility Nama (If not Springbro				ing Ho	me			4b. City, To Silve		ocation of Deal Oring		ontgome	ery	
	Funeral Director		5. Social Security Numb 213-42-659		Sax 1□M 2□F	7. Aga	(In yrs. last b	rthday) Yrs.	If Undar	1 Yaar Days		24 Hrs. Min.	8. Data of Bi (Month, Di May 23	1920	9. Birthe Cour Penns	place (Stata or Foreign	
	D		Usual Rasidence of Dec														
	Merylen a-f show fied at	tor		rince	George'		10c. City, Tov Ade	or Local	-						1	0d. Inside City Limits 1 ☐ Yas 2 ☐ No	
	3a or 28	i Director	10e. Street and Number 10402 Iri		e				10f. Zip (						of What Cour		
20	permit. Peges 1 and 2 should be filed within 72 hours effer death with the Meryland Department of Heelth and Mental Hyglene. Instruet, or items 23a or 28a-f show Important: if Item 27 is marked other than "naturet, or items 23a or 28a-f show proportion of the traumatic event, the Hedical Exercises must be notified at ODISB.	by Funeral	11. Marital Status  1  Navar Married		12. Was Dec Armed For 1  Yas If Yas, Gi	orcas? 2 <b>]</b> {∫ No iva			Vas Decede Yas, speci □ Yas 2				ecify Yas or Ne Rican, atc.)		Race - Amaria Black, Whita,		
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2	ygler yert			2			3 1	Jurs	e			3	Columbia Hospital for Wo				
Maryland 21215-0020	2 should be filed within and Mental Hyglene. ie marked other then aumatic event, the Mental Hyglene.	To Be	17. Fathar's Nama (First George		)		Wede	er				ars Nama lara		, Maidan Sun		evens	
Mar	1 end 2 sho Heelth and em 27 ie m ther traum		19a. Informant's Name/ Joseph M	Ralati <i>on</i> ship ( ICHOCKO		ısbar						er or Aun	ai Routa Numb	er, City or To	wn, Stata, Zip	Coda)	
ore,	Saltimore, permit. Peges 1 er Department of Hee Important: if item 2 any Injury or other once.		20a. Mathod of Dispositi				20b. Place o	of Dispos	sition (Nam	a of	ace)		Data	20c. Locati	on - City or To	own, Stata	
imo	Peges ment of H annt: If ite ury or of		XXBurial 2 Cr. 4 Donation 5 D	Stata	George			,		2	/29/1996	Ade1pl	ni, Mary	1and			
Baltimore,	permit. Pege Department of Important: If any Injury or once.		21. Signatura of Funera	Service Lice	BAMIL .	lak	At.	Do	onald	V.	ass of Facili Borgy er Mi	wardt	Funer	al Hom	ne, P.A	20705	
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	Physician /Medicai Examiner		Immediata Causa (Final disaasa or condition rasulting in daath)		a. Ce								4			Interval Batwean Onset and Death  2 Months	
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ox 68760,	certificate be executed ding physician end ise es the buriel-trensit	//Medical	that initiated avants rasulting in death) Last	ĺ	c	Di	ua to (or as a	consaqu	ianca of):								
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on of	the fact	tlon: T	1 Inpatiant 2 EH/Outpatiant 3 DOA						uryat ork? ]Yas XXX		28d. Dascribe	how injury oc	curred	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Division	or Attending effer death. Director: Afte i in by the fune	Certification:	2 Accident invastigation 3 Suicida 6 Could not be datamined 28a. Place of Injury - At home, farm, streat, factory, offi building, a(c. (Specify)										Straat and Nown, Stata)	umber or Rura	l Routa Number,		
	To the Hospital or within 24 hours effe To the Funeral Dir completely filled in	edical C							ima, data an oplnion, daa	d placa, a	and due to the ed at the time,	causa(s) and data and pla	I mannar as s ca, and dua to	tatad. o tha causa(s)			
	within To th	M	295. Signature and title	ot paging 1	4				29c.	Lican	isa number			29d. Data si	gned (Month,	Day, Year)	
							<i>D</i> 47237 February 27, 1996			1996							
	2		30. Nama and addrass of person who complated causa of daath (Itam 23a) (Type, Print)  Paul Armstrong, M.D. 14201 Laurel Park Drive, #102 Laurel, Ma							Maryl	and 2	0707					
	Sta Registr		31. Data filed (Month, Ba	B'2"81	996 32	legistra d	s Signatura	Rarda	44								

TO A SERVICE THAT HAVE A SERVICE AS A

### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

						Certificate of	Death	Reg. No.	0,000
	Physic /Medi		1. Decedent's Neme (First, Middle, La	Alfonzo	M	e raan	2. Date of Month	f Deeth Day	3. Time of Death 1996 14:58
	Exami			ove Hos	pito	al I	4b. City, Town, or Location of E	Death / 4c. County	of Death intgemery
	Funeral Director		5. Sociel Security Number 6. S 059-50-7234	Sex 7. Age (In year	Vr. lest birtho	Months Devs	Hours Min. 8. Dete of (Month)	Birth (, Dey, Year) 24,1935	9. Birthplece (State or Foleign Country) Jamaica
	Meryland f ehow	tor	10a. Stete 10b. County  MD Montq			thersburg	]		10d. Inside City Limits 1 ☐ Yes 2 No
	with the	Direc	10e. Street end Number 4 Stedmall Co	urt		10f. Zip Code 2087	79	10g. Citizen of 1	
020	72 hours efter deeth with the Meryland natural; or items 23s or 28s-f show deal Examinar must be notified at	by Funeral Director	11. Meritei Stetus  1 Never Merried Merried  3 Widowed 4 Divorced	12. Wes Decedent Ever in Armed Forces? 1 ☐ Yes 2 ②No If Yes, Give Yeer or Detes:	U,S.	13. Wes Decedent of H If Yes, specify Cuba 1 ☐ Yes 2 🛂 No	dispanic Origin? (Specify Yes o an, Mexican, Puerto Rican, etc. Specify:		ce - American Indien, ick, White, etc.
21215-0020	within ene. than "	Completed	15. Decedent's E. (Specify only highest green terry/Secondery (0-12)	ducation de completed) College (1-4or 5+)	(6		petion during most of working alfemployed		usiness/industry  Estate
Maryland 2	should be filed with nd Mental Hygiene, marked other than imatic event, the	To Be Co	17. Fether's Neme (First, Middle, Last, Cleveland Mor				18. Mother's Neme (First, Mic Myrtle		ne)
	is 1 and 2 should if Health and Men them 27 le marke other traumatic		19e. Informent's Neme/Reletionship ( Valda S. Morg	an (Wife)	4	Stedmall	end Number or Aural Aoute No Ct., Gaithe	rsburg,	MD 20879
Baltimore	Pe ne ne ne ne ne ne ne ne ne ne ne ne ne		20a. Method of Disposition  1 ⊠Burle! 2 □ Cremetion 3 □ 4 □ Donetion 5 □ Other (Specification)	Removel from Stete	cemetery,	of Heaver	n Cem. 2/ 28		City or Town, Stete Spring, MD
Bal	permit. Pe Departmen Important: any Injury 2005.		21. Signature of Funerei Service Licer	). / Inny	Den	ROCKVII	FUNERAL HON	5.0	
7	Physician /Medical Examiner	ner	23a. Pert1. Enter the disease, or comshock, or heert fellurs. List only  Immediate Ceuse (Finel disease or condition resulting in death)	e. Respirations that caused the decore cause on each line.  Due to Due to	rter	^ .	use, a cute	01	Approximete Interval Between Onset and Deeth
Box 68760,	eath certificate be executed attending physician and for use es the buriel-transit	n/Medical Examiner	Sequentielly list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	Asth	ma	nsequence of):  Ny Fa	ilure, ch	ronic	15 478 3 478
P.O. B	that the death ed by the atte detached for	Physician	Part il. Other significant conditions of	Λ		he underlying cause giv		Did tobacco use co	ontributa to the cause of death?
Records, I	requires been sign should be	by		Abuse				Wes en autopsy performed?	24b. Were eutopsy findings aveilable prior to completion of cause
al Re	iclen: The law certificate has b rector, page 2 s	Completed						1□ Yes 2 No	of death?
ion of Vital	ng Phys fter this uneral di	ation: To Be	25. Wes case referred to medical exeminer?  1 Yes 2 No  27. Menner of Deeth  1 Neturel 5 Pending investigation	28e. Dete of Injury (Month, Dey Year)	⊒ ER/Outpo 28b. Tim Inju	ne of 28c. Injur	4 Nursing Home 5 L I		
Division	To the Hospital or Attendi within 24 hours after death. To the Funeral Director: A completely filled in by the f	Certification:	3 Suicide 6 Could not be determined	28e. Piece of Injury - At building, etc. (Spec	home, farm	street, fectory, office	28f. Locati City of	on (Street end Numb r Town, State)	ber or Rurel Route Number,
	To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by	edical	one) 2 Medical Exam	ysician: To the best of my kn ninar: On the basis of examin end menner steted.	owiedge, d letion end/o	or Investigation, in my o	ne, dete end plece, and due to pinion, deeth occurred et the ti	me, date end piece,	end due to the ceuse(s)
	D P P P P P P P P P P P P P P P P P P P	M	29b. Signeture and title of certifier  30. Name and address of person, who	A 5 Co	H /	29c. Licens	© 5727	Februs	ed (Month, Day, Year)
C	Sta		31. Dete filed (Month, Dey, Year)	OCE H MD 32. Registrer's Sign	N	lontgom	eny hibye x	Tre, Ga	othersburg, ML
	Registr	ar	FFR 2.7 1996	Jalu daveles	Marcla	Ц			



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			State of Maryland / Department of Health and M  Certificate of Death	•	91	6 07327
			Decedent's Neme (First, Middle, Last)	2. Date of De		3. Time of Deeth
	Physic		Bernard Nakielski, Jr.	Month Fobru		Year 1996 5:03pm
5	/Medi Examii		4e. Facility Name (If not institution, give street end number)  4b. City, Town, or Loc			
	Funeral Director		215-64-4933	Park  8. Date of Bir (Month, De	Anne	e Arundel 9. Birthplace (State or Foreign Country) MD
	pue *		Usuel Residence of Decedent  10a. State 10b. County 10c. City, Town or Location			10d. Inside City Limits
	Varyi f sho	ō	MD Anne Arundel Severna Park			1 ☐ Yes 2 No
	150 the	Director	10e. Street and Number 10f. Zip Code		10g. Citizen of Wi	hat Country?
	3a o		784 Baltimore Annapolis Blvd. 21146		USA	
020	72 hours after death with the Marylend natural, or items 23a or 28s-f show oral Example frust be notified at	by Funeral	11. Maritel Stetus  12. Was Decedent Ever in U.S. Armed Forces?  13. Wes Decedent of Hispanic Origin? (Spe Armed Forces?  1 □ Yes 2 ☒ No If Yes, Give 1 □ Yes 2 ☒ No Specify: Yeer or Dates:	cify Yes or No Rican, etc.)		- American Indian, , White, etc.
Baltimore, Maryland 21215-0020	i within 72 hours after death with the Manylen lene. r than "natural", or items 23a or 28a-f show the Wedcal Exaction roust by notified at	Completed b	15. Decedent's Education (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4or 5+)  16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired)	ng	16b. Kind of Bus	White iness/Industry
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an	の画を	o Be	Bernard Nakielski, Sr. Betty Si	,		,
ary	d 2 should b th and Ments 7 is marked traumatic e	To	19a. Informant's Name/Relationship (Type, Print)  19b. Meiling Address (Street and Number or Rura.			itete. Zip Code)
Ž	2 6 2 8		Bernard Nakielski, Sr. 782 Baltimore Annar			, , , , , , , , , , , , , , , , , , , ,
ore,			20a. Method of Disposition 20b. Piace of Disposition (Name of	Dete		City or Town, State
Ĭ	Peges 1 and ment of Health ant: If Itam 27 ury or other 1		1⊠Burial 2□Cremetion 3□Removal from State 4□Donation 5□Other (Specify)  Meadowridge Cemetery 2	2/26	Elkric	ige, MD
alt	permit. Peges Department of Important: If i any injury or ance.		21. Signature of European Licenses 22. Name and Address of Fecility Barranco & Sons I			
	Physician /Medical Examiner		23a. Part / Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such es cardiac of shoot for heert failure. List only one cause on each line.  Immediate Cause (Finei disease or condition resulting in deeth)  Due to (or es a consequenca of):	Sever r respiratory a	rna Parl	Ondot and Douti
Box 68760,	eath certificate be assocuted attending physician end for use es the burial-transit	n/Medical Examiner	Sequentially llst conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  b. Due to (or as a consequence of):  c. Due to (or as a consequence of):			
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s, P.O.	that the led by th detache	by Physician/M	The state of the s	1		3 Probably 4 Unknown
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Div	ktal or At urs after or rai Direc	Certif	4 Homicide determined determined building, etc. (Specify)	City or Tox	wn, Stete)	r or Rural Route Number,
	To the Hospital within 24 hours a To the Funeral I completely filled	edical	29a. Certifier  (Check only one)  1 ★ Certifying Phyaician: To the best of my knowledge, death occurred at the time, date and place, a 2 ★ Madical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred and menner steted.	nd due to the id at the time,	cause(s) and man date and piaca, ar	ner as stated. nd due to the cause(s)
	To t	Σ	29b. Signature and title of certifier 29c. License number			(Month, Dey, Year)
		1	D43303		2/2	6/96
			30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print)  Te frey E Atkinson MO 780 Ritchich  31. Date filed (Month, Day, Year)  32. Registrat's Signature	Iny S	Severna	Parkmo
	Sta Registr		31. Date filed (Month, Day, Year) FEB 2 8 1996 32. Registrar's Signature			

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State of Maryland / Department of Health and Mental Hygiene

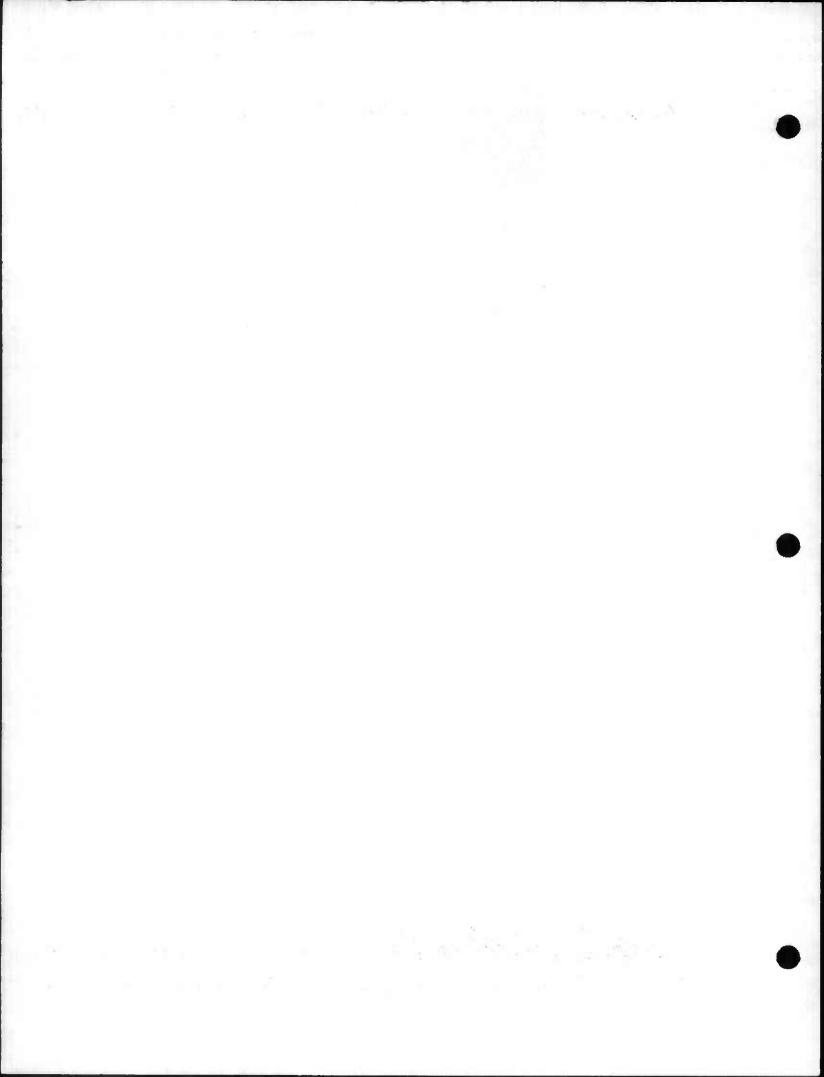
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Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death **Physician** NELKE HOMER 20:0014 MARSHALL FEB 20 /Medical 4e. Fecility Neme (If not institution, give street end number 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Shady Grove Adventist Hospital Rockville Montgomery If Under 1 Year Months Deys if Under 24 Hrs. Hours Min. 6. Sex 7. Age (In yrs. lest birthdey) 8. Date of Birth (Month, Day, Year) Birthplece (State or Foreign Country) **Funeral** 128M 2□ F Director 705-03-1192 May 1, 1910 Maryland Usuei Residence of Decedent with the Maryland show 10e. State 10b. County 10c. City, Town or Location 10d. inside City Limits r than "naturel", or items 23a or 28a-f show 1 XYes 2 No Director Maryland Montgomery Gaithersburg 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 403 Russell Avenue, #308 permit. Pages 1 and 2 should be filed within 72 hours aftar death v Department of Health and Mental Hygiene. Important: If item 27 is marked other than "naturel", or thems 23s any injury or other treumatic event, the Madical Examiner must Funeral 20877 United States 14. Rece - American Indien, Bleck, White, etc. 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, epecify Cuben, Mexican, Puerto Rican, etc.) 11. Maritel Stetus 1 ☐ Yes 2 🛣 No If Yes, Give Year or Dates: 1 Never Married 2 Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 🖾 No Specify: Specify: Completed by 3 ☐ Widowed 4 ☐ Divorced White 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usuai Occupetion 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Elementery/Secondary (0-12) College (1-4or 5+) 3 <u>Assistant Treasurer</u> Railroad 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surname) Be 2 Albert Nelker Alice Sadie VanSant 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Ruth E. Aull/ Niece 2414 Fairview Drive, Forest Hill, Maryland 21050 20b. Placa of Disposition (Name of cametery, cremetory or other piece) 20a. Method of Disposition 20c. Location - City or Town, State Dete 1 ☐ Burial 2 ☑ Cremetion 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) 2/21/96 Alexandria, Virginia Metropolitan Crematory 21. Signature of Funeral Service Mod 22. Name end Address of Facility DeVol Funeral Home 10 E.Deer Park Dr., Gaithersburg, MD. 20877 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximete intervai Between Onset end Death **Physician** Immediate Cause (Final disease or condition resulting in deeth) /Medical TRAUMA - FALL · MULTIPLE Examiner Due to (or as a consequence of): Physician/Medical Examiner sician and burial-transit MULTI INFARCT The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or injury that inhieled events resulting in death) Lest Due to (or as a consequenca of) physician s the burial Box 68760. Due to (or as a consequence of): 88 for use P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown Records. þ sign be 24b. Were eutopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed page 2 1 ☐ Yes 2 DeNo 1 ☐ Yes 2 ☐ No Division of Vital Hospital or Attending Physician: 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Yes 2□ No Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To Inpatient 2 □ ER/Outpatient 3 □ DOA this funeral 28a. Date of Injury (Month, Dey Year) 27. Manner of Death 28b. Time of Injury 28d. Describe how Injury occurred After 5 Pending Investigation 1 Natural FEB 19 96 1330 PM 1 Yes 2 ₽No within 24 hours aftar death. To the Funeral Director: A 2/2 Accident FLOOR FALL 10 tha 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) in by 4 Homleide 10 pelli HOME 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) end manner as stated.

2 Deficiency of the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. edical 29a, Certifier completaly (Check only one) ţ 29b. Signature and title of available 29c. License number 29d. Date signed (Month, Day, Year) 30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print) MAYLE 1020 FERNWOOD RO BETHESDA KLB SOFIZ C RAWEIS 31. Date filed (Month, Dey, Year) 32. Registrer's Signature State

This Mudeen Randall

Registrar



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State of Maryland / Department of Health and Mental Hygiene

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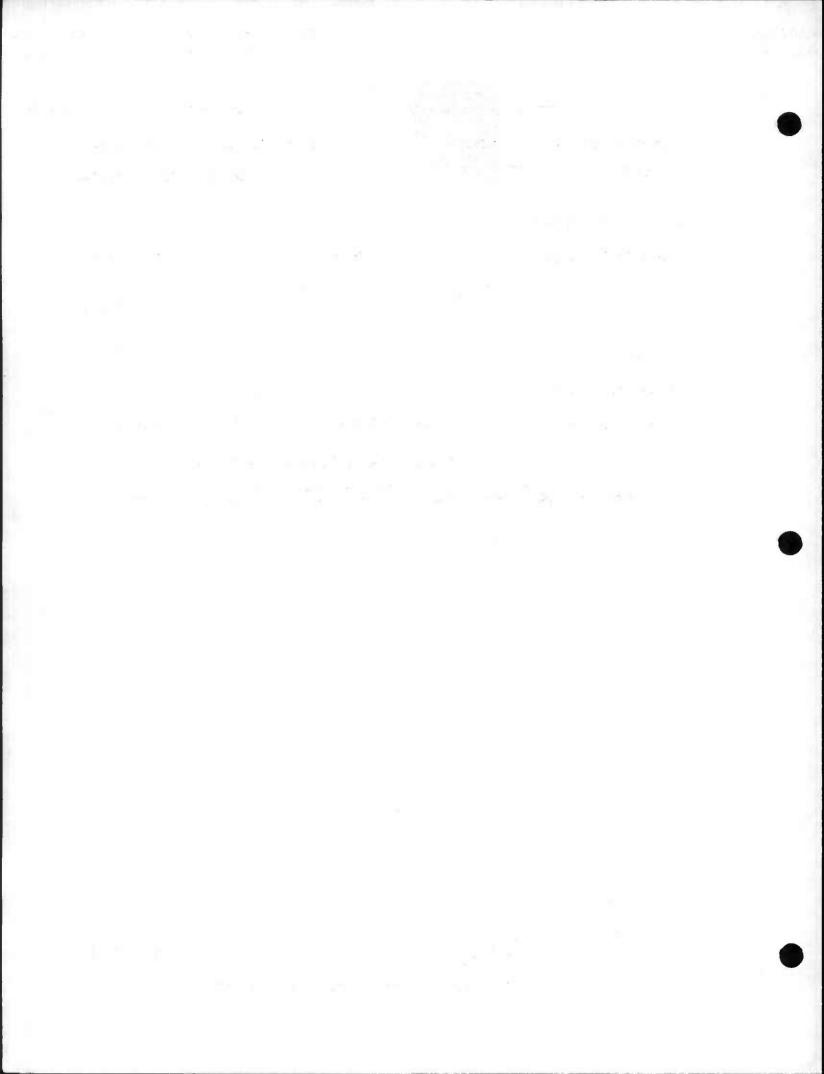
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	/Medi		Gertrud		Nove				-			FEB 3	14,	1996		11.	55 Pm
ħ.	Exami		4a. Facility Nama (If not institu	tion, give	a street and numbe	or)				4b. City, To	own, or L	ocation of Dea	th	4c. County	of Death		
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	Funerai Director		5. Social Security Number 140–18–4369	6. S	ax 7. / □ M 2 <b>2X</b> F	Aga (In yrs. las 79	st birthday) Yrs.	If Unda Months			Min.	8. Data of Bi	rth ay, Ye	1916	9. Birthr Cour New	placa (Sintay)	ata or Foreig
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	or Attanc after deatl Director: I in by the	Certification:	3 ☐ Sulcida 6 ☐ Coul 4 ☐ Homicida date	mined	Zoa. Place of I	njury - At hom atc. (Specify)	a, tarm, str	aat, factor	y, office			28t. Location City or To			ber or Run	al Routa	Number,
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State of Maryland / Department of Health and Mental Hygiene

					Ce	rtificate	of	Death			Reg. No.			
			1. Decedent's Name (First, Middle, Last)							2. Dete of De		Vasa	3. Tim	e of Deeth
	nysici Medic		Katherine	Sheehar	n Not	0				Februa	ry 24, ]	Yaer L996	11	:00 AM
	weak xamin		4a. Facility Nama (If not institution, give street end nu	mber)			7	4b. City, To	wn, or L	ocation of Death				7 7 1
			Althea Woodland Nursing	Home				Silve	r Sr	ring	Mont	gomer	21/	
Fu	neral	4	5. Social Sacurity Number 6. Sax	7. Age (In yrs. la	st birthday	If Undar 1	Yaar	If Under	24 Hrs.	8. Date of Bir (Month, De	th .	9. Birthpl	y ace (Sta	ite or Foreign
	ector		063-14-5181 ¹□м <b>%</b> XF	83	Yrs.	Months	Days	Hours	Min.	March 25	y, Year) 1912	Connec		
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ylen y	14		10a. State 10b. County	10c. City	Town or L	ocation						10	d. Inside	a City Limits
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the 284	Tool .	Director	10e. Street and Number			10f. Zip C	ode				10g. Citizan of	What Count	iry?	-
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the ter	io.	교	1 ☐ Navar Married 2 ☐ Merried 1 ☐ Yes			If Yes, specif	y Cube	en, Maxicar	n, Puerto	Rican, etc.)		ck, White, e		
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Baltimo permit. Pege Department	any injury or other traumatic event, the Medical Examinet must be notified at once.	4	21. Signatura of fullerer Sarvice Licensae	11						ces, P.				
			Cellen N.	may po							pring,	MD 209	910	
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DIVISION  or Attending efter death.  Director: After	by the	Certification:	3 Suicide 6 Could not be 28e, Place	of Injury - At hor	ne, farm, st	reet, fectory,	office			28f. Location (	Street end Numi	ber or Rural	Route A	lumber,
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Amended	#4,	3/4/96,	nds,	Allegany	Count
FOR		ATTE OF	AADM AASD	management of	

		REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last,				ICATE	<u> </u>	DEAL		2. DATE OF DE	G, NO.	YEAR	3. TIME OF DEATH
		CATHERINE M.	ΑY	<b>ODONNE</b>	LL					March	1	1996	16:10
	E	4. SOCIAL SECURITY NUMBER	5. SEX 1	6. AGE (In yrs. las	birthday) YRS.	IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIF (Month, Day, MAY 22	1907	8. BIR' Coul	TNPLACE (State or Foreign ntry) PA.
2, 3 should	5	9a. FACILITY NAME (If not institution, give MEMORIAL HOSP				9b. CITY, T		BERL		ATN	90	ALLEGA	
-   8	Z L	RESIDENCE OF DECEDENT  100. STATE  10b. COUN	TY		10c, CIT	Y, TOWN OR	LOCATI	ION					10d. INSIDE CITY
= 1	- 10		LLEGANY			LAVAL	_						1 - YES 2 1 NO
	EHAI	8 BUCHANAN AVE.					101.	ZIP CODE	502		10	U.S.A	WHAT COUNTRY?
	5	11. MARITAL STATUS  1 Never Married 2 Married  3/X Wildowed 4 Divorced	t2. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	YES 2 N		H :	yes, spe	city Cubar	F NISPAN n, Mexica Specify	IC ORIGIN? (Spen, Puarto Rican,	etc.)	Ble	CE — American Indian, ick, White, atc.
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8 E C		WILLIAM C. SAYLOR  WILLIAM C. SAYLOR  State, Zip Code)  WILLIAM C. SAYLOR  WILLIAM C. SAYLOR  WILLIAM C. SAYLOR  State, Zip Code)											
be no	-	EVELYN S. KIRK		1					LAVA	- Y		2150	
must		1 Buriat 2 XX Cremation 3 Re 4 Donation 5 Other (Specify)	noval from State	cemetery, cre	natory or o	of disposit other place)	MAT	Me of	MADO	DATE	20c. LOCATI	TION — City or MREDIAL	ND MARYLANI
xaminer		11. SIGNATURE OF FUNERAL SERVICE L	Month	<u></u>	KLAN	MER	RIT	T-AD	AMS	FUNERAI	L HOM	E	ARYLAND
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Hygiene p	Siring	cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated eventa reaulting in death) LAST	c	OR AS A CONSEC	DUENCE O	F):							
any inju	TI	PART ii. Other significant condition	ens contributing to o	death but not r	esulting	In the und	leriying	g cause g	jiven in		WAS AN AUT PERFORME YES 2	D?	4b. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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after de 18	3	e Constitution	8 Could not be 28a. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)  28a. PLACE OF INJURY — At home, ferm, street, factory, office could not be building, etc. (Specify)										
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.		30. NAME AND ADDRESS OF PERSON W	`				dio	al R	1de	Cumbe	rland	MD	21502
	100	TATEL MATTERNO	Trende Ticilio			- cal - 11C							

### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

96 07332

					Certificate d			Reg. No.	
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	-	5. Social Security Number 6. Sex		(In yrs. last birti	nday) If Undar 1 Ye	er   If Under:	_		
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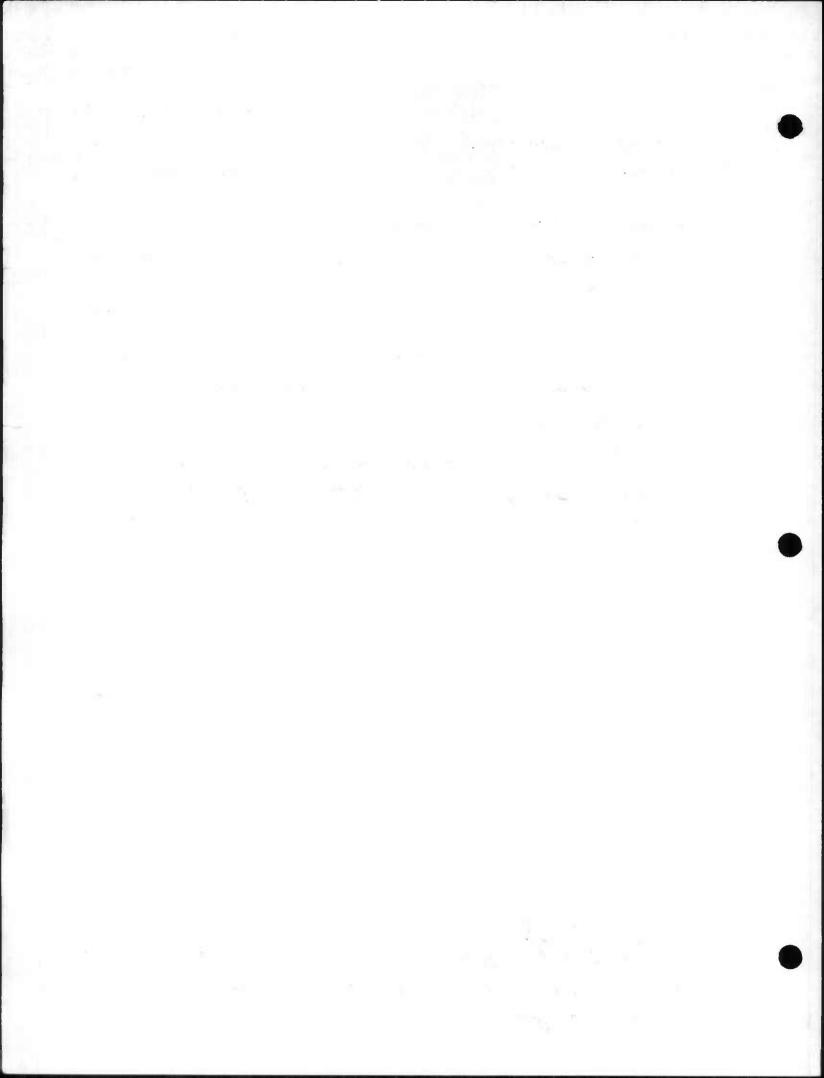
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e of Maryland / Department of Health and Men	ital Hygiene	U	13	J	J
Certificate of Death					

			Certificate of Death	Monta i i j	Reg. No			
	13413		Decedent's Nama (First, Middle, Last)	2. Data of De	eath			Time of Death
	Physici /Medi		Iola Jean Olson	Februa	rv 2	9, 199		:48 AM
8	Examir		4a. Facility Name (If not institution, give street and number)  4b. City, Town, or			c. County of De		. 10 /11
			Carriage Hill Nursing Home Bethesda	1		Montgor	nerv	
т	Funeral	П	5. Social Sacurity Number 6. Sex 7. Age (In yrs. last birthday) If Under 1 Yaar If Undar 24 Hrs					State or Foreign
ł	Director		543-10-7507 1 M 2 XF 77 Yrs. Montha Days Hours Min	8. Date of Bi (Month, Di JULY 1	0, 1	918 Wa	country) ashin	gton
	show		10a. State 10b. County 10c. City, Town or Location				10d. In	side City Limits
	Many Many	to	Maryland Montgomery Bethesda				11	☐ Yes 2 🂢 No
	28s	9	10e. Street and Number 10f. Zip Code		10g. Ci	itizen of What	Country?	
	3a o	<u></u>	4504 Boxwood Road 20816			nited S		
	Jeath Tre 2	era	11. Maritai Status 12. Was Decedent Evar in U.S. 13. Was Decedent of Hispanic Origin? (5	Specify Yas or No		14. Race - Ar		
21215-0020	permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylend Department of Health and Mantal Hygiene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, it a Medical Expansion must be notified at once.	by Funeral Director	11. Marital Status  12. Was Decedent Evar in U,S. Armed Forces?  1 □ Never Married 2 □ Married  1 □ Yas 2 □ No If Yes, Give Year or Dates:  13. Was Decedent of Hispanic Origin? (5 If Yes, specify Cuban, Maxican, Puar I) □ Yas 2 □ No Specify:  1 □ Yas 2 □ No Specify:	to Rican, atc.)		Black, WI Specify:		
ō	2 ho	8	15. Decedent's Education 16a. Decedent's Usual Occupation	11.7	16b. H	Kind of Busines		
215	7 00	Completed	15. Decedent's Education (Spacify only highast grade completed)  Elamantary/Secondary (0-12)  Coilege (1-4or 5+)	orking				
21	2 should be filed withing end Mantal Hygiene. Is marked other than aumatic event, the Mantal than the Mantal t	E	12 Homemaker			Own Ho	me	
P	office Hyy	Bec	17. Father'a Name (First, Middle, Last)  18. Mother'a Na	ma (First, Middle	, Meider			
Maryland	and be well be	ToB	Roy R. Rodgers Iona	Porter				
ary	shound N	_	19a. Informant'a Neme/Relationship (Type, Pnnt)  19b. Mailing Address (Street and Number or R		er, City	or Town, State	, Zip Code	)
	and 2 aaith e n 27 is		Virgil D. Olson Same as 10					
re,	r Haaith tem 27 i		20a. Method of Disposition 20b. Placa of Disposition (Name of	Date	20c. L	ocation - City	or Town, S	tata
Baltlmore,	permit. Pages 'Department of Himportant: if ite any injury or of once.		I District State of S	2-29-96	Rol+	reville	Mar	bacly
=	ortar inju		21. Signature of Funarai Service Licensee 22. Nama and Address of Facility			POATTIE	, Mar	ytanu
Ä	Depar Impor any ir		Rapp Funeral Servi 933 Gist Avenue, S	20910				
П			23a. Part1. Enter the disease, or complications that causad tha death. Do not enter the mode of dying, such as cardia shock, or heart failure. List only one cause on each line.	c or respiratory a	rrest,		Inter	oximate val Batween
	Physiclan						Onse	et end Death
4	/Medical Examiner		Immediate Cause (Final disease or condition Stroke				10 c	lays
	LAGITITICI	L	resulting in death)  Due to (or as a consequenca of):					
-	D #	lne	Hypertension				10 y	ears
	tificate be axecuted ig physician end as the bunal-transit	Examiner	Sequentially list conditions,  flearly leading to immediate				i	
50,	oe ax clan ourial		Cause (Disease or injury					
68760,	Shysi the t	dic	I hat initiated events	-				
	E 0 8	Physiclan/Medical	d					
Box	attendin	lan				-		
o.	The law requiras thet the death cerate has been signed by the attendir page 2 should be deteched for use	ysic	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.	23b. Did	tobacc	o uae contribu	ite to the d	auss of death?
<b>Q</b>	thet the ed by detec		Previous stroke left hemiapresis	1 🗆	Yes :	2 No 3 🗆	Probably	4 Unknown
Records,	signe bed	by						
0	v require been signature	ted		24a. Wes	en auto omed?	opsy 24t	avaiiable	
ec	hes b	Completed					of death	on of cause ?
H	The la	Con		1 🗆	Yes 2	No No	1 🗆 Yes	2 No
Vital	Attending Physician: The ordeath.  ector: After this certificate by the funeral director, pag	Be	25. Was case referred to medical axaminer? 26. Place of De	ath (Check only	one)			
of V	nysic ils ce	2		Home 5 ☐ Res	idence	6 □Other (Sp	oecity)	
0	ng Ph ter th neral		27. Menner of Death  1XX Naturel 5 ☐ Pending  28a. Date of Injury (Month, Day Year)  28b. Time of Injury et Injury Work?	28d. Describe	how Inju	ury occurred		
0	auth. xr: Ai	atic	2 ☐ Accident Investigation M 1 ☐ Yes 2 ☐ No					
Division	or Attending Peter death.  Director: After to in by the funer.	Certification:	3 Suicide 4 Homicide  6 Could not be determined  28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify)	28f. Location (		nd Number or	Rurel Rou	te Number,
	rs eff at Di led ir							
	To the Hospital or / within 24 hours efter To the Funeral Direct Completely filled in b	edical	artifying Physician: To the best of my knowledge, death occurred at the time, date end place in the best of examination end/or investigation, in my opinion, death occurred at the time, date end place in the best of examination end/or investigation, in my opinion, death occurred at the time, date end place in the best of my knowledge, death occurred at the time, date end place in the best of my knowledge, death occurred at the time, date end place in the best of my knowledge, death occurred at the time, date end place in the best of my knowledge, death occurred at the time, date end place in the best of my knowledge, death occurred at the time, date end place in the best of my knowledge, death occurred at the time, date end place in the best of examination end/or investigation, in my opinion, death occurred at the time, date end place in the best of examination end/or investigation, in my opinion, death occurred at the time, date end place in the best of examination end/or investigation, in my opinion, death occurred at the time, date end place in the best of examination end/or investigation, in my opinion, death occurred at the time, date end place in the best of examination end/or investigation, in my opinion, death occurred at the time in the best of examination end/or investigation.	e, and due to the urred at the time,	cause(s date an	s) and <i>m</i> anner nd piece, and d	as stated. ue to the c	ause(a)
	omp	Me	Signature and title of certifier 29c. License number		29d. Da	ate signed (Mo	onth, Day,	Year)
	->-0		N. 007/77		Ech-	allemy Of	חד מ	
			and // Due MD D 07471		repi	ruary 2	J, 19	30
			30. Name and address of person Mobemplettid cause of death (Item 23a) (Type, Print)			202		
			Paul T. Noone, M. D., 50 West Edmonston Drive, #207, 31. Date filed (Month, Day, Year)	Rockv	ılle	e, MD	20852	-1290
	Sta Registr		31. Date filed (Month, Day, Year)  32. Registrar's Signature  32. Registrar's Signature					
	J		DATE:					

Registrar

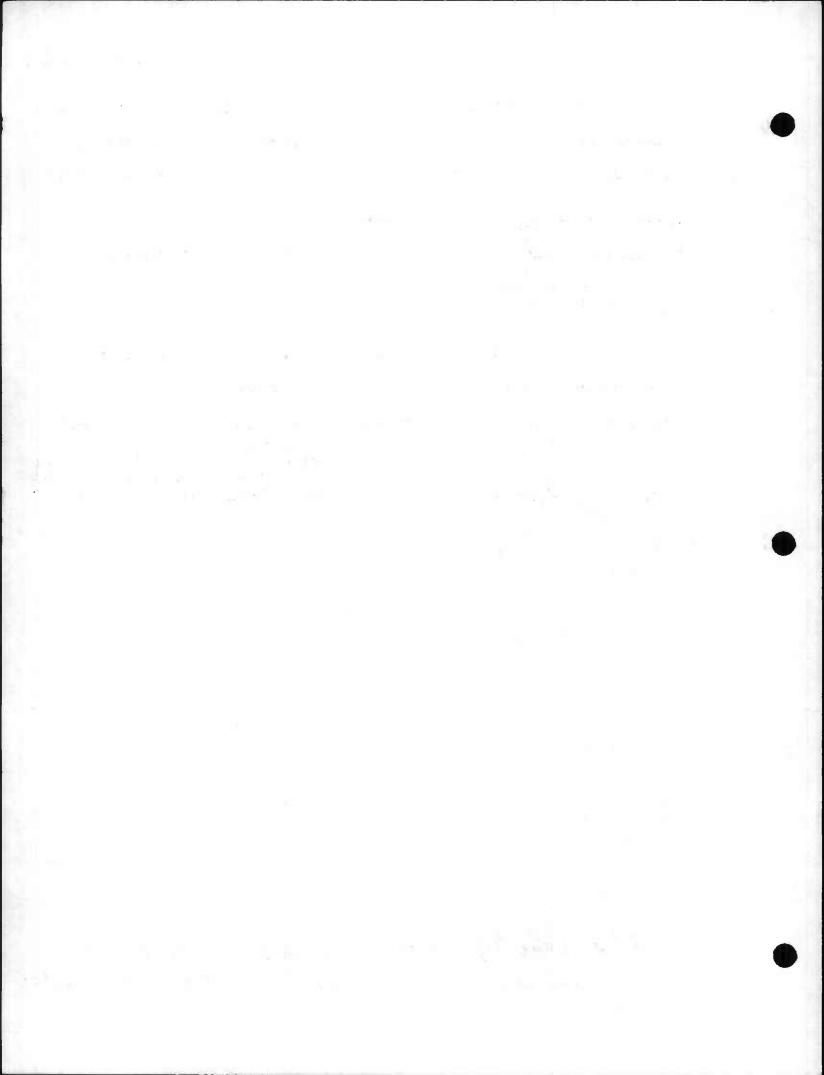


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State of Maryland / Department of Health and Mental Hygiene

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							Cen	iticate of	Deatr	7		Reg. No.		
ı	Physic	ian	Decedent's Name (First, Mide     .Tan	dle, Last) nes F. O'l	Prio	n					2. Date of Do Month	Day	Yaar	3. Time of Death
V	/Medi	cal				11			AL CIL. T			ry 22,		8:40PM
	Exami	ner	4a. Facility Nama (If not Institution		iumber)						ocation of Deat			
			Suburban Hosp  5. Social Sacurity Number	6. Sax	7.4-	a (la resa fa a t hiet	th of our t	If Undar 1 Yea	Beth	esaa r 24 Hrs.	Dotte of Di		ntgom	4
	Funeral Director		214-34-6234	XXM 2□ F		a (In yrs. last birt 78	Yrs.	Months Day		Min.	8. Data of Bi (Month, D	ay, Year)	9. Birthe	place (State or Foreign
	Director		Usual Residence of Decedent		1	70					July 1	0, 1917	Mass	achusetts
	fand w		10a. Stata 10b. Count	у		10c. City, Town	or Loc	ation					1	0d. insida City Limits
	Mary	ō	Maryland Mont	gomerv		Che	7777	Chase						1 DXYes 2 □ No
	the the	Director	10e. Street and Number	230111023		0110	- • 2	10f. Zip Code				10g. Citizen of	What Cour	ntry?
	With the or		4415 Stanford S	Street					5-5207			United		
	filed within 72 hours efter death with the Maryland Hygiene. The trans 23a or 28a-f show ont, the Medical Examine must be noticed.	Funeral	11. Maritai Stetus	12. Was De	cedent	Ever in U,S.	13. W			rigin? (Sp	ecify Yes or No			ean indian,
0	fler of the state	F	1 Nevar Married 2 Ma	Armed I	Forces?		tf	as Decedent of Yas, specify Cu	ban, Mexica	n, Puerto	Rican, etc.)	Bla	ck, White,	
050	91,0	by	3 ☐ Widowed 4 ☐ Divorce	If Yes (	Siva		10	□Yes 2□XN	o Specify	•		Specif	wh	ite
21215-0020	2 ho		15. Decede	nt's Education		16a.	Decede	nt's Usual Occ	upation			16b. Kind of B		
215	n'n	Completed	(Specify only high Elementary/Secondary (0-12)	est grade completed Coilege	-		(Giva kı	ind of work don O NOT use retir	a during mo: red)	st of work	ing			
2	d wit	E	Eminoritary/Geochicary (0-12)		4		Comm	ercial	Artis	t		Gran	ohics	
	be filed tal Hyg d other event,	Be C	17. Father's Name (First, Middle	, Last)					18. Moth	er's Nam	e (First, Middle	, Maiden Suman	na)	
lar	should be filed and Mental Hygi marked other imatic event, I	ToB	George Edwar	d O'Brier	n				El	la Be	eer			
Maryland		_	19a. Informant'a Name/Relation	ship (Type, Pnint)		19b.	Meiling	Address (Street	et and Numb	er or Run	al Route Numb	per, City or Town,	State, Zip	Code)
	and 2 ealth ar n 27 is		Julia T. O'Brie	en, Wife		44]	L5 S	tanford	Stre	et. (	Chevy C	hase, MI	208	15-5207
re,			20a. Method of Disposition					ition (Name of atory or other pi				20c. Location		
mo	y or H		1 Burial 2 □ Cremation 4 □ Donation 5 □ Other (	3 □Removal from	n State			aven Ce				Silver	Sprin	g,Maryland
Baltimore,	permit. Peges 1 Department of H Important: If ite any Injury or ot once.		21. Signature of Funeral Sarvice				- 1			-	neral Home			
B	Depa Impo any Ir		M. (	DV										onsin Ave.
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	Physician /Medical	Н	immediate Cause (Final	1	00	ship.	21	0011	1	. 1 /	0011		1	
	Examiner		disease or condition resulting in death)	a	re	spiro	rxe	114	a	2/7	ress			
	0131	<u>-</u>				Due to (or as a c	onsequ	enge of):						
	nsit ned	Examiner		b										
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<b>a</b>	that the ded by desta		URINA	RY TR.	ACI	INF	FEC	25101	1.		1 🗆	Yes 2 No	3 Pro	bebly 4 Unknown
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	To the Hospital or Attending Ph within 24 hours after deeth. To the Funeral Director: Affer th completely filled in by the funeral	Med	one)	and ma	nner sta						Т			
	5 × 5 × 6	-	29b. Signature and title of certifier					29c. Licer	nse number	01.		29d. Date signe		
			Juna	2 Man	Too	14.1.	J	04	636	,4		02-2	3 -9	0
	10		30. Name and address of person			eath (Item 23a) (	Typa, P	nint)		01	1 10	04.4.4	_	
	1			KOLSKY		6111 E	XE	cutiv	c 1.	SLV	d. Re	UCKVILL	E, M.	0,20852
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State of Maryland / Department of Health and Mental Hygiene 07335 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death 3. Tima of Death **Physician** Dev W. Donald Pennington 23 1996 /Medical February 2:48AM 4a. Fecility Nema (If not institution, giva street end number) 4b. City. Town, or Location of Death 4c. County of Death **Examiner** Meridian Health Care Center, Spa Creek Annapolis Anne Arundel If Undar 1 Yeer | If Under 24 Hrs. | 8. Dete of Birth (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Months Days **1** M 2□ F Director 212-09-5801 May 12, 1913 Maryland Usuel Rasidance of Decedant with the Maryland 10a, Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Pages 1 and 2 should be filed within 72 hours after death with the Marylar nent of Haalth and Mental Hygiena. Intt: If Item 27 is marked other than "naturel, or frems 23s or 28s-f show ury or other traumatic event, the Marical Examines man the notified. 1 Yas 2 □ No Director MD Anne Arundel Annapolis 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 130 Sumner Road Funeral 21401-2235 United States 14. Race - American Indian, Black, White, etc. 12. Wes Decedent Evar In U,S. Armed Forcas? 13. Was Decedant of Hispanic Origin? (Specify Yas or No-lf Yes, specify Cuban, Maxican, Puarto Rican, etc.) 11. Marital Status 1 Never Married Married IXOXYes 2 □ No If Yas, Giva Maryland 21215-0020 1 ☐ Yas 2√ No by lf Yas, Giva Yaar or Datas: Specify: White 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) Collega (1-4or 5+) 5 Professor University/USNA 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maidan Sumame) Be Winfield B. Pennington Cordelia O. Hopkins 19e. Informant's Name/Raiationship (Type, Print) 19b. Malling Addrass (Street end Number or Rural Routa Number, City or Town, Stata, Zip Code) Felicia G. Pennington 130 Sumner Road Annapolis, Maryland 21401-2235 Baltimore, 20b. Piaca of Disposition (Nama of cematary, crematory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stete 1 X Buriei 2 ☐ Cremetion 3 ☐ Ramoval from Stata
4 ☐ Donetlon 5 ☐ Othar (Specify) permit. Page Department of Important: if any Injury or once. Hillcrest Memorial Gardens 2/27/96 Annapolis, Maryland 22. Nama and Addrass of Facilyohn M. Taylor Funeral Home, Inc. 21. Signature of Fuperal Service Licenses 147 Duke of Gloucester St. Annapolis, MD 21401 23a. Part . Entar the disease, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one dura on each line. **Physician** /Medical Immediata Causa (Finel diseasa or condition resulting in daath) 2 Mos Examiner Examiner 2 Mas I or Attending Physician: The law requires that the death certificate be associted after death.

Director: After this cartificate has been signed by the attending physician and in by the funratural director, page 2 should be detected for uses as the burnel-transit of in by the structard director, page 2 should be detected for uses as the burnel-transit. Sequentially list conditions, if eny, laeding to immediata causa. Enter Underlying Cause (Diseasa or Injury that initiated evants rasulting in deeth) Last Dua to (or Box 68760. Vetu ZMOS Physician/Medical Dua to (or es e consaquence of): Pert II. Other eignificant conditions contributing to death but not resulting in the underlying causa given in Part I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Wara autopsy findings available prior to completion of causa of death? 24e. Wes an eutopsy performed? Completed 1 🗆 Yas 2 NO 1 Yas 2 No 25. Was case refarred to medical Be 26. Placa of Death (Check only one) Hospital: 1 Yas 2 No Other: 4™Nursing Homa 5 ☐ Rasidance 6 ☐ Other (Specify) 2 1 ☐ inpatiant 2 ☐ ER/Outpetlent 3 ☐ DOA 28a. Date of Injury (Month, Day Year) Certification: 27. Mennar of Death 28b. Time of 28c. Injury at Work? 28d. Dascribe how injury occurred 5 Panding Invastigation Naturel 2 Accidant 1 ☐ Yas 2 ☐ No 6 Could not be datarmined 3 Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, street, factory, offica building, etc. (Specify) filled in by 4 Homicide To the Hospital within 24 hours a To the Funeral D completely filled in 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and piece, and due to the causa(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated. 29a. Cartifier Medical (Check only one) 29b. Signatura and title of certifian 29c. Licansa number 29d. Date signed (Month, Day, Year) 03/082 96 200 30. Nema and addrass of person who complated cause of death (Itam 23a) (Type, Print) MARY L. MICHELS. M.D 122 Defense Hwy. Annapolis, Maryland 21401 31. Deta filed (Month, Dey, Year) 32, Registrer's Signetura

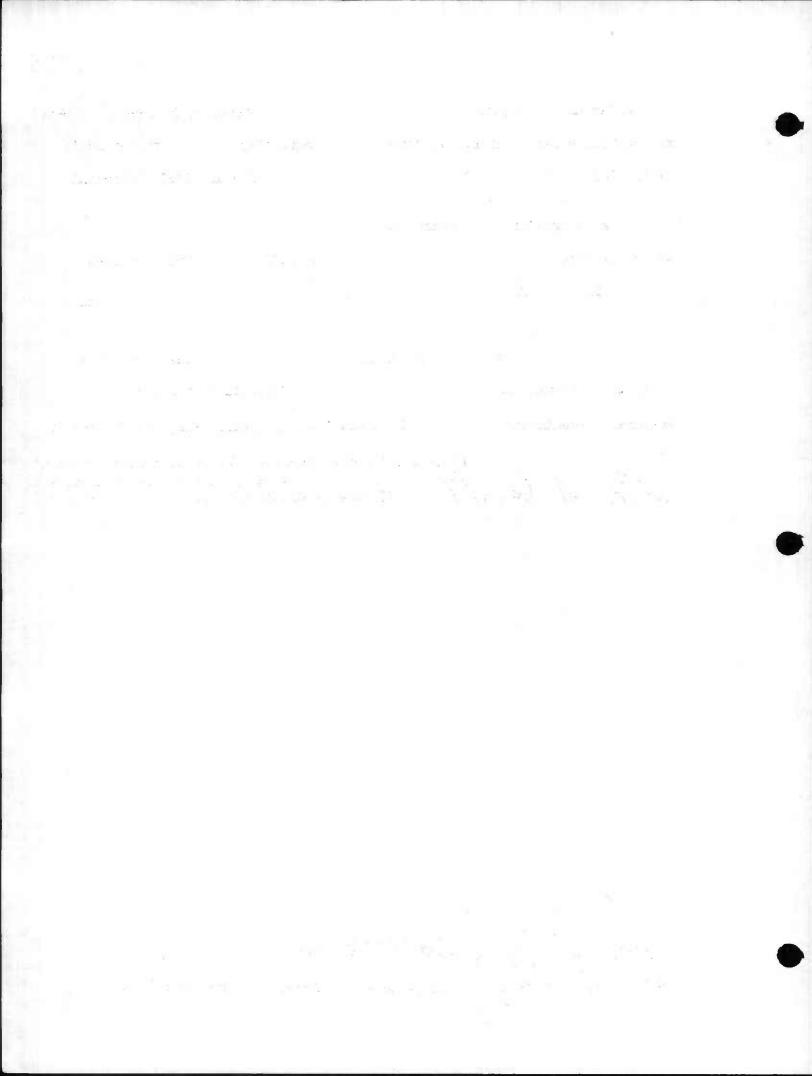
**DHMH 16 Rev 6/95** 

State

Registrar

FEB 2 8 1996

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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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		MONTH DAY YEAR										3. TIME OF OEATH				
		4. SOCIAL SECURITY NUMBER 5. SEX				AGE (In yrs. last birthday)   IF UNDER 1 YEAR								9:10 pm		
							YRS. MONTHS DAYS HOURS MIN.				MIN.	(Month, Day, Year) October 26,57			Countr	v)
pinous		90. FACILITY NAME (If not in		treet and number)		38		9b. CITY,	TOWN	OR LOCATI	ON OF DE		ODCL Z		NTY OF D	
2, 3 s	OR	11936 Scagg	sville	Road				Fult	ton					How	ward	
21215-0020  all or attending physician.  flor use as the burial-transit permit. Pages 1,	ECI	11936 Scaggsville Road Fulton Howard RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION										10d, INSIDE CITY				
	DIRECTOR	Maryland Howard						Fulton								LIMITS?
												10g. CIT	ZEN OF W	HAT COUNTRY?		
	FUNERAL	11936 Scagg	sville	Road						2075	9			USA		
	J.	11. MARITAL STATUS  1 Never Married 2	Mondad	12. WAS OECEDEN FORCES? 1	T EVER I	VER IN U.S. ARMED YES 2 NO  13. WAS DECENOENT OF HISP If yes, specify Cuben, Mexi			OF HISPAN	NIC ORIGIN	1? (Specify Yes	or No-	14. RACE Black	- American Indian, White, etc.		
	ВҰ	3 Widowed 4 X Divo		IF YES, GIVE V	WER OR DA	ATES	TES 1 ☐ YES 2 ☐XNO Specify:					Spe				
r attend	TEO		EDENT'S EDU			(Gh	ve kind of	USUAL OC	CCUPATIO	ON ost of working	ng	16b	. KIND OF BUS	SINESS/INC	USTRY	
MARYLAND 21 retained by the hospital or 5 should be detached for indtiffied at once.	COMPLET	Elementary/Secondary (I	D-t2)	College (1-4 or 5	+}		iiie. Do NOT use retired.)  Truck Driver						10		. •	
	MC	Grade 10	fiddle, Last)			Tru	CK D	rive		18 MOT	MEO.6 MY	Hauling/Construction  AME (First, Middle, Melden Surname)			ction	
YL Pe de la																
MAR retained 5 should notified	TO BE	19e, INFORMANT'S NAME (				19b	MAILING	ADDRESS	(Street a	and Number	r or Rural I	Floute Numb	ber, City or Town	n, State, Zip	Code)	
40	ř	Gloria Palmer 11936 Scaggsville Road, Fulton, Maryland									20759					
BALTIMORE, or death, Page 6 may be the funeral director, page val.		20a METHOD OF DISPOSITION 1 Burlai 2 Cremetion 3 Removal from State  20b.PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetory or other place)  20c. LOCATION — City or Tow										,				
MC direct	0.11	4 Donation 6 Other		ENORS.	En	manı	ıel (	Cemet		ND ADDRE	00 OF F4	2/28	3 Sca	ggsvi	lle,	Maryland
ALTIM death. Page tuneral dire		· 6 1/1-	111	7//									Home,	P.A		
B/ urs after of in by the r removal.	-	- RANG	they A	chile				3	13 Т	albo	tt A	ve.	Laurel	, Ma	ryla	nd 20707
		23. PART I. Enter the d shock, or h	eart fallure.	List only one cau	ise on e	ach line.							liec or respi	ratory sri	est,	Approximate Interval Between
		IMMEDIATE CAUSE (Fit disease or condition	nei	Col	OVI	ect	-al		MA	ICE	W					Onsat and Death
760, ad within ompletely fille I, cremation, event, the		resulting in death)		DUE TO	(OR AS A	CONSEO	UENCE O	F):		,						cyros.
	z	Convertible, that are dis		· W	an	1	we	C Tit	15+	ASI	is					1/42
	AT	Sequentially list condit if any, leading to imme ceuse. Enter UNDERLY	diete	DUE TO	(OR AS A	CONSEQ	UENCE O	F):								l l
Phy phy	FIC	CAUSE (Disease or Inju		DUE TO	(OR AS A	CONSEO	UENCE O	F):			-					+
S, P.O. e death certific he attending p Mental Hygien ijury, or other	CERTIFICATION	resulting in deeth) LAS	ा ।	d												
S, e deat he atte Menta jury.	- 1	PART II. Other significa	int condition	s contributing to	death h	ut not re	eulting	In the un	derlyla	0.00100	alven In	Doet I	24s. WAS AN	ALITTORNAL	Lan	Witness August State and S
Taga at	EDICAL				Gooti, D	or not re	rounning.	III LINE GIV	OOTIYIII	g couse i	giveii iii	Part I.	PERFOR	MED?	240.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
signed Health a		1 □ YES 2 ☑ THO OF D									OF DEATH?					
AL RE e law requires been so Dept. of H	2 2	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN										TES 2 MO				
VITAL AN: The law tificate has be State Dept or Item 23	SICIAN:	25. WAS CASE REFERRED T EXAMINER?		HOSPITAL:				TH (Check o	only one)		/					
F VIT. SICIAN: The Certificate the State I, or Item	YSI	1 TYES 2 NO		1 inpetient 2		etlent 3	□ DOA	OTHER		10 5 F R	eeldence	6 🗆 Othe	r (Specify)			
이 동물통 회	ВУ РНУ		Pending Investigation	26e. DATE OF (Month, D			26b. TIM	E OF JURY M		URY AT ORK? YES 2	NO	28d. DES	CRIBE HOW II	NJURY OC	CURED	
ATTENDING I ECTOR: After s after death	ED B		Could not be	26e. PLACE O building,	F INJURY	- At hon	ne, lerm,	street, facto	ory, offic			26f. LOC	ATION (Street e	and Number	or Rural A	outs Number,
DIVISION OR ATTENDING I DIRECTOR: After hours after death item 28 is mai		4 Homicide	detarmined													
OSPITAL ( UNERAL D  ITHIN 72 h  UNT: If II	COMPL	(Check only one)		CIAN: To the best of R: On the bests of e												and manner ee stated.
TO THE HOSPITAL ( TO THE FUNERAL L be fied within 72 h IMPORTANT: If II	TO BE	Ru	The	if a	D					0	316	550		10	SIGNED	(Month, Day, Year)
		30. NAME AND ADDRESS OF	F PERSON WH						ne	PER	JE	ST.	BA	10	M	. 21201
		31. DATE FILED (Month, Day,		32. REGISTRA	AR'S SIGN	ATURE	Rende	Щ								
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
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HE MOSPTAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 s	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	APORTANT: It liem 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE H	TO THE FL	be filed wi	IMPORTA

hould

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI			MENTAL HYGIENE REG. NO.					
1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATH		3. TIME OF OEATH			
	RUTH CHARMA	INE PARKER				FEBRUARY 2	5 1996	8:30 AM M			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (II		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		HPLACE (State or Foreign			
	212-22-8643 9e. FACILITY NAME (If not institution, give	1 M 2 F 6	8 YRS.	DAYS	HOURS MIN.	DEC 13 192	7 Count	MARYLAND			
DIRECTOR	219 PEAR STREET			CUMBEI			ALLEG				
<u>ا</u> ا	10e. STATE 10b. COUNT	Υ	10c. CITY, 1	OWN OR LOCAT	ION			10d. INSIDE CITY			
	MARYLAND ALL	EGANY	CU	MBERLA	ND			LIMITS?			
	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN OF WH				
ER	219 PEAR STREET				21502		U.S.A				
FUNERAL	11. MARITAL STATUS	12. WAS DECEOENT EVER IN FORCES? 1 YES	U.S. ARMED		ENDENT OF HISPAN	IC ORIGIN? (Specify Yes	No- 14. RAC	E — Americen Indian, k, White, atc.			
E E	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	TESXX		2X NO Specify	n, Puerto Ricen, etc.)		Wy: WHITE			
		l Interior		1	-			***************************************			
COMPLETED	15, OECEDENT'S EQU (Specify only highest grade	completed)	(Give kind of work life. Do NOT use n	k done during mos	N It of working	16b. KIND OF BUSI	NESS/INDUSTRY				
	Elementary/Secondary (0-12)	College (1-4 or 5+)		KEEPER		HOUSE	KEEPER				
N N	17. FATHER'S NAME (First, Middle, Last)		-		18. MOTNER'S NAI	ME (First, Middle, Malden S	(mama)				
	VERNON E. PORT	MESS				. WELLER	unnarray				
O BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street e		Poute Number, City or Town,	State, Zip Code)				
=	MARY C. GEORGE		501 BA	LTIMORI	E AVE. CU	JMBERLAND M	LARYLAND	21502			
	20e. METNOD OF DISPOSITION 1 XX puriel 2 □ Cremetion 3 □ Rem		PLACE AND DATE OF E	DISPOSITION (Na	ne ol	DATE 20c. LOCA	ATION — City or To				
	4 Donation 5 Other (Specify)	SÜ	NSET CEME	TERY F	EB 27 199	96 CUME	ERLAND	MARYLAND			
	21. SIGNATURE OF FUNERAL SERVICE AICENSER  22. NAME AND ADDRESS OF FACILITY MERRITT-ADAMS FUNERAL HOME										
	Wall of	Herrix				FREET CUMBE		ARYI.AND			
	23. PART I. Enter the diseases, or	complications that caused List only one cause on ea	the death. Do not	enter the mo	de of dying, such	n aa cardiac or reapire	itory arrest,	Approximate			
	IMMEDIATE CAUSE (Final	List only one cause on ea	cri line.	/	0.0			Onset and Death			
	disease or condition s. VEN TRICALAR FIBRILLA TION										
1	The second second	DUE TO OR AS A	CONSEQUENCE OF):	10 40	1. 1.1	1011					
5	Sequentially list conditions,										
HILICALION	If any, leading to immediate cause. Enter UNDERLYING										
₹	CAUSE (Disease or injury that initiated events	C. DUE TO (OR AS A	CONSEQUENCE OF):	a Caparin	10porg		Syest				
	resulting in death) LAST	d. Lesti	nan Hite	Drea	Le			18421			
3	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY ENDINGS										
<b>A B</b>	(-D2 G		L W		cause given in	PERFORM		AWAILABLE PRIOR TO COMPLETION OF CAUSE			
MEDIC	(O14) Fa	y Killy 14	1/A C	411		1 D YES 2	NO	OF DEATH?			
	DID TOBACCO USE CONT	RIBUTE TO CAUSE OF	DEATH YES	□ NO M	UNCERTAIN			1 TYES 2 NO			
3	25. WAS CASE REFERRED TO MEDICAL	2	6. PLACE OF DEATH		OTTCERTAIL						
T SICIAN:	EXAMINER?	HOSPITAL: 1   Inpetient 2   ER/Outpe	tlent 3 DOA 4	THER:	5 X Residence	6 Other (Specify)					
	27. MANNER OF DEATN	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME O	F 26c, INJI	JRY AT	28d. DESCRIBE NOW IN.	JURY OCCUREO				
	1 Natural 5 Pending 2 Accident Investigation	(300111, 50), 100/	lineon.		ES 2 NO						
	3 Suicide 6 Could not be	28e. PLACE OF INJURY - building, atc. (Special	— At home, farm, stre-	et, factory, office		261. LOCATION (Street and City or Town, State)	d Number or Rural	Route Number,			
- 1	4 Nomicide determined										
		ICIAN: To the best of my knowle									
ξ	2 MEDICAL EXAMINE	ER: On the beele of examination	end/or investigation, i	in my opinion, de	ath occured at the	time, date end place, end	due to the ceuse(e	e) end menner es stated.			
296. SIGNATURE AND TITLE OF CENTIFIER 29d. DATE SIGNED (Mon											
	/V · (1	1-11/1/AGO			1)19	518	PRI	16Th 96			
	30. NAME AND ADDRESS OF PERSON WH	V									
	DR. N.A.RANJITHAI  31. DATE FILED (Month, Day, Year)	22 DECISTRAD'S SIGNA	LDTOWN RO	AD CU	MBERLANI	MARYLAND MARYLAND	21502				
	FEB 2 7 1996	32 REGISTRAR'S SIGNA	Rank of								
	1000	The state of the s	- CAS BASAN								

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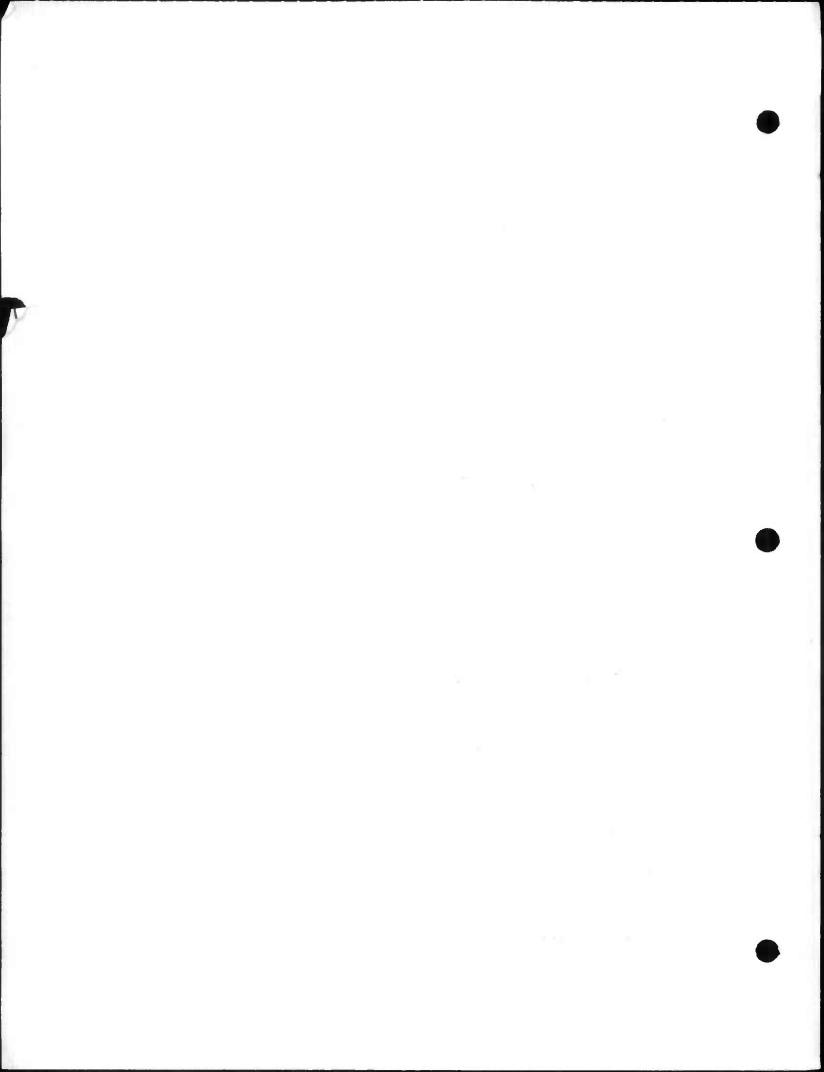
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled at once.

If the TRANTER I litem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPART				MENT	AL HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DAT	E OF DEATH	NV.	YEAR	3. TIME OF DEATH	
	ALVEY NMN PO	OLE			MAR	CH 2	1996		16:05 PM M			
	214-10-5552	5. SEX 6. AGE (In yrs. 1 🕅 M 2 🗆 F 87		ONTHS		F UNDER 24 HRS.		E OF BIRTH nth, Day, Year)		Countr	*	
	9e. FACILITY NAME (If not institution, give stre							AUGUST 19 1908 MARYLAND				
OR	MEMORIAL HOSPITAL CUMBERLAND ALLEGA											
تا	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY		400 CITY	TOWN OR	OCATION				10d. INSIDE CITY			
DIRECTOR		EGANY	GANY CUMBERLAND									
AL	10e. STREET AND NUMBER		101. ZIP CODE					10g. CITIZEN OF WHAT COUNTRY?				
FUNERAL	1808 BEDFORD STRE					21502	U.S.				.A.	
BY FU	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 TYES 22 IF YES, GIVE WAR OR DATES	1 YES 222NO If yes, specify Cuben, Ma						Black	RACE — American Indien, Black, White, etc.		
ED.	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Size kind of work done during most of working  16b. KIND OF BUSINESS/INDUSTRY											
E	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use i	retired.)			DIDEMAN OTEN				OF CIMPERIAND	
COMPLETED	6 ASSISTANCE FIRE CHIEF FIREMAN CITY OF  17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Meiden Surmanne)										CUMBERLAND	
BE	THORNTON E. POO					MARGAR	ET A	ANN ISE	R			
10	196. INFORMANT'S NAME (Type/Print)  SANDRA GROVES  19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)  13000 GROVES DRIVE CUMBERLAND MARYLAND											
	20a, METHOD OF DISPOSITION 1 M Buriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) DATE  20b. PLACE AND DATE OF DISPOSITION (Name of CUMBERLAND MARCH 5 1996 CUMBERLAND MARYLAND)											
	21. SIGNATURE OF FUNERAL SERVICE AICENSE  WERRITT-ADAMS FUNERAL HOME  404 DECATUR STREET CUMBERLAND MARYLAND											
	70000	emplications that caused the	deeth. Do not								ARYLAND	
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heert failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  a. Metastatic Carcinoma of Prostate  Due to (or as a consequence of):											
CERTIFICATION	Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):											
PHYSICIAN: MEDICAL	PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying ceuee given in Pert I.  Severe analyze performed?  1 yes 2 no									24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
Σ.	DID TOBACCO USE CONTRI	BUTE TO CAUSE OF DE	ATH YES	₩ N	ОП	UNCERTAIL	<u> </u>				1 YES 2 NO	
N N	25. WAS CASE REFERRED TO MEDICAL	28. PL	ACE OF DEATH	(Check on	nly one)	OTTERNAN	1 1					
YSIC	1 TYES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient		THER:		5 Residence	8 🗆 Ott	ner (Specify)				
PH	27. MANNER OF DEATH  1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME (	Y	WORK	?	28d. DI	ESCRIBE HOW II	JURY OC	CURED		
BY	2 Accident Investigation	28e. PLACE OF INJURY — At	home farm stre		1 YES	2 NO	201 10	CATION (Street e	mel Maranhara	na Orienti D	and Marshar	
ETED	4 Homicide 8 Could not be determined	building, atc. (Specify)			y, onica		Cit	y or Town, State)	na Mamoer	or nurei n	oute Namber,	
COMPLETED		AN: To the best of my knowledge, On the basis of exemination end/of									end manner as stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIER V. A. Kayllan	M.D		29c. LICENSE NU							SIGNED (Month, Day, Year) WCh 4, 1996	
2	DR V.A.RANJITHAN				MARYI	AND				-		
	DR V.A.RANJITHAN OLDTOWN ROAD CUMBERLAND MARYLAND  31. DATE FILED (MONTH, Day, Year)  MAR 0 4 1996  32. SCISTRAE'S SIGNATURE  July 1896											



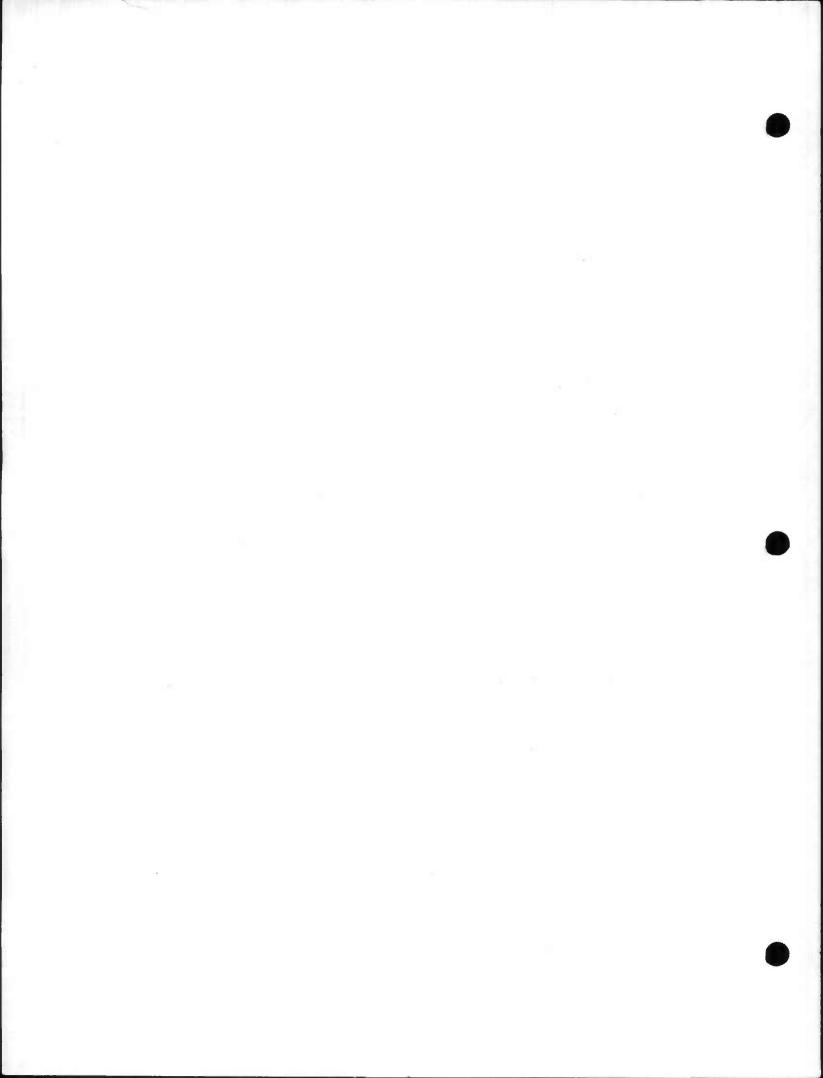
# BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

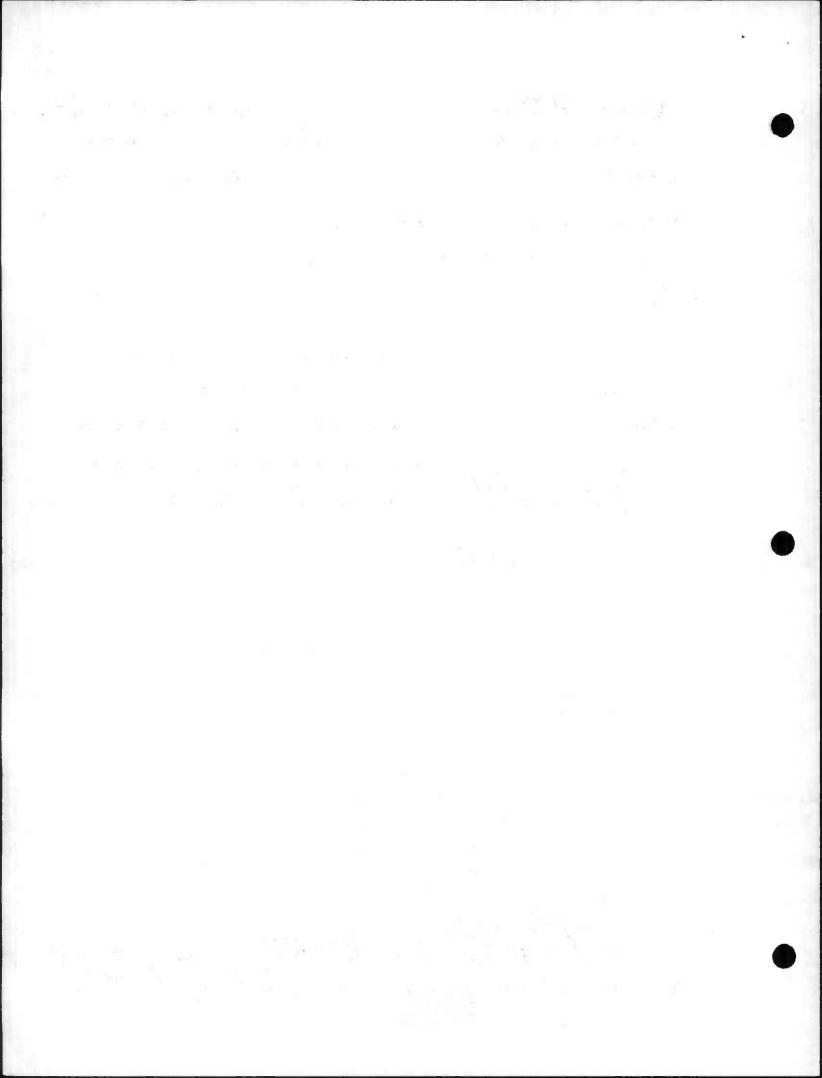
IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be neitfled at once.

	FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYGIENE REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH				
ľ	Hannah I	Frances P	ittle			MONTH & LY 1996 4:55 A						
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In	yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	TTHPLACE (Steta or Foreign intry)					
	579-03-3065  9a. FACILITY NAME (If not Institution, give str		76 vrs.	MONTHS DAYS	HOURS MIN.	Jan. 31,1920 Washington, I						
8	Holy Cross Hospit				Spring	AIN	Mont	gomery				
DIRECTOR	RESIDENCE OF DECEDENT											
E			10c. CIT	Y, TOWN OR LOCAT			10d. INSIDE CITY LIMITS? 1 ☐ YES 2 🔯 NO					
	Maryland Mo	ontgomery	tgomery Silver spring				10g. CITIZEN OF WHA					
FUNERAL	415 Silver Spring	2 Avenue		""	2091	0	A					
N	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC		HC ORIGIN? (Specify Yee	ACE — American Indien,					
	1 Never Merried 2 Merried	FDRCES? 1 YES			2 ND Specify	n, Puerto Ricen, atc.)	5.00	ec/ly:				
) BY	3 🔀 Widowed 4 🗌 Divorced							White				
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		18e. DECEDENT'S (Give kind of v life. Do NOT us	VSUAL OCCUPATION Work done during mo	ON st of working	16b. KINO OF BUS	INESS/INDUSTRY					
P.E.	Elementary/Secondary (0-12)	College (1-4 or 5 +)		v Owner		Baking						
MC	17. FATHER'S NAME (First, Middle, Last)		Danci,	y owner	16. MOTHER'S NA	ME (First, Middle, Maiden S	Sumame)					
Ö	John Francis Co	onnelly				Josephine V		ver				
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street e	nd Number or Rural I	Route Number, City or Town	, State, Zip Code)					
5	David Pittle  1996. MAKLING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  1299 McKeel Street, Yorktown Heights, NY 10598											
	20c. METHOD OF DISPOSITION  1 X Burlel 2 Cremetlon 3 Removal from State  20b. PLACE AND DATE Of DISPOSITION (Name of Commettery Cremetary, cremetary, cremetary of other place)  GAte of Heaven Cemetery 3/4/96 Silver Spring, MD											
	4 Donetion 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIC		te of He	eaven Ce	metery	3/4/96 Sil	ver Spr	ing, MD				
	21. SIGNATURE OF FUNERAL SERVICE LIC	e, Inc.										
	(lbu)	Strong		500 U	niversit	y Blvd.W.	Silver	e, Inc. 20901 Spring, MD				
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, Dr heert feiture. List pnly one cause on each line.											
	Open											
	disease or condition resulting in death)  a. Pertorated Duodenal Ulcer											
_	DUE TO (ÔR AS A CONSEDUENCE DF):											
9	Sequentially list conditions, if any, leading to immediate  Due TO (DR AS A CONSEQUENCE OF):											
CA	CAUSE (Disease Dr injury											
	CAUSE (Disease of Injury thet initieted events resulting in death) LAST											
CERTIFICATION	d.											
AL	PART II. Other algnificent condition:		t not resulting	in the underlyin	g ceuse given in	Part i. 24s. WAS AN A		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
	Benal Fa	ilure				1 YES 2		COMPLETION DF CAUSE OF DEATH?				
PHYSICIAN: MEDIC					,			1 TES 2 KNO				
N.	DID TOBACCO USE CONTR			S NO NO	UNCERTAI	N 🗆						
0	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		OTHER:								
ΗYS	27. MANNER OF DEATH	10 Inpatient 2 ☐ ER/Outpa 26a, DATE OF INJURY	tient 3 DOA			8 ☐ Other (Specify)  28d. DESCRIBE HOW IN	LIURY OCCUPED					
	1 Natural 5 Pending	(Month, Day, Year)		JURY WO	PRK?	200. 0230/102 /101/1	WOM OCCUPIED					
ВУ	2 Accident Investigation 3 Suicide 8 Could not be	280. PLACE DF INJURY	— Al home, lerm,	street, lactory, offic	•	281. LOCATION (Street e	nd Number or Rur	nel Route Number,				
TED	4 Homicide determined	building, etc. (Special	(4)			City or Town, State)						
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my knowle	dga, daath occum	ed at the time, date	and plece, end dua	to the cause(a) end man	ner se elated.					
NO O	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, end due to the cause(a) end manner as eleted.  2 MEDICAL EXAMINER: On the best of exemination and/or investigation, in my opinion, death occurred at the time, date and piece, end due to the cause(a) end manner as eleted.											
BE C	29b. SIGNATURE AND TITLE OF BEATTFIER	2	O.A.		29c. LICENSE NUI	MBER	29d. DATE SIGN	IED (Month, Day, Year)				
TO B	Office MINE	MANU VI	, vo	D37975 February 29, 1996								
-	30. NAME AND ADDRESS OF PERSON WHI	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type	Print)	e Silver	Spring	no					
		July all will are sign	TURE M			, -						
	MAR 01 1996	Status danation de	ACC CAMP									



## Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

Aı	mended	#	State of Maryland / Department of Health and I	Re	g. No.								
	Physic /Medi Exami	cal	1. Decedent's Name (First, Middle, Last) Penny Elaine Patton  4a. Fecllity Neme (If not institution, give street end number)  4b. City, Town, or U	2. Date of Death Month  Court	Day Yes	10 923 Dw							
	Funeral Director		MONTGOMERY GENERAL HOSPITAL  5. Social Security Number  268-52-2385  OLNEY  7. Age (In yrs. lest birthday) Months Deys Hours Min.  43 Yrs.  OLNEY  Hours Min.	8. Date of Birth (Month, Dey, JUNE 30		MERY  Birthplace (State or Foreign Country)  kron, Ohio							
	r 28a-f show	tor	10a. State 10b. County 10c. City, Town or Location  Maryland Montgomery Silver Spring			10d. Inside City Limits 1 ☐ Yes 2 ☑ No							
	23a or 28a	Funeral Director	10e. Street and Number 10f. Zlp Code 10102 Georgia Avenue Apt. 104 20902	10	g. Citizen of What	Country?							
020	or items	by Funer	11. Marital Stetus  12. Wes Decedent Ever in U,S.     Armed Forces?  1 ☑ Never Married 2 ☐ Married  1 ☐ Yes 2 ☑ No     If Yes, Give     Yeer or Dates:  13. Was Decedent of Hispanic Origin? (Standard of the Stephen of Hispanic Origin?) (Standard of the Stephen of Hispanic Origin?) (Standard of the Stephen of Hispanic Origin?) (Standard of the Stephen of the Stephe	pecify Yes or No- Rican, etc.)		mericen indien, hite, etc. White							
21215-0020	5 5	Completed	15. Decedent's Education (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4or 5+)  16e. Decedent's Usual Occupetion (Give kind of work done during most of work done during most of work done)	king	ss/Industry								
Maryland 2	12 should be filed within and Mental Hygiene. Is marked other than raumatic event, the M	To Be Co	D 1 D 1	ne (First, Middle, M	Law Fir deiden Sumame)	m							
	t and 2 sh fealth end im 27 is m ther traum		Leslie Devol 3016 Quail Walk Drive  20a Method of Disposition 20b Place of Disposition (Neme of	e, Glen Allen, VA 23060  Dete 20c. Location - City or Town, State									
Baltimore,	permit. Peges Department of H Important: If its any injury or of		1 SkBurial 2 Cremation 3 Removal from State 4 Donetion 5 Other (Specify)  West Hampton Memorial Park 3/1/96 Richmond, VA  21. Signature of Financel Sqrvice Licensee										
	Physician		Francis J. Collins 500 University Blvd.  23a. Part1. Enter the disease, or complice ons that ceused the death. Do not enter the mode of dying, such as cardiac shock, or heart failure. List only one cause on each line.	d.West, S	Silver Sp	ring, MD 20901 Approximate Interval Between Onset end Death							
	/Medical Examiner	ner	Immediate Cause (Final disease or condition resulting in deeth)  Breat Carcer  Due to (or es a consequence of):	a. Brast (ancer  Due to (or es a consequence of);									
68760,	cate be executed physician and the burial-transit	al Examiner	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury c.										
Box 687	nding use esu	an/Medical	thet initiated events resulting in death) Lest  Due to (or as e consequence of):  d.										
P.O.	that the died by the deteched	by Physician/M	Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.	23b. Did tot	ris to the cause of death?  Probably 4 Unknown								
Records,	aw requise been 2 should	Completed b		24a. Was an perform		Were autopsy findings eveilable prior to completion of cause of death?							
Vital R	Pag pag	Be Con	examiner	1 ☐ Yea		1□ Yes 22 No							
of	fing Phys I. After this funeral di	2	Hospital Cher	ome 5 Resider 28d. Describe how	nce 8 □Other (S) w injury occurred	pecify)							
Division	D at a	Certification:	3 Suicide 8 Could not be determined 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify)	City or Town,	Stete)	Rural Route Number,							
	To the Hospital within 24 hours To the Funeral completely filled	Medical	29a. Certifler (Check only one)  1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occur and manner stated.  29b. Signature and title of certifier  29c. License number	red at the time, da	use(s) and manner te and plece, and d d. Date signed (Mo	ue to the cause(s)							
	0)		30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print)	Fe	E hong	6,1998							
	Sta Registr		31. Date flied (Month, Dey, Year)  FEB 2 9 1996  32. Registrar's Signeture  Advantage Reveals	دراس		W(29							



DHMH-16 Rev 1/89

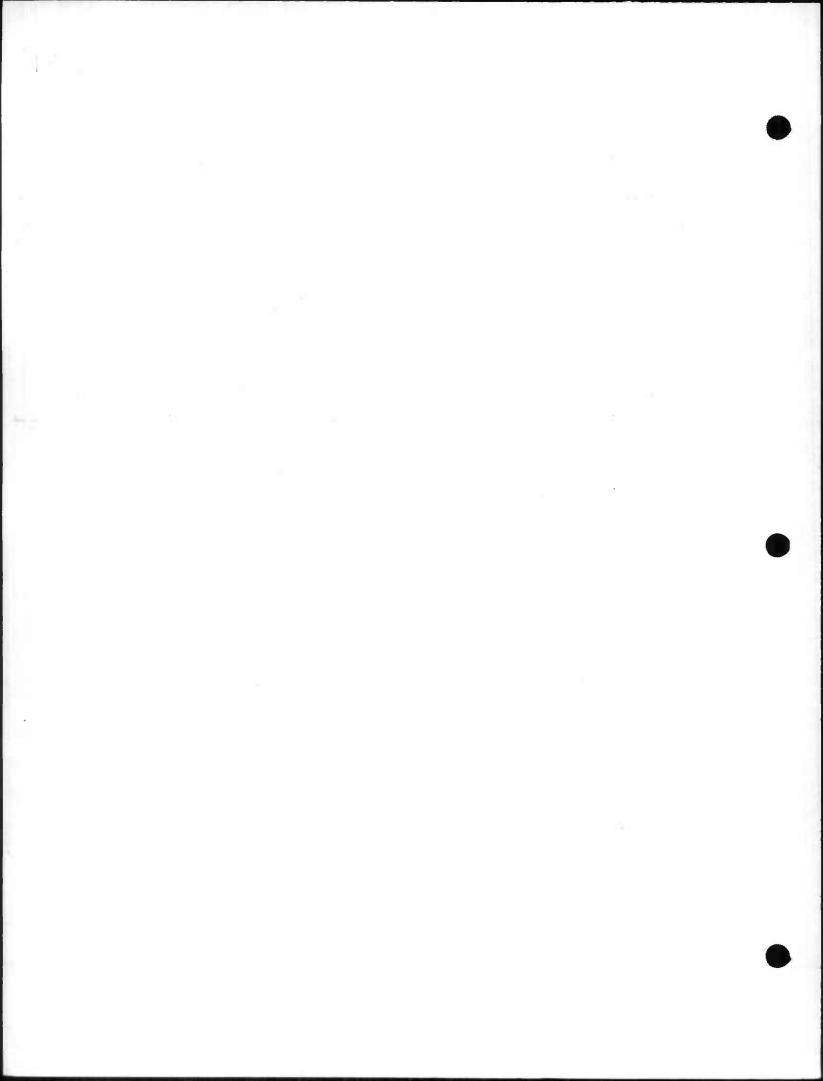
FOR STATE REGISTRAR

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<b>DIVISION OF VITAL RECORDS, P.O. BOX 68760</b>	HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24
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1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF GEATH 3. TIME OF DEATH 1996 FEBRUARY TOSE 10:20 pm 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 1 M 2 - F San Salvador 578-58-1748 Oct. 11 permit, Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATN DIRECTOR Greater Laurel Beltsville Hospital Laurel Prince Georges 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10e. STATE 10d. INSIDE CITY Maryland Montgomery Silver Spring 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101 ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 8412 10th Avenue 20903 United States use as the burial-transit retained by the hospital or attending physician. 5 should be detached for use as the burial-tran. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S.ARMEO FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Mexicon, Puerto Ricen, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 X Merried YES 2 | NO Specify Specify: BY 3 Widowed 4 Divorced San Salvador Hispanic 18e. DECEDENT'S USUAL OCCUPATION COMPLETED 15. OECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only I (Give kind of work done life. Do NOT use retired.) Elementary/Secondery (0-12) College (1-4 or 5+) Animal Care Technician Research once. 18. MOTNER'S NAME (First, Middle, Maiden Sumame) 17. FATNER'S NAME (First, Middle, Last) Unknown Engnacia V. Menedez 7 BE notified page 5 should 19e INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Jose W. Pineda Son 9201 Atom Road, Clinton, MD 20735 eq 20a\_METHOD OF DISPOSITION
1 ABuriel 2 Cremstion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State must funeral director, Gate of Heaven 2-27-96 Silver Spring, MD 4 ☐ Donetion 5 ☐ Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Hines-Rinaldi Funeral Home, Inc. 11800 New Hampshire Ave., Silver Spring, MD filled in by the fi medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory strest, shock, or heert failure. List only one cause on each line. Approximate Interval Between **Onset and Death** IMMEDIATE CAUSE (Finel and completely fille burial, cremation, the disease or condition FROM HTPOSENSION ASYSTOLE resulting in death) event. DUE TO (OR AS A CONSEQUENCE OF other traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) 2 if any, leading to immediate cause. Enter UNDERLYING the attending physician Mental Hygiene prior to å CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events reaulting in death) LAST 0 Injury. PART II. Other algorificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL and PERFORMED? AWAIL ABLE PRIOR TO ORONART ARTERY DISPASE any COMPLETION OF CAUSE OF DEATH? been signed b 1 TYES 2 NO requires shows a 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: this certificate has be with the State Dept. 23 26. PLACE OF DEATN (Check only one) 25. WAS CASE REFERRED TO MEDICAL Item HOSPITAL:
1 Inpatient 2 ER/Outpatient 3 DOA OTHER:
4 | Nursing Nome 5 | Residence 8 | Other (Specify) 1 YES 2 NO OR ATTENDING PHYSICIAN: 0 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? marked, 5 Pending Investigation 1 Netural E FUNERAL DIRECTOR: After this within 72 hours after death within 72 hours after death with 11 item 28 is mark BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Your), State) 3 Sulcide ETED. 4 Nomicide 29e. CERTIFIER

(Check note of the course of COMPL 2 MEDICAL EXAMINER: On the beste of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) and menner as stated. TO THE HOSPITA
TO THE FUNERAL
DE FILED WITHIN 72
IMPORTANT: III 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, 23394-41474 96 asking, mD 24 2 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Barry S. Raskin, 8319 Cherry Lane, Laurel, MD 20707 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Julia Davidson Randall FFR 2.9 1996

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

07342

						Cer	tificat	e of	Death			Reg. No.				
			1. Decedent's Neme (First, Middle, La	ist)							2. Deta of De			3. Time of Dee	th	
	Physic		DOMINICK	ENNESTR	R I					Month Dey Yes						
1	/Medi Examir		4a. Fecility Neme (If not institution, gire						4b. City, To	wn, or Lo	cation of Ceal	4c. C	2,1996 punty of Deet	5:10PM	+	
	C	ICI	Prince Georges						Ch	everl	37	,	Dringo	Georges		
-	C				Age (In yrs. last b	oirthday)	If Unda	1 Yaar			8. Date of Bir				reinn	
п	Funeral Director		· ·	15 M 2□F	75	Yrs.	Months	Days	Hours	Min.	(Month, De	y, Year)	Co	nplace (State or Fountry) nington,	חבים	
			579-09-6191 June 2, 1 Usuel Rasidenca of Decedent										ZO Wasi	illigeon,	DC	
	show	10e. Stete 10b. County 10c. City, Town or Location												10d. Inside City Lir	mits	
	Mary Leh	ō	Maryland Prince	Cenroes	Adel	nhi								1 🖳 Yes 2 🗆	No	
5-0020 72 hours after death with the Maryland	28e	Directo	Maryland   Prince Georges   Adelphi  100. Street end Number   101. Zip Code									10a Citize	n of What Co	untry?		
	with a	ā	2619 Higbee Rd 20783										SA	arity i		
	s 23	Funeral		12. Wes Decedar	at Ever in I.I.C	10 1	Van Dana			lain 2 /Cas	anife Vac or No		. Rece - Ame	iona Indian		
	then h	5	11. Maritei Stetus 1 ☐ Never Merried 2 ☐ Merried	Armed Forces	s Decedant Ever in U,S. jed Forces?  13. Wes Decedent of Hispenic Orlington if Yas, specify Cuben, Maxican					n, Puerto	Rican, etc.)	,,	Bleck, White			
20	S P	by F	3 □ Widowed 4 □ Divorcad	If Yas, Giva Yeer or Detes	THITT	1 ☐ Yes 2 ☒No Specify:						S	pecify: Tall	nite		
Ş	hou tura	be	15. Decedent's E			o Docad	onte Heu	al Occur	nation			16h Kind	of Business/			
21215-0020	c	Completed	(Specify only highast gr	ede completed)		16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired)						TOD. KRIG	OI Businessvi	ridustry		
12	filed within Hygiene. Wher than "	mc	Elementery/Secondery (0-12)	College (1-4o	r 5+)		tric		-,			E.	lectri	ra1		
P	be filed tal Hygid d other	ŏ	17. Fether's Neme (First, Middle, Last	1)			,,,,		18. Moth	er's Neme	First, Middle	(First, Middle, Meiden Surneme)				
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2	should nd Men marks imarks	Ĕ										or City or T	Town State 7	in Cadal		
Maryland	d 2 s			,						<i>\$</i> 0000)						
a)	200		Elizabeth Penne: 20a. Method of Disposition	stri Wif		2619 Higbee Rd, Ade				Adelp	Dete MD			on - City or Town, Stete		
Ö	T of		1 Neuriel 2 □ Crametion 3 □	Removal from Stel	cemer	ery, cren	netory or o	other ple	-	1						
altimore,	it. Pertant:		4 Donation 5 Other (Special		Fort	Line	coin	Ceme	etery	F	eb 26	Brei	ntwood	, MD		
Bal	permit. Peg Department Important: It any Injury o	21. Signeture of Funerel Service Licensee 22. Neme end Address of Fecility Hines-Rinaldi Funera											al Home			
	707 e a		Allon )	Donne	10	]	1800	Nev	v Hamp	shir	e Ave,	Silve	er Spr	ing, MD 2	090	
			23a. Pert1. Enter the diseale, o com shock, or heert feilule. List only	pications thet caus	ed the deeth. De	not ente	er the mod	da of dyl	ng, such as	cardiac o	or raspiratory e	rrest,		Approximeta Intervel Between		
3	Physician													Onset end Deeth	h	
	/Medical		Immediate Cause (Finel disease or condition SFVFDF COPONIADY ADTEDY DISCEASE WITH DYDASS COAFTS										15 yea.	rs		
8	Examiner		e. SEVERE CORONARY ARTERY DISEASE WITH BYPASS GRAFTS  Due to (or es e consequence of):										15 year 5 year 15 year			
-	D 45	Je.		OLD MY										15 gear	-5	
	cuted nd rensit	Examiner	Sequentially list conditions.	b. OLD MYOCARDIAL INFARCTS  Due to (or es a consequence of):										0		
ó	an er		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying	CONGESTIVE HEART FAILURE										5 wa	40	
68760	certificata be executed Iding physician end Ise as the bunel-trensit	edicai	thet initieted events	c. 00140E3	Dua to (or es	-	-	111		_				0		
	tifica og ph as th	Med	resulting in deeth) Lest	CHRONI	C OBSTRU			I MON	JARY I	DISEA	SF		į	15 near	rs	
X		M/m		d												
0	lew requires that the death as been signed by the etter 2 should be detached for u	Physiciar	Part II. Other significant conditions of	ns contributing to death but not rasulting In the underlying cause given In Pert I.						1	23b. Did tobacco usa contributs to the caus				ath?	
Ö.	t the de by the tached	hys	•						1 Yss 2 No 3 Probably 4 Ur							
ď.	es that igned to be det	by P										100 2	110			
Vital Records,	lufree n sig											en eutopsy		Vare eutopsy findin	igs	
00	v require been si should	Completed									perfo	omed?		vaileble prior to completion of cause	}	
Re	0 - 6	ם									24			of death?		
B	: The locate har, page										1/2	¥as 2□	No	Yes 2□ No		
Z.	Physician: The this certificate and director, par	Be	25. Wes case referred to medical exeminer?	Hospitel: Ac.				04	26. Plece	e of Deeti	(Check only	one)				
of	this aldi	2	1 ☐ Yes 2 No	1/ZJTnpa				JA	4 LI NI		me 5 Resi			elfy)		
u C	h. After funer	Certification:	27. Menner of Deeth  1 ☐ Netural 5 ☐ Pending	28e. Dete of In (Month, L	ley Yeer) 28b	Time of Injury		28c. Inju			28d. Describe	how injury	occurred			
Sic	utendir death. ctor: Ai y the fu	cat	2 Accident investigatio				М		Yes 2□							
Division	or Attend efter death Director: /	E	4 Homicide determined	Zee. Piece of I	njury - At home, etc. (Specify)	ferm, stre	et, fector	y, office			28f. Location ( City or To		Number or Ru	ral Route Number,		
	rel o	ပိ														
	To the Hospital or Attending within 24 hours effar death.  To the Funeral Director: Affeit completely filled in by the fune	edical	(Check only 2 Medical Exar	nysician: To the bes niner: On the basis	of examinetion a	ge, deeth ind/or inv	occurred	et the ti	me, dete er opinion, des	nd plece, oth occurr	end due to the ed et the time,	cause(s) er dete and p	nd menner es lece, and due	stated. to the cause(s)		
	the the the	Med	onej	and manner	etatad											
	To Yeit		29b. Signetura and titla of certifier	0			29	c. Licans	sa number			290. Data	signed (Mont)	i, Dey, Year)		
			Marand					1)	262	87		2/2	3/96			
	10		30. Neme and address of person who	completed cause of	deeth (Item 23e	) (Type, I	Print)	1		-	01	,	0,			
			MBERAND	7305	BACTI	mo.	re.	Hve	_ /(	07	Col	lege 1	aul,	W1) 2079	6	
	Sta	ite	31. Date filed (Month, Dey, Year)~	32. Regis	trer's Signature	P	. 11					0				
	Registr	ar	FEB 26	29b. Signeture and title of certifier  29c. License number  29d. Data signed (Month, Dey, Year)  29d. Data signed (Month, Dey, Year)  2723/96  30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print)  MBERAND  7305 BACT, More Ave 107 College Park, Mi) Ze  State  91. Date filed (Month, Dey, Year)  FEB 26 1996  32. Registrer's Signature  Park Ave 107 College Park, Mi) Ze												



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Leable

tate of M		/ Department of Health and Certificate of Death			07343
olores	Jean	Patanelli	2. Data of Death Month Day February 25.	Yaar 1996	3. Time of Death 5:30 PM

4b. City, Town, or Location of Death

4c. County of Death

**Physician** /Medical **Examiner**  1. Decedent'a Nama (First, Middla, Last)

4a. Facility Nama (If not Institution, giva street and number)

8324 Raymond Lane Potomac Montgomery If Under 1 Yaar If Undar 24 Hrs. 8. 8. Data of Birth (Month, Pay, JULY 20 Birthplaca (Stata or Foreign Country)
 Indiana 5. Social Sacurity Number 7. Aga (In yrs. last birthday) **Funeral** Days Hours 1□M 20 F 72 145-16-2729 Yrs. Director Usual Rasidance of Decedant the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits show svent, the Medical Examiner numbe notified at 1 Yas 2 No Directo Maryland Montgomery 28a-f Potomac 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? Peges 1 and 2 should be filed within 72 hours after death with Innent of Health and Mental Hygiene.

ant: If item 27 is marked other than "natural", or items 23a or 8324 Raymond Lane 20854 United States Funeral 12. Was Decedent Evar in U,S Armed Forcas? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) Race - Amarican Indian, Biack, Whita, atc. 1 ☐ Yas 2 ☐ No If Yas, Giva Yaar or Datas: Navar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☐XNo Specify: þ Specify: 3 ☐ Widowed 4 ☐ Divorced white Completed Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Spacify only highast grada complated) 16b. Kind of Businass/Industry Elementary/Secondary (0-12) Collega (1-4or 5+) Reproductive Physiologist 12 N. I. H. 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maiden Sumama) Ith and Mental H 27 is merked off trsumatic sver Be Robina Michael Patanelli Concetta 2 19a. Intormant's Name/Ralationship (Typa, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Department of Health as Important: If item 27 is any injury or other tracounce. Norman O. Patanelli FL 2129 North 48th Avenue, Hollywood, 33021 20b. Place of Disposition (Nama of cematary, crematory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 ☐ Burlai 2 ☐ Cramation 3 ☐ Ramoval from Stata 2-26-96 Beltsville, Maryland 4 ☐ Donation 5 ☐ Othar (Specify) Chesapeake Crematory 21. Signatura of Funarai Sarvice Licensaa 22. Name and Address of Facility
Rapp Funeral Services, P. A. 23a. Part 1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arreat, shock, or heart tallura. List only one cause on each line. Approximata intarval Batween Onset and Death **Physician** /Medicai Immediata Causa (Final Metastatic Carcinoma of the Right Breast 5 3/4 years disaasa or condition rasulting in daath) Examiner Dua to (or as a consequence ot) Examiner The law requires that the death certificate be executed the buriel-transit Sequantially list conditions, if any, laading to Immadiata causa. Enter Underlying Causa (Disaasa or Injury that Initiatad avants resulting In daath) Last Dua to (or as a consequence of): Division of Vital Records, P.O. Box 68760, ettending physician for use es the burle Physician/Medicai Dua to (or as a consequence ot) Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by I 1 □ Yee 2 No 3 Probably 4 Unknown by 24b. Wara autopsy tindings available prior to Completed 24a. Was an autopsy complation of causa of daath? page 1 Yaa 2 No 1 ☐ Yas 2/1 No certificate To the Hospital or Attanding Physician: within 24 hours effer death.

To the Funeral Director: Affer this certification of the funeral director; to the funeral director; to the funeral director; to the funeral director; to the funeral director; to the funeral director; to the funeral director; to the funeral director; to the funeral director; to the funeral director; to the funeral director; to the funeral director; to the funeral director; to the funeral director; to the funeral director; to the funeral director; to the funeral director directors and directors director Be 25. Was casa rafarrad to medical 26. Placa of Death (Check only ona) axaminari Hospital: Othar: 4□ Nursing Homa 5 X Rasidance 6 □ Othar (Specify) 9 1 Yas 2 No 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28d. Dascribe how Injury occurred Certification: 28b. Tima ot 28c. Injury at Work? 1 Natural 5 Panding 1 ☐ Yas 2 ☐ No Invastigation 2 Accidant 6 Could not be datarminad 3 D Suicida Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 4 Homicida 1 X Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. 29a. Cartifiar Medicai 29b. Signature and titla of certitian 29c. Licansa number 29d. Data signed (Month, Day, Year) D 07285 February 26, 1996 20004 20850 30. Name and addrass of person who complated causa of death (Itam 23a) (Typa, Print) James A. Brown, M. D, 9707 Medical Center Drive, #300, Rockville, MD

32. Registrar's Signatura

Davideor Radall

State Registrar 31. Data tiled (Month, Day, Year)

FEB 27

# Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 2. Date of Death 3. Time of Death Month

4b. City, Town, or Location of Death

February 25, 1996

4c. County of Death

9:20 P.M.

Physician
/Medical
Examiner

1. Decedent's Name (First, Middle, Last)

Frieda Jordan Pratt

4e. Facility Neme (If not Institution, give street end number)

**Funeral** Director with the Maryland

Pages 1 and 2 should be filed within 72 hours after deeth with the Marylan nent of Heelth and Mental Hygiena. Int: If Item 27 is marked other than "natural", or itema 23a or 28a-1 ehow Iry or other traumatic event, the Massical Examiner must be invitted at Department of Important: If any injury or

Baltimore, Maryland 21215-0020

**Physician** /Medical Examiner

The law requires that the deeth certificate be executed the buriel-transit Box 68760. signed by the attending the detached for use Division of Vital Records, P.O. has **page 2** certificata or Attanding Physician: director, this funeral Aftar death. efter death the To the Hospital or Atter within 24 hours efter dea To the Funeral Director completely filled in by th

0 State

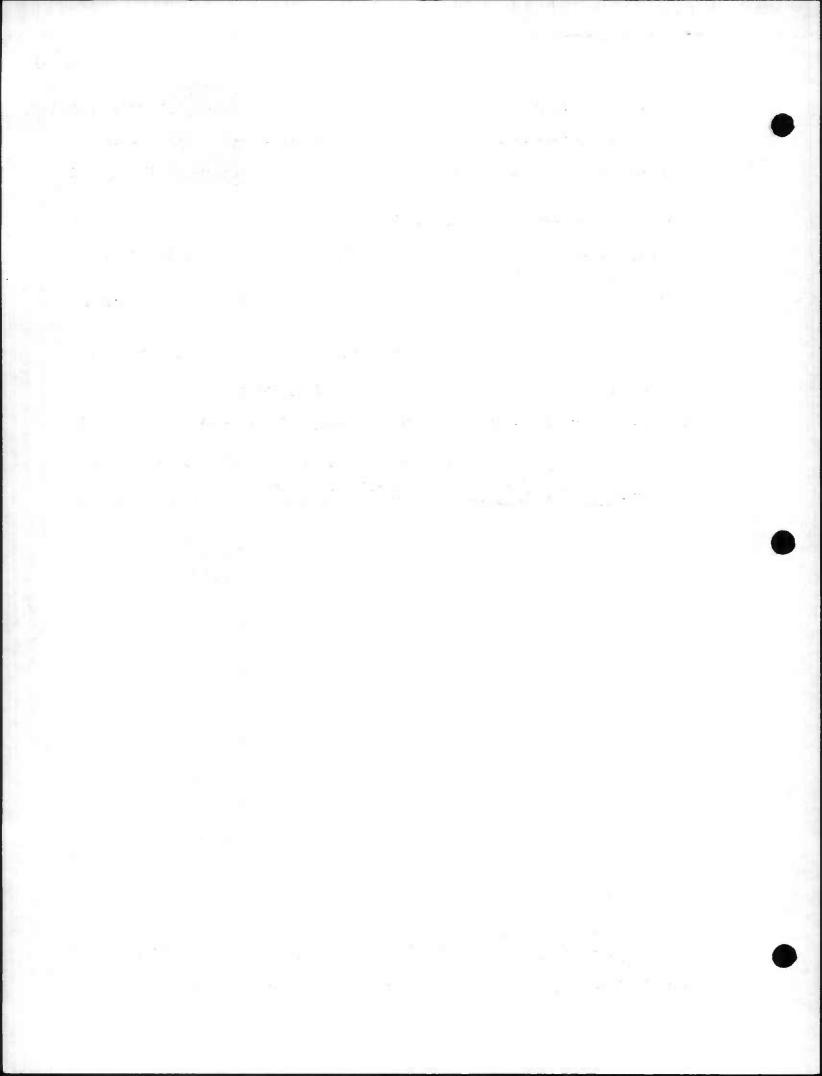
Registrar

31. Date filed (Month, Day, Year)

32. Registrer's Signeture

Sandyor Reveall

Wilson Health Care Center Gaithersburg Montgomery If Under 1 Year If Under 24 Hrs. 8. Dete of Birth
Months Devs Hours Min. (Month, Dey. 5. Sociel Security Number 7. Age (In yrs. lest birthdey) Birthplace (State or Foreign Country) 1□M 2□F Yrs. 578-44-3599 94 1901 Maryland Usuel Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Tyes 2 □ No Director Maryland Montgomery Gaithersburg 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 211 Russell Ave. #700 20877 United States Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 22 No If Yes, Give Yeer or Detes: 11. Merital Status Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, etc. 1 ☐ Never Married 2 ☐ Merried 1 Yes 2 No Specify: by Specify: 3 Nidowed 4 Divorced White Completed 18a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) 12 Secretary U.S. Government 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumame) Be Charles Jordan 2 Mary Gotch 19e. Informent's Neme/Reletionship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Ray Chase Pratt, Jr. / son 1401 Ketch Ln., Kill Devil Hills, N.C. 27948 20a. Method of Disposition
1 ☑ Buriel 2 ☐ Cremation 3 ☐ Removel from Stete 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, State 4 ☐ Donation 5 ☐ Other (Specify) Parklawn Memorial Park 2/28/96 Rockville, Maryland 21. Signeture of Funerel Service Licensee 22. Neme and Address of Facility
De Vol Funeral Home 10 E. Deer Park Dr., Gaithersburg, MD 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory arrest, shock, of hear feither. List only one cause on each line. Approximate tnterval Between Onset and Deeth Immediate Cause (Finel disease or condition resulting in deeth) a Atherosclerosis 1 Year Due to (or es a consequence of): Examiner Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Couse (Disease or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): Physician/Medical Due to (or as a consequence of) Part til. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobecco use contribute to the cause of death? 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown Transient Ischemic Attack þ 24b. Were autopsy findings aveilable prior to completion of cause of death? Completed 24a. Wes an autopsy performed? Ventricular Arrythmia 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examiner?
1 ☐ Yes 2 ☒ No Be 26. Plece of Death (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatlent 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 28e. Dete of Injury (Month, Day Year) 27. Menner of Deeth 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? 1 Neturel 5 Pending 1 Yes 2 No Investigation 2 Accident 6 Could not be determined 3 ☐ Sulcide 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end place, and due to the cause(s) and manner as stated. 29a. Certifier Medical (Check only one) 2 Medical Examiner: On the besis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) end menner stated. 29b. Signeture end title of christien 29d. Date signed (Month, Day, Year) 29c. License number February 27, 1996 D20516 30. Name and Address of person who completed cause of death (Item 23a) (Type, Print) R. Schulman, M.D. 9410 Old Georgetown Rd., Bethesda, MD 20814



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

07345

						Cei	tificate	of L	Death			Reg. No.	part .		0 1	040
		1. Decedent's Nama (F	irst, Middle, La	ist)							2. Data of De Month	eath		Vee	3. Tim	a of Death
Phys /Me			Lelah	C. Roden	berger						Februa	ry 2	0 19	96	9:	40AM
Exan		4a. Facility Nama (If no	ot Institution, giv	a street and num	iber)			4	b. City, To	wn, or Lo	cation of Deel		County			
		South Rive	er Nurs	ing & Re	hab Cer	ter			Edgev	vate	c	A	nne	Aruno	lel	
Funera	ıl	5. Social Security Num	bar 6. 5	Sex 7	7. Age (In yrs. la	st birthday)	If Undar 1		if Under Hours		8. Data of Bi (Month, Di	rth av. Year)		9. Birthple	ace (Sta	te or Foreign
Directo	r	577-60-0158 Usuai Rasidanca of De	S ecedant	1□M 2XX	83	Yrs.			110010		Jan 23	191	3			on, DO
ahow at a		27.0-2.0-2.	0b. County	1 1	10c. City	Town or Lo								10		e City Limits
A PER	5	MD	Anne Ar	undel		Eag	ewater								1 🗆 Y	as ACNO
h with th	Funeral Director	10e. Street and Number 826 Mayo					10f. Zip Co	oda 103	37			_		hat Count Stai		
deat	ner	11. Maritei Status		12. Was Deced	dant Ever In U.S	. 13. \	Ves Decedan	t of HI	spanic Ori	igin? (Spe	ecify Yas or No Rican, etc.)	0-		- America		1,
IOCE, Maryland 21215-0020 ges 1 and 2 should be liled within 72 hours efter death with the Meryland at of Heelth and Mentel Hygiene. If item 27 is marked other than "natural", or items 23a or 28a-1 show or other traumatic event, the Medical Examinat must be notified at	þ	1 ☐ Nevar Married 3 ☐ Widowed 4 ☐		1 Yas 2 If Yes, Give Yaar or Dai	ZXXVo		Tas, specify		Specify:		nican, etc.)		Specify:	k, Whita, a Whi		
21215-0020 d within 72 hours of glone. r than "natural", or the Medical Exam	Completed	15 (Specify of Elementery/Seconds		ducation ada complated) Collega (1-	4or 5+)	16a. Deced (Giva lifa. I	ient's Usual C kind of work of DO NOT usa	Decupa dona d retired	ation lu <i>ring mos</i> )	t of work	ing	16b. Ki	nd of Bu	sinass/Indi	ustry	
d vithinglene.	lo.	10	, (5,			A	ccount	ant				Fed	eral	Gove	rnm	ent
be liled to the douber the	Be	17. Fathar's Name (First	st, Middla, Last	)					18. Motha	ar's Neme	e (First, Middle	, Maidan	Sumame	a)		
/lal	To	Frank P. (	Crosby						I	Ella	G. Tay	lor				
Maryland 2 d 2 should be liled v th and Mentel Hygie 7 Is merked other t traumatic event, th		19a. informant's Name	/Ralationship (	Type, Print)		19b. Mailir	ng Addrass (S	Street a	and Numbe	er or Run	al Routa Numb	oer, City o	r Town,	Stata, Zip o	Code)	
Te, M 1 and 2 Heelth em 27 h		Mildred M	. Suddu	th		P.O.	Box 3	95	Edge	ewate	er, Mar	ylan	d 21	037		
of He item		20a. Mathod of Disposi		70 11 0		ce of Dispo	sition (Name natory or othe	of ar plac	e)		Data			City or Tov		
Peg Peg Int: H		XXBurial 2 □C 4 □ Donation 5 [			tata	dar) &	Idar H	elle	tery	2,	/22/96	Ann	tlar apol	id, N	Mary	land
Baltimore, No permit. Peges 1 and Department of Heelth Important: If item 27 any Injury or other tr		21. Signature of the	al Storice Licer	nsee///	1	-					M. Tay					
m ages		My	100	14/1	21						ster St					
		23a. Part1. Entar the c shock, or haart fa	liseese com	plications that ca	used the daeth.	Do not ant	ar tha moda c	of dyln	g, such as	cardiac o	or respiratory e	errest,	-		Approxir	mate
Physician /Medica Examine	i r	immadleta Causa (Findisaasa or condition rasulting in daeth)		. Can	ver		uter									Between nd Death
p is	Examiner			b		1										
ocrificate be executed right physician and right by sician and use as the burlet-fransit	хап	Sequentially ilst condit	ions,		Due to (or	as a conseq	uance of):									
68760, flicete be ex physician as the buriel		Sequentially ilst condit if any, laading to imma cause. Enter Undarlyir Causa (Disaasa or Inju thet initiated evants	ng ny	C												
Set style	Medical	thet initiated evants rasulting in death) Last			Dua to (or	as a conseq	uanca of):							1		
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Box 68 leath certific attending plant for use as	Physician															
ecords, P.O. Bot law requires thet the death es been signed by the attent 2 should be detached for u.	ysic	Part ii. Other significar	nt conditions o	contributing to dea	ith but not resul	ting in tha u	ndarlylng cau	sa giva	an in Part I	l.	23b. Did	tobacco	use con	tribute to	the cau	se of death?
P.O. het the de by the detached											1 🗆	Yes 2	I NO	3 Prob	ably 4	I ☐ Unknow
of Vital Records, F Physician: The law requires the this certificate has been signed ral director, page 2 should be de	by										6757 1953	COLUMN TO SERVE		OAb Mar	o outon	au findiana
cord v require been si	Completed											s an autop ormed?	sy	ava	lable pri	sy findings for to of cause
Rec e law hes b	npi													of d	eeth?	
The la	Ö										1 🗆	Yes X	XNo	1 🗆	Yes 2	2□ No
of Vital I Physician: The this certificate ral director, per	Be	25. Was casa rafarred axaminer?	to medicai						-	of Deatl	(Check only	ona)				
of on the control of	2	1 ☐ Yas / 2XXNo		Hospital: 1 In	patient 2 E	R/Outpatien		Othe	4 123-190	irsing Ho	ma 5□Ras	idance 6	3 □Otha	r (Specify,	)	
	5	27. Menner of Deeth	Pending	28a. Dete of (Month)	injury Dey Year)	28b. Tima of injury	28c	. injury Work	at		28d. Describe	how injur	y occurre	ed		
Vision Attending or death. ector: After	cati	2 Accidant	Invastigatio				М	10	Yas 2□							
- P#9-	Certification:	3 ☐ Suicide 6 4 ☐ Homloida	Could not b determined	200. Flaca 0	of Injury - At hor g, atc. (Specify)	na, farm, str	eat, fectory, o	ffica			28f. Location City or To	(Street and wn, Stata)	d Numbe )	er or Rural	Routa N	lumber,
To the Hospital Within 24 hours of To the Funeral I completely lilled	edical	29a. Certifiar 1 (Check only 2 one)	Certifying Ph Medical Exam	ysician: To the b miner: On the bes and manns	ils of examination	ledge, daath on and/or Inv	occurred et t rastigation, in	my or	e, dete en pinion, daa	d piece, th occurr	end due to the ed at the tima	ceusa(s) , data and	end mer place, e	nnar es sta ind due to	ited. the caus	se(s)
To the within 2 To the comple	M	29b. Signature and title	of certifier	orth	m	>	29c. L	icense	number /2	5-	12	29d. Dat	a signed	(Month, E	Pay, Yea	r)
		30. Name and address	of person who	complated cause.	of death (itam	23a) (Type,	Print)	#	ar	67	nd	m	10	21	77	76
		31. Data filed (Month, L	Day Yearl	30 Pa	gistrar's Signeti	1862	, 1		W	-00	1	///			-	, 0
S Regis	tate trar				distrars Signett	-										
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permit.

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BY

COMPLETED

2

2 Accident

3 Suicide

DIVISION OF VITAL RECORDS, P.O. BOX 88701 BALLIMORE, MARTLAND 2	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG NO 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF OFATH YEAR Mathias Rosenauer February 26 1996 11:13P 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR 6. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 83 April 6 1912 214-14-3225 Maryland 9e. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Anne Arundel Medical Center Annapolis Anne Arundel RESIDENCE OF DECEDENT 10b. COUNT 10c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY Anne Arundel Annapolis 1 YES 2 XXNO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 1780 Crownsville Road 21401 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—It yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black. White, atc. FORCES? 1 YES 2 THO 1 Never Merried XX Merried 1 TES 2 NO Specify BY 3 Widowed 4 Divorced White ETED 15. DECEDENT'S EDUCATION 16a, DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high ist of working (Give kind of work done life, Do NOT use retired.) United States Naval Elementary/Secondary (0-12) College (1-4 or 5+) COMPL Sheet Metal Mechanic Academy 17. FATHER'S NAME (First, Middle Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Mathias Rosenauer Margaret Satorius 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Margaret K. Olienyk 1046 Docker Drive Crownsville, MD 21032 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, Stata 20a. METHOD OF DISPOSITION

1 Denation S Dother (Specify) Hillerst Memorial Gardens 3/1/96 Annapolis, MD 22. NAME AND ADDRESS OF FACILITY John M. Taylor Funeral Home 147 Duke of Gloucester St. Annapolis, MD 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardlec or respiratory arrest, ahock, or haart fallure. List only one cause on each line Interval Between Onest and Death **IMMEDIATE CAUSE (Final** disease or condition Qu resulting in desth) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseasa or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AMAILABLE PRIOR TO anc COMPLETION OF CAUSE 1 WES 2 THE 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES INO I UNCERTAIN A 26. PLACE OF DEATH (Check only one 25. WAS CASE REFERRED TO MEDICAL HOSPITAL: OTHER: 1 YES 2 DO 1 Inpatient 2 ER/Outpatient 3 IDOA 27. MANNER OF DEATH 26b. TIME OF 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 Natural

8 Could not be determined 29a. CERTIFIER (Check only Check only PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as steled.

28e. PLACE OF INJURY — At home, ferm, street, fectory, offica building, atc. (Specify)

2 MEDICAL EXAMINER: On the basis of ex ind/or investigation, in my opinion, death occured at the time, data and placa, and due to the cause(a) and manner as stated. 394 SIGNATURE AND THE OF CENTER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

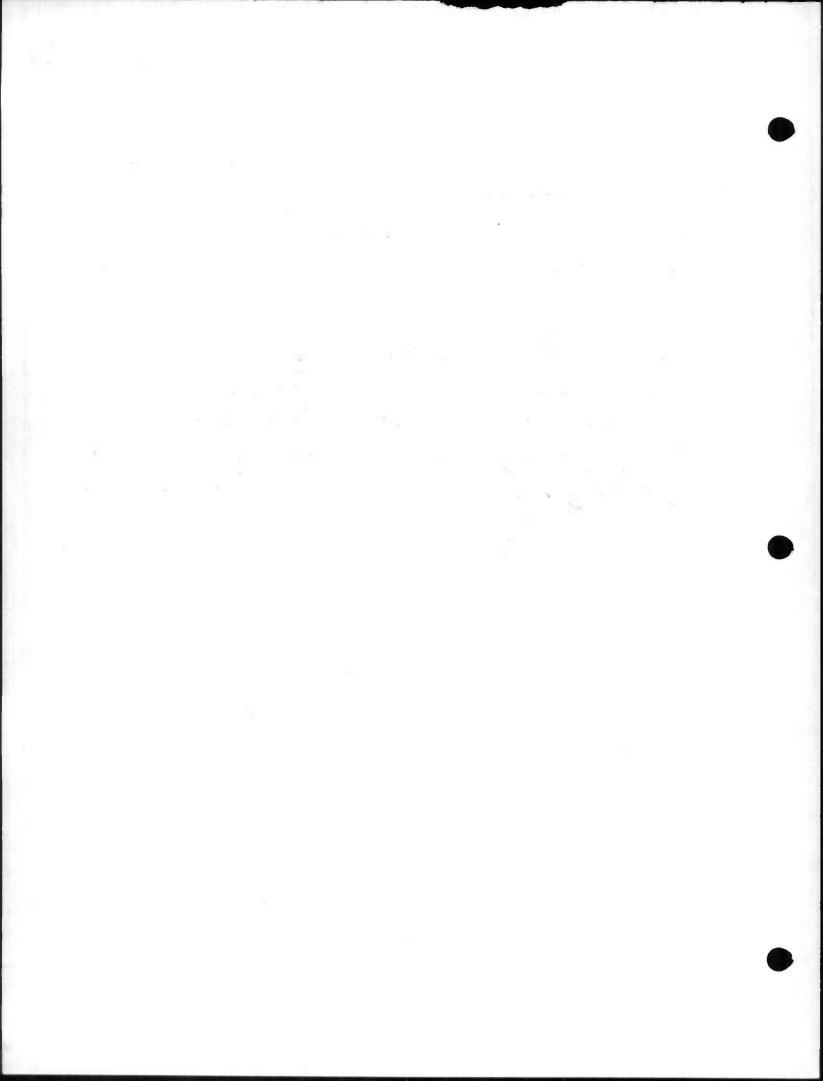
1 YES 2 NO

		· Of why	021438	
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	AND APPINESS OF PERSON	THO CONTLETED CAUSE OF DEATH (ITEM 27) (ADD. Print) - A PONT TO WOOD BLY	AVESTE 120	ANNAPOW, Mduyu,

31, DATE FILED (Month, Day, Ye MAR 01

32 REGISTRAR'S SIGNATURE

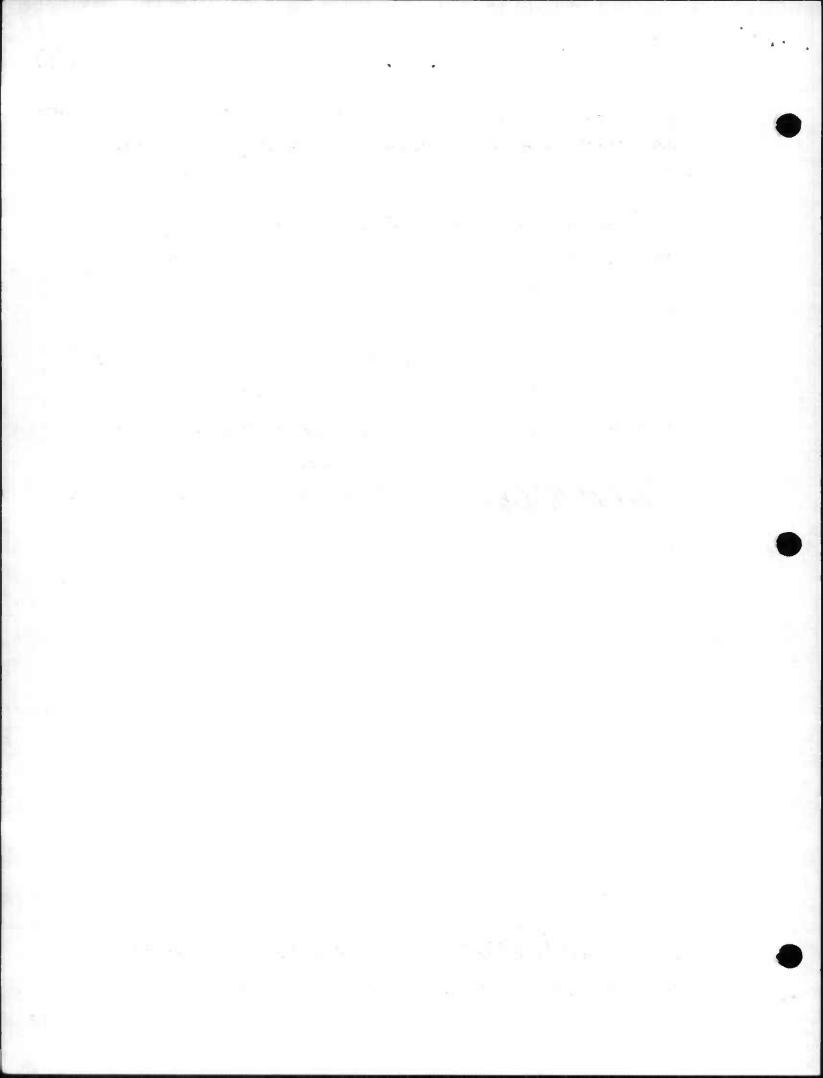
281. LOCATION (Street end Number or Rural Route Number, City or Town, State)



# Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

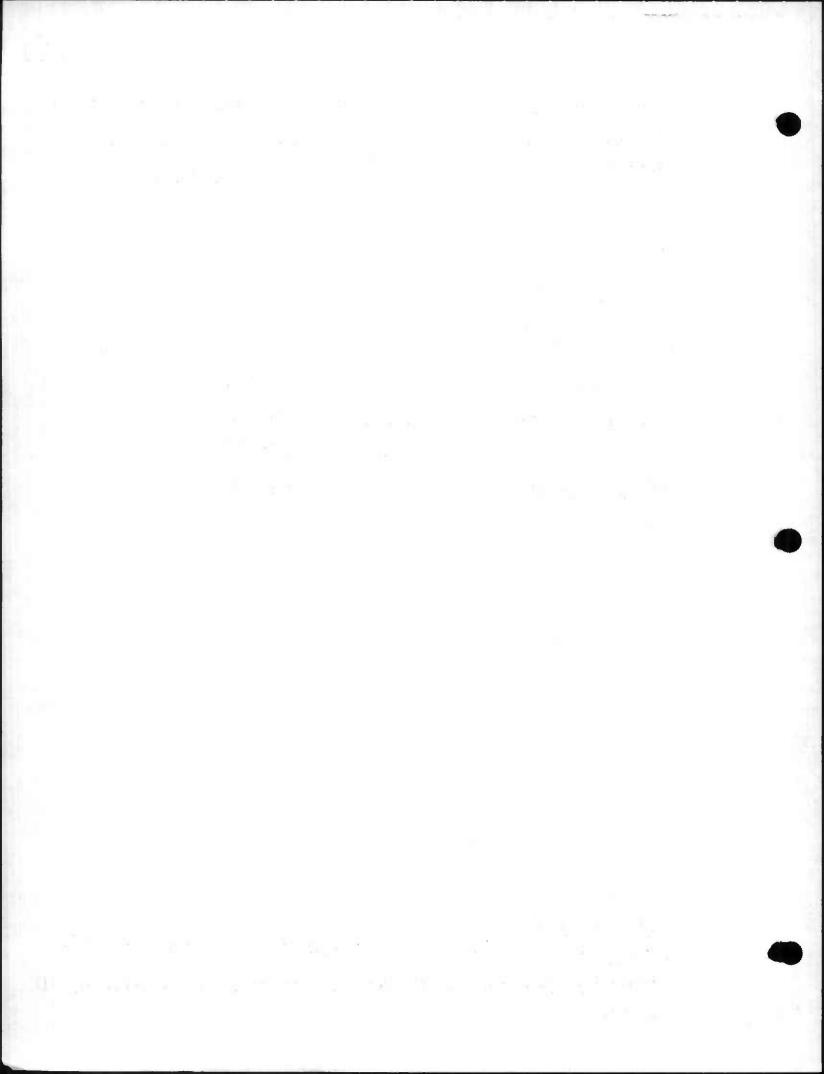
Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Dete of Death 3. Time of Death **Physician** RUTH Feb 96 7:50pm /Medical Kathryn Nash 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** The Memorial Hospital at Easton Easton 7. Age (In yrs. lest birthday) If Undar 1 Yaar If Undar 24 Hrs. 6. Date of Birth Months Days Hours Min. (Month, Day, Year) 5. Social Security Number Birthplace (Stata or Foreign Country) **Funeral** 10M 35F 216-16-7513 **Director** OCT-10-23 Maryland . -Usuai Rasidance of Decedant the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show ir than "natural", or itema 23a or 28a-f shor The Wedical Examiner must be notified at 1 Yas 2 No Director Md. Queen Anne Grasonville 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? with permit. Pages 1 and 2 should be filed within 72 hours after death 1. Department of Health and Mentel Hygiene. Important if Item 27 is marked other than 'natural', or Itema 23a and ship injury or other traumatic event, the Medical Franchisch 3908 Main Street 21638 Funeral 12. Was Decedant Evar in U,S. Armed Forces? 14. Rece - American Indian, Black, Whita, atc. Wes Decedent of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Meritai Stetus 1 Never Merried 2 Married 1 ☐ Yes 2 ☐ No If Yas, Giva Yaar or Detes: Maryland 21215-0020 Specify: white 1 ☐ Yas 2 ☐ Mio à 3 Widowed 4 □ Divorced Completed 16a. Decedant's Usual Occupetion (Giva kind of work dona during most of working life. DO NOT usa ratired) 15. Decedant's Education (Specify only highest grade completed) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) Collega (1-4or 5+) Perfect Garment Factory 11 General Manager of Factory Factory is Mothar's Name (First, Middle, Maiden Sumama) 17. Fethar's Nama (First, Middla, Last) Be Arthur S. Nash 10 Helen Seymour 19e. Informant's Name/Raiationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Steta, Zip Code) 200 Ruth Lane Centreville, Md. 21617 of Disposition (Nema of Disposition (Nema of Disposition (Nema of Disposition)) Jeffery L. Ruth Baltimore. 20a. Mathod of Disposition 20b. Piace of Disposition (Nema of cemetery, crametory or other plece) XXBuriei 2 Cramation 3 Ramovai from State 4 ☐ Donation 5 ☐ Other (Specify) Woodlawn Mem.Park FEB/24/96 Easton, Md. 22. Name end Address of Fecility Fellows, Helfenbein & Newnam Funeral 23e. Pert1. Enter the disaesa, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or respiratory arrest, • Chester Md. shock, or heart feiture. List only one cause on each line. **Physician** ormary Immediata Causa (Finai disaasa or condition rasulting in deeth) /Medical 415 Examiner Examiner The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immadiata cause. Entar Undarfying Causa (Disaase or injury that infliated avants rasulting in daeth) Last and Box 68760. signed by the ettending physiclen d be detached for use as the burie Physician/Medical Dua to (or as e consequence of): Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? Division of Vital Records, P.O. me paspatio 1 708 2 No 3 Probably 4 Unknown by 24b. Were autopsy findings available prior to completion of cause of death? udonientranous Coltis 24a. Was an autopsy performed? Completed hes deleve Kenal 1 Yas 2 No 1 ☐ Yas 2 ☐ No certificate or Attending Physician: effer death. Director: After this certifica 25. Wes casa referred to medical axaminar? Be 26. Piece of Deeth (Check only one) Hospitei: 1 ☐ inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Homa 5 Residence 6 □Other (Specify) 2 1 Yes 2 No 27. Menper of Death 28a. Data of Injury (Month, Day Year) Certification: 28c. Injury at Work? 28d. Dascribe how Injury occurred 1 Natural 5 Panding investigation 1 Yas 2 No 2 Accident the To the Hospital or Atter within 24 hours efter dea To the Funeral Director completely filled in by th 6 Could not be 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 28e. Place of injury - At home, ferm, streat, factory, office building, etc. (Specify) 4 Homicide edical 29a. Certifiar 1 Certifying Physician: To tha best of my knowladga, death occurred at tha time, dete and place, end dua to tha ceusa(s) and mannar as stated. 2 Medical Examiner: On the basis of examinetion and/or invastigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner stated. 29b. Signature and title of certifler 29c. Licansa number 29d. Data signed (Month, Day, Year) M NUZO 30. Nema end address of person who complated cause of deeth (item 23a) (Type, Print) David Smith, Md. 509 Idlewild Ave. Easton, Md. 21601 31. Data filed (Month, Day, Year) 32. Registrar's Signature State 2-26-96 Registrar which Davidson Rendell



# Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene

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7	Exami	ner	4e. Fecility Neme (If not institution, give s					4b. City, Town, or Lo	ocation of Death				
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	Be-f sho	Director	Md. Talbot	100.00	cord	or Location dova							as 2 2No
	23a or 2	ral Dire	10696 Chapel Ro	ad		10f. Z	ip Coda 21	625		10g. Citizan of \	What Coun U.S		
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and	S de S	Be	17. Fethar's Nama (First, Middle, Last)					18. Mothar's Nam	a <i>(First, Middla,</i> Anna Mi			ar	
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Maryland	0 0 E		19a. Informant's Name/Ralationship (Type Priscilla Rice,					and Number or Run				Code)	
Baltimore,	permit. Pages 1 and Depertment of Heelth Important: If Item 27 any Injury or other tr once.		20e. Method of Disposition  1 □ Surlai 2 □ Cramation 3 □ Re	20b. P	ace of E	Disposition (No.	ama of other pla	ce) Feb.	20° 199	60c. Location -	City or To	wn, Stete	)
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Bal	Depermine Depermine any in the same in the		21. Signatura of Funaral Service Liberse	1/1/6		Moun	am E	ess of Fecility  uneral	Home	PΑ		216°	
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М	/Medical Examiner		fmmediata Causa (Final disaasa or condition	(andrac 1	In	yttm	ria				n	mul	diate
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8	deeth e atten	Icla	Pert II. Other significant conditions cont	ributing to death but not resu	itina in t	tha undarlylno	causa di	van in Part I	23b Did 1	obacco use co	ntribute to	the cau	se of death?
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ion	ath. wr: After the funer	Certification:	27. Manner of Death  1 Natural 5 Panding  2 Accident Invastigation	28a. Data of Injury (Month, Day Year)	28b. Tir Inj		28c. Inju Wo 1 □	ry at rk? IYes 2 □ No	28d. Dascribe i	low Injury occur	red		
Division	or Atte	ertific	3 Sulcide 6 Could not be datarmined	28e. Place of Injury - At ho building, atc. (Specify	ma, fam	n, street, facto	ry, office		28f. Location (5 City or Tox		er or Rura	l Route N	lum <i>ber</i> ,
	To the Hospital or Attending Physician: The I within 24 hours after death.  To the Funeral Director: After this certificate his completely filled in by the funeral director, pege	edical C	29a. Cartifiar (Check only one)  (Check only one)	clan: To the best of my knower: On the basis of examinet and manner steted.	vledga, o	daath occurre or Invastigatio	d at the ti	ma, data end piace, opinion, daath occur	and dua to tha ered at tha tima,	causa(s) and ma data and piace,	annar as st and dua to	ated.	sa(s)
	of the of	Me	29b. Signafuje and title of certifier			25	c. Licens	se number		29d. Date signe	d (Month. I	Day, Yea	r)
10	F ₹ F ŏ		1/2	MN			NW	TOLOU		Felr	16	199	6
			30. Name and address of person who con	poleted cause of death (Hom	2301 /7	vne Print	0/	0047		100	1	1 ( 6	r
			5titely. K	O. VIA N	1 0	, po, 1 mil)	50	8064 Jutchn	nanci	ano	tost	on'	MO
	Sta	te	31. Data filed (Month, Day, Year)	32. Registrar's Signal				LI CITT	MID	-4116	J 31	0111	1.10
	Registr	ar	02/20/96	1 Dalingon	nothe	~ finder	A.						



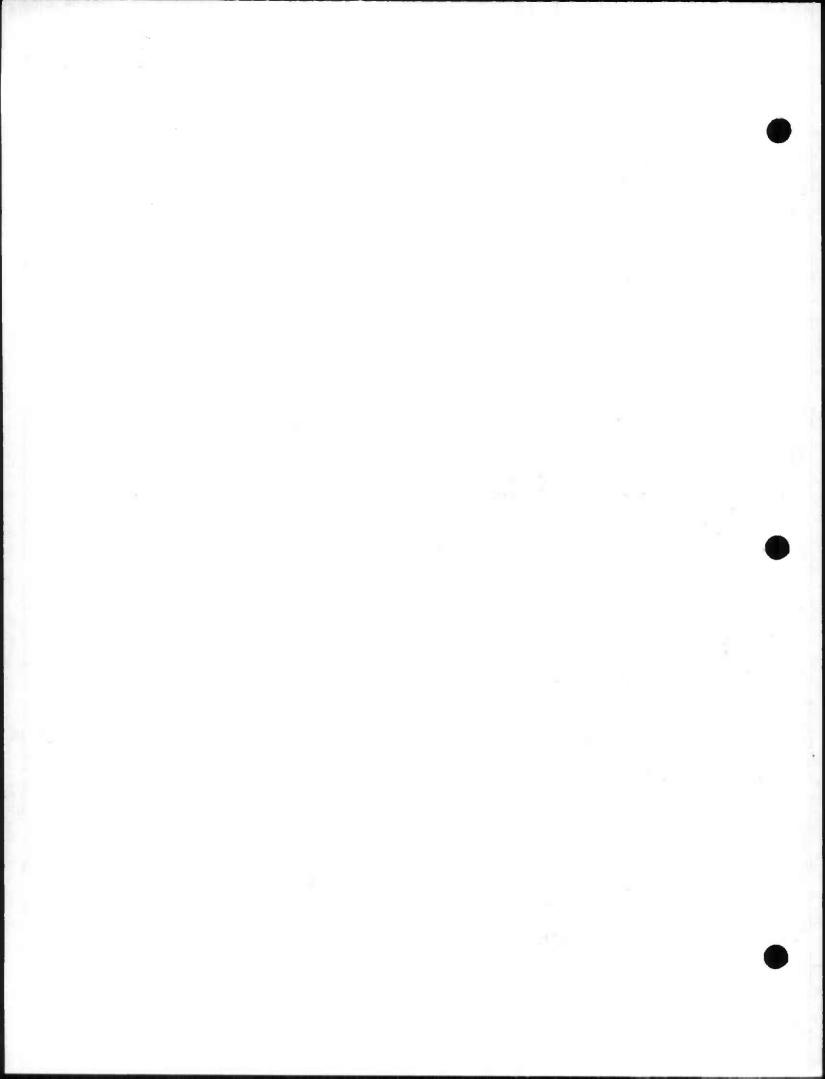
FOR

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CE	RTIFICA	TE OF	DEATH		REG. NO.		
		1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF	DEATH		3. TIME OF DEATH
		PAUL FRANC	IS		RUPPER	Γ		Febru	ary 22	2, 1996	2:23 P M
		4. SOCIAL SECURITY NUMBER		(In yrs. last	birthday) IF UN	DER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH	a pipyii	PLACE (State or Foreign
		217-10-4997	1½XM2□F 85		YRS. MONTH	S DAYS	HOURS MIN.	(Month, D	23 19	10 Country	MARYLAND
phould		9a. FACILITY NAME (If not institution, give s	****		0h C	TV TOWN C	OR LOCATION OF DE			c. COUNTY OF DE	
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o,	0	Memorial Hospita	1 & Medical	Cente	er	Cumbe	rland		F	Allegany	<i>'</i>
- Se	DIRECTOR	10a, STATE 10b, COUNT	Υ		10c. CITY, TOW	N OR LOCAT	TION				10d. INSIDE CITY
Page	E	MARYLAND ALL	EGANY			MBERL					LIMITS?
permit, Pages 1.		MAKYLAND ALL  10e. STREET AND NUMBER	EGANI		CC		, ZIP CODE			Da. CITIZEN OF W	
pe 1	A I	COLORO CONTRACTOR AND CONTRACTOR				101			10		HAI COUNTRY?
020 physician. burlal-transit	FUNERAL	1500 BEDFORD ST					21502			U.S.A.	
20 ysicii rfal-t	5	11, MARITAL STATUS  1 Never Married WX Married	12. WAS DECEDENT EVER FORCES? 1 ▼ YYES	U.S. ARA	MED O		ENDENT OF HISPAN			No- 14, RACE Black	- American Indian, White, etc.
ning ph	ВУ	3 Widowed 4 Divorced	FORCES? 1 XXYES  IF YES, GIVE WAR OR I  WWILL US ARM	DATES			2 NO Specify			Specif	WHITE
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21215-0020 al or attending physic for use as the burial	里	15. DECEDENT'S EDU (Specify only highest grade		16a. DEC	EDENT'S USUAL to kind of work do Do NOT use retire	occupation during mo	ON ost of working	16b. KI	IND OF BUSINE	ESS/INDUSTRY	
fal o	2	Elementary/Secondary (0-12)	College (1-4 or 5+)						\/A		
AND 21215-0020 the hospital or attending physician detached for use as the burial-tranonce.	M	12+		CELA	NESE CO	ORP OF	F AMERICA		ILK MA		
the hos detach	COMPLET	17. FATHER'S NAME (First, Middle, Last)					18, MOTHER'S NA				
d by d by	BE	JOSEPH VALENTINE	RUPPERT				ANNA ELI				
MARYLAND  retained by the hospit  5 should be detached notified at once.	6	19a. INFORMANT'S NAME (Type/Print)		19b	MAILING ADDR	ESS (Street a	and Number or Rural	Route Number,	City or Town, S	itere, Zip Code)	
(D 41)	-	MARIAN A. RUPPERT		15	00 BEDI	FORD S	STREET (	CUMBER	LAND M	ARYLAND	21502
RE, nay be		20e. METHOD OF DISPOSITION  tyltyBurlel 2 Cremetion 3 Rem	20 normi from State	b. PLACE A	ND DATE OF DISE	OSITION (Na	ame of	DATE	20c. LOCAT	ION — City or To	wn, State
MOR age 6 may director, p		4 Donallon 5 Other (Specify)	Si	JNSET	CEMETE	RY FI	EB 26 199	96	CUMBE	RLAND M	ARYLAND
BALTIMORE, hours after death. Page 6 may bed in by the funeral director, pag or removal.		21. SIGNATURE OF FUNERAL SERVICE LI	ENSID	1 -			ND ADDRESS OF FA		47 11034	(D	
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B nours after d in by the or removal		23. PART I. Enter the diseeses, or shock, or heart feliure.	List only one cause on	ed the dec eech line.	ith. Do not en	ter the mo	de of dying, suc	h as cardis	c or reapirate	ory arrest,	Approximata Interval Batween
24 hours filled in ion, or re		IMMEDIATE CAUSE (Finel									Onset and Death
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ted within 24 completely fill ial, cremation, items event, the			DUE TO (OR AS	A CONSEC	UENCE OF):						
	Z	Sequentially list conditions,	b								
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O. F artifica ng ph giene	=	that initieted eventa	DUE TO (OR AS	A CONSEC	UENCE OF):						
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F VIT.	Š	1 TYES 2 NO	1 Inpatiant 2 ER/Ou	Ipstient 3	DOA 4		ne 5 🗆 Residenca	6 🗆 Other (S	Specify)		
나 유형투	PHY	27, MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)		28b, TIME OF INJURY		JURY AT ORK?	2ad. DESCF	RIBE HOW INJU	JRY OCCURED	
NG PHYS frer this ceath with marked	BY	1 Natural 5 Pending 2 Accident Investigation	(Workin, Day, Your)		N N		YES 2 NO				
ION VDING : After r death is mai		3 Suicida 8 Could not be	26a. PLACE OF INJUR	IY — Al hor	me, lerm, atreet,	fectory, offic	ie .			Number or Rural F	loute Number,
TISI TITEN TIDEN after	E	4 Homicide determined	building, atc. (Sp	өснуу				City or	Town, State)		
OR A DURS DURS	COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my kno	wlade- d-	oth occurred at the	to time det	and place and div	to the access	(a) and ====	s on elekad	
FTAL PAL 1	MP	anal .	ER: On the beels of examinati								and manner on stated
HOSP UNEI	8					-, opinion, t					
HE F	BE	29b. SHANATURE AND TITLE OF CERTIFIE	R []				29c. LICENSE NU	MBER			(Month, Day, Year)
TO THE HOSPITAL ( TO THE FUNERAL D DE filed within 72 h IMPORTANT: If 19	5	16 y. Jan	Ma. X				D14865			Februar	y <b>26</b> 1996
4	-	30. NAME AND ADDRESS OF PERSON WE									
yrss !		The state of the s	emorial Hosp	ital	Medica	I Bui	Iding C	umberl	land, N	Md. 215	02
		31. DATE FILED (Month, Day, Year) FFB 2 7 1996	32 REGISTRAR'S SIG	MATURE	Con do						

DHMH-16 Rev 1/89

	REGISTRAR	CERTIFIC	CATE OF	DEATH	REG. N	Ю.		
	1. DÉCEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH			IME OF DEATH
	EMMA CORA REED				February		EAR	6:451
		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH			E (State or Foreig
		M	ONTHS DAYS	HOURS MIN.	(Month, Day, Year)		Country)	- lorena ni Loreni
	213-04-4705	92 YRS.			June 23		Mary	
	9a. FACILITY NAME (If not institution, give street end number)	9	DE CITY, TOWN O	R LOCATION OF DI	ATH	9c. COUNTY	OF DEATH	
OR	167 Church St.		Wester	nport		Alleg	rantr	
5				1		- Alle		
DIRECTOR	10e. STATE 10b. COUNTY	10c. CITY, 1	TOWN OR LOCAT	ION			10d	LIMITS?
ō	Maryland Allegany	We	esternp	ort			X	YES 2 N
A	10e. STREET AND NUMBER			. ZIP CODE		10g. CITIZE	N OF WHAT	COUNTRY?
FUNERAL	167 Church St.			21562		Unite	. J . C. L	
Z	11 MADITAL STATUS 12 WAS DECEDENT SYSTEM	IN U.S. ARMED	13. WAS DEC		NC ORIGIN? (Specify			ATES American Indian
Ū.	1 Never Married 2 Married FORCES? 1 YES	2 X NO	If yes, spe	ecify Cuben, Mexica	n, Puerto Ricen, etc.)		Black, Wh	ite, etc.
ВУ	3 ☑ Widowed 4 ☐ Divorced IF YES, GIVE WAR OR I	DATES	1 YES	2 X NO Specif	y:		Specify:	White
ED	15. DECEDENT'S EDUCATION	18e. DECEDENT'S US	SHAL OCCUPATION	DM .	165 KIND OF E	USINESS/INDUS		MILLE
H	(Specify only highest grade completed)	(Give kind of wor	rk done during mo	st of working	100. KIND OF E	OSINESS/INDOS	INI	
쁘	Elementary/Secondary (0-12) College (1-4 or 5+)		,					
MP	8	Self em	ploved		aner H		eaning	o
COMPLET	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S NA	ME (First, Middle, Meid	en Surname)		
ш	Louie Hogamier			Susa	n Beall			
00	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING A	DDRESS (Street e		Route Number, City or 1	own, State, Zip Co	ode)	
9	Katherine Ford	218	8 Marv1	and Ave.	Western	port N	1d 2	1562
						LOCATION — CIT		
		b. PLACE AND DATE OF ametery, crematory or other	or place)	arne or	2 DATE 200.		y or lown,	A A
		SS Peter				umperla	na, r	id.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			NO ADDRESS OF FA				
	> Trankli Il lustos		boal	Funeral	Home		MI	
	23. PART I. Enter the diseases, or complications that cause	ad the death. Do			t. Wester			Approxima
	ahock, or heart failure. List only one cause on		t enter the mo	ide or dying, suc	n sa cardiac or re-	spiratory arrea	κ,	Interval Ba
	IMMEDIATE CAUSE (Final	0						Onset and
	disease pr condition resulting in death)	(ancer	/					32
	DUE TO UTIVAS	A CONSEQUENCE OF):	;					
7								
0	Sequentially list conditions,  Many leading to immediate	A CONSEQUENCE OF):	:					
AT	If any, leading to immediate cause. Enter UNDERLYING						- 1	
FIC	CAUSE (Disease or Injury C.	A CONSEQUENCE OF):	:					
Ē	that initiated events resulting in death) LAST	,					j	
CERTIFICATION	d		-					
7	PART II. Other algnificant conditions contributing to death	but not reaulting in	the undariying	g cause given in	Part I. 24a. WAS	AN AUTOPSY	24b. WEI	RE AUTOPSY FIR
DICAL	Runt pelvis fran		,		PERF	ORMED?	AWA	ILABLE PRIOR
Ď	The first				1 _ YES	2 NO		DEATH?
PHYSICIAN: ME							1 [	YES 2   N
ä	DID TOBACCO USE CONTRIBUTE TO CAUSE (	OF DEATH YES	NO [	UNCERTAI	N 🗆 📗			
A	25. WAS CASE REFERRED TO MEDICAL	28. PLACE OF DEATH	(Check only one)					
SIC	EXAMINER?  1 YES 2 NO HOSPITAL:  1 Inpatient 2 ER/Ou		OTHER: 4   Nursing Hom	ns 5 X Residence	8 Other (Specify)			
H	27. MANNER OF DEATH 28e. DATE OF INJURY	Y 28b. TIME	OF 28c, INJ	JURY AT	28d. DESCRIBE HO	W INJURY OCCU	RED	
	1 Natural 5 Pending (Month, Day, Year)		RY WO	YES 2 NO				
BY	2 Accident Investigation	DV At here there is				-44 44 - 5	010	At
Q	3 Suicide 8 Could not be 4 Homicide determined	RY — At home, ferm, atro- pecify)	reet, rectory, offic	-	281. LOCATION (Stre City or Town, Ste		riunai Moute	NUMOR,
II.	- Tomicoe Getermined							
) LE	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my kno	owledge, death occurred	f at the time, data	end place, end due	to the cause(a) and	manner as stated		
M	(Check only one)  2 MEDICAL EXAMINER: On the basis of my kind one)							mapper ee
COMPLETED		and investigation,	, ar my opinion, c	Person occurred at Ith	e, date end piece,	with and to tile (	use(s) en	
BE (	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU		29d. DATE	IGNED MO	nth, Day, Year)
	S. G. Shaverfeltz m. N.			1500	3/	1 2/0	28/46	2
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF D	DEATH (ITEM 27) (Type, P	Print)	R/1 2 1	110/0	of lank	-	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	cternport	Family	clinic, b	vesternpo	CIM / LA	215	162
	31. DATE FILED (Month, Day, Mair) 32. BIS GETRANS, SIG	Jear Rashell						
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	DSPITAL OR ATTENDING PHYSICIAN

	FOR STATE REGISTRAR	STATE OF MAR		RTMENT OF H		MENTAL HYGIE REG. N			
	1. DECEDENT'S NAME (First, Middle, Last HEARIETTO	Ceci	Lia	Rai	90	February.	äa 1	996	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER  167-18-4945  Ba. FACILITY NAME (II not institution, give	1 □ M 2 🂢 F	GE (In yrs. last birthday) 73 YRS.	FUNDER 1 YEAR MONTHS DAYS  9b. CITY, TOWN (	IF UNDER 24 HRS. HOURS MIN.  OR LOCATION OF DE	June 17,		Country	sylvania
DIRECTOR	Lorien Nursing			Belo	amp		Har	ford	
	Maryland 106. coun	Marford	10c. CI	ry, town on locat Abendeer					10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 630 S. Rogers	Stroot		101	21 001			J.S.A	HAT COUNTRY?
8	11. MARITAL STATUS 1 Nover Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YOUR SERVICE WAR OF	ES 2 NO	If yes, sp	ENDENT OF HISPAN	IIC ORIGIN? (Specify Y n, Puerto Rican, etc.)		14. RACE	— American Indian, White, etc.
LETED	15. DECEDENT'S EC (Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	,	ON st of working	16b. KIND OF B			
COMPLET	8 17. FATHER'S NAME (First, Middle, Last)	0	Homemal	ter	18. MOTHER'S NA	In h			
101	Howard Blade  19a. INFORMANT'S NAME (Type/Print)		10h MAII IN	ADDRESS /Street		Rowan Route Number, City or To	One To	0-4-1	
TO B	Mrs. Jane M. S	nead				Aberdeen,			21001
	20a. METHOD OF DISPOSITION 1		20b. PLACE AND DATE cemetery, crematory or i	OF DISPOSITION (Na		DATE 20c. L	OCATION —	City or Tow	rn, State
	4 Donation 5 Other (Specify) New Cathedral Cemetery 2/26 Philadelphia  21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY								
	· Sary R	Di Dia	ranni	Tarri Abero	ng-Cargo leen, Mar	Funeral Tyland 21			•
event, the medical	23. PART I. Enter the diseases, or shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)	a. List only one cause or	n each line.	ionia	de or dying, suci	n as cardiac of rea	piratory ari	rest,	Approximate interval Betwee Onset and Dec
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с	A CONSEQUENCE C	•					
A C	PART II. Other significant condition	ona contributing to desti	h but not resulting	In the underlying	cause given in	PERF	N AUTOPSY ORMED?		WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE
ME	- COPD - PUP	-MU	UTIPE CON	MRESSIAN VEXTIA	Flo	1 TYES	2 NO		OF DEATH?
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	-5822	OTHER:	ACE OF DEATH (Che				
BY PHYSICIAN:	27. MANNER OF DEATH  1 Natural 5 Pending	1 Inpatient 2 ER/C 28a. DATE OF INJUT (Month, Day, Yea	RY 28b. TII	AE OF 28c. INJ JURY WO	BK?	8 Other (Specify)  28d, DE\$CRIBE HOW	INJURY OC	CURED	
TED 18	2 Accident Investigation 3 Suicide a Could not be detarmined 4 Homicide detarmined  M 1 YES 2 NO  28. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)  28. LOCATION (Street and Number or Rural Re-City or Town, State)								
F 4	onel	/SICIAN: To the best of my kr							and manner as stated
TO BE CO	29b. SIGNATURE AND TITLE OF CENTER	MD			29c. LICENSE NUN A 4280	IBER OO	29d, DAT	E SIGNED	(Mortty, Day, Year)
	30. NAME AND ADDRESS OF PERSON V	WHO COMPLETED CAUSE OF SILVEN	NON AVA	HALLE	Of GAR	I , Md,	2/1	78	
	FEB 2 6 1996	Julia Davel							

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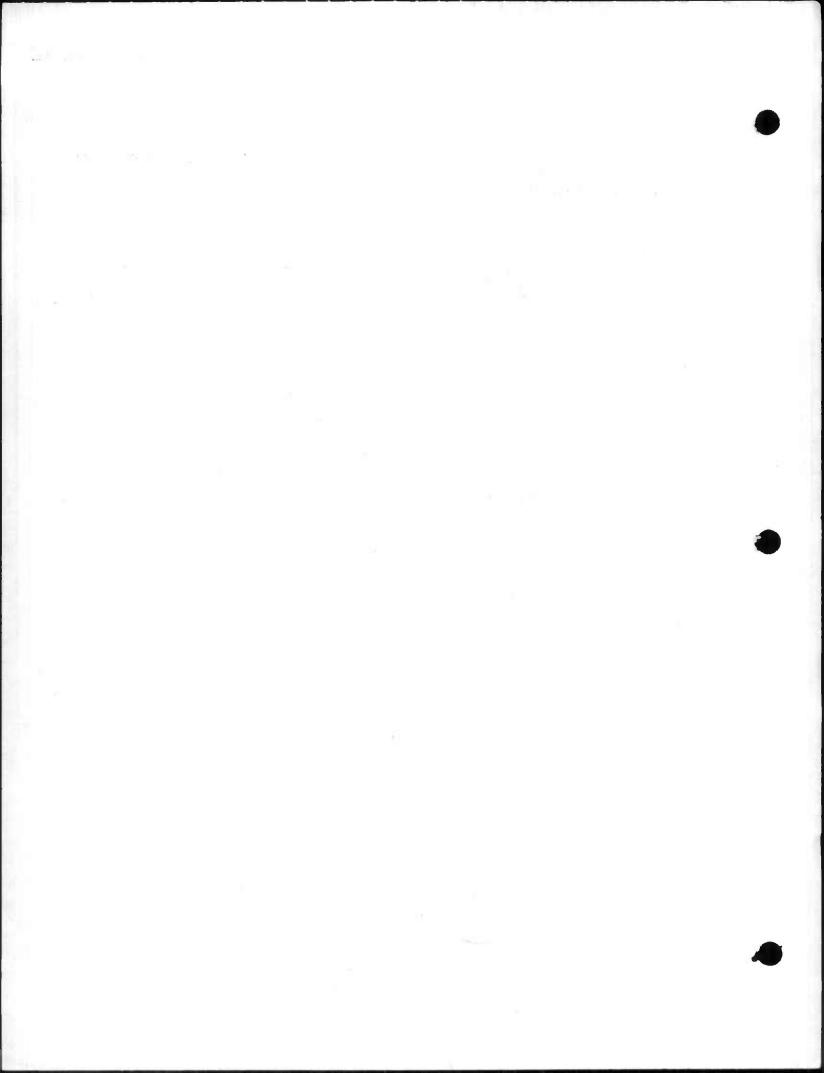
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed withhat a hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunlal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatte event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

$\overline{}$			- 0		CALL	- 01	DEAL		H	EG. NO.			
-	1. DECEDENT'S NAME (First, Middle, Last) SYLVIA	CMOVE	DET TO	В					2. DATE OF D	EATH DAY		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	SMOKE	RELTE						FEB	24	, 9	0	12,62 M
	085 07 6313	5. SEX 1 M 2 F	6. AGE (In yrs. le:	YRS.	MONTHS	DAYS	HOURS	MIN.	7. DATE OF BI (Month, Day, MARCH	Year)		Country	PLACE (State or Foreign YORK
	9a. FACILITY NAME (If not institution, give a	treet end number)			9b. CITY,	TOWN	OR LOCATIO	ON OF DE			9c. COUNT		
DIRECTOR	6121 MONTROSE	ROAD			ROCKVILLE							MONT	
	10e. STATE 10b. COUNT	r		10c. CITY	r, TOWN O	R LOCAT	TION					T	10d. INSIDE CITY
		MONT.			ROCK								LIMITS?
FUNERAL	10e. STREET AND NUMBER	TROSE ROAL	D			101. ZIP CODE 20852				1			HAT COUNTRY?
<b>z</b>	11. MARITAL STATUS	12. WAS DECEDENT		MED	1 42 1							U.S.	
B	1 Never Married 2 Married 3 Widowed 4 Divorced	NO	1	f yes, sp	ecity Cubar 2 X NO	ı, Maxica	NIC ORIGIN? (Sp in, Puerto Rican, y:	etc.)	1 NO- 1	Black,	- American Indian, White, etc. WHITE		
	15. DECEOENT'S EDU (Specify only highest grade		16a. DE	CEDENT'S	USUAL OC	CUPATIO	ON		16b. KIND	OF BUSIH	ESS/INDU	STRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ho	ive kind of w Do NOT us	e retired.)	uning mo	st or worldn	9			0) (7)		
MP	17. FATHER'S NAME (First, Middle, Leat)	2	HOM	EMAKI	2R					H NWC			
	ELEK SMOKE						111111111111111		ME (First, Middle, WEINGAR		mame)		
BE	19a. INFORMANT'S HAME (Type/Print)	<u>.</u>	19	b. MAILING	ADDRESS	/Street a			Route Number, Ch		State Zin C	lada)	
2	HAYDEN E. REITER	SON							Columb				
1	20e. METHOD OF DISPOSITIOH  1 M Buriel 2 Commetton 3 Rem  4 Donetton Donetton (Specify)	oval from State	20b. PLACE cemetery, cre King						2/26	CLIF			JERSEY
ı	21. SIGNATURE OF FUNERAL SERVICE DIC	ENSEE	1. 0				D ADDRES	S OF FA	CILITY TO				
	22. HAME AND ADDRESS OF FACILITY JOS GAWLERS SONS 5130 WISC. AVE NW WASHINGTON, D.C.												
	23. PART LEnter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due TO (OR AS A CONSEQUENCE OF):										Approximate Interval Batween Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
	PART ii. Other aignificent condition	a contributing to d	esth but not r	esulting in	n the un	derlying	cause q	lven in	Part I. 24e.	WAS AN AU	TOPSY	24b. 1	WERE AUTOPSY FINDINGS
EDICAL										YES 2	ED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Σ	DID TOBACCO USE CONTI	DIRLITE TO CALL	ISE OF DEA	TU VE	A	10 8	LINIC	CDTA IN				1	YES 2 HO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL	CIDOTE TO CAU		E OF DEAT		_	UNC	EKIAII	<u>ч Ц </u>				
2	EXAMINER?	HOSPITAL:	ER/Outpatient 3	DOA	OTHER		5 [] Par	Idana	e 🗆 Other (Co.	a.W. I			
ᇤ	27. MANHER OF DEATH  1 1 Heturel 5 Pending	28a. DATE OF It	JURY	28b. TIME INJU	OF	28c. INJ WO			6 Other (Specaled, DESCRIBI		URY OCCU	RED	
LED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	me, farm, s	treet, facto				28t. LOCATION City or Tow		Number or	Rural Ro	ute Number,		
COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC MEDICAL EXAMINE	CIAH: To the best of m											end manner as stated.
띪	296. SIGNATURE AND TITLE OF CERTIFIEF						D 3						Moreth, Day, Year) ARY 24, 1996
2	30. HAME AHD ADDRESS OF PERSON WH	MD 50	OF DEATH (ITEE		Print)	sh	M	By	Roci	we	lle	MI	20852
	31. DATE FILE PEB 2 8 1996	July Will	alevalla	falls	-000	<u></u>						-	



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State of Maryland / Department of Health and Mental Hygiene

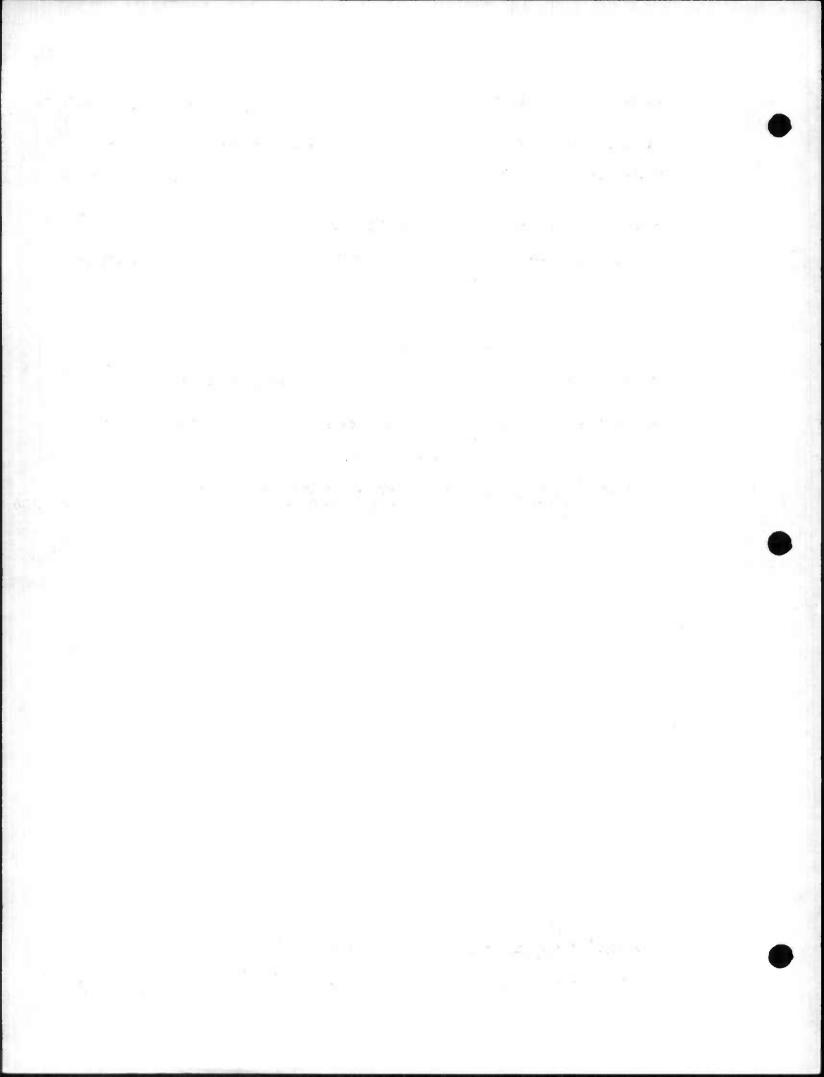
07353 Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Deeth 3. Time of Death Month **Physician** Feb. 28 1996 George W. Rodney 2:40 A.M. /Medical 4e. Facility Nema (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Montgomery General Montgomery 01ney if Undar 1 Year If Under 24 Hrs. 5. Social Security Number 7. Aga (In yrs. last birthday) Birthplace (State or Foreign Country) 8. Data of Birth (Month, Day, Year) **Funeral** 10XM 2□ F Days Yrs. Director 84 216-01-0669 Sept. 4, 1911 Maryland 10s State 10h County 10c. City, Town or Location 10d. fnside City Limits r than "natural", or items 23a or 28a-f show the Medical Examinar must be notified at Maryland Montgomery Silver Spring 1X Yas 2□ No Director 10e. Street end Number 10f. Zip Coda 10g. Citizan of What Country? 3701 International Drive 20906 United States 11. Maritei Stetus 12. Wes Dacedant Ever in U,S. Armed Forcas? Wes Decedant of Hispenic Origin? (Specify Yas or No If Yes, specify Cuben, Maxican, Puarto Rican, atc.) 14. Reca - American indian, Black, White, atc. 1 ☐ Nevar Merried 2 ☐ Merried 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Dates: 1 ☐ Yas 2 ☐ No Specify: White Specify: þ 3 □ Widowed 4 □ Divorced 15. Decedant's Education (Specify only highast grada complated) 16e, Decedant's Usuai Occupation 16b. Kind of Business/Industry (Giva kind of work dona during most of working life. DO NOT usa ratired) Elamantary/Secondary (0-12) Coilege (1-4or 5+) 12 Pharmacist Private 17. Fathar's Nema (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Surname) should be Mental marked Harry Rodney Catherine Hartman 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Pages 1 and 2 s nent of Health an Jean LaPorte Daughter 25032 Woodfield School Rd, Gaithersburg, MD 20882 mportant: If Item 27 my Injury or other to 20a. Method of Disposition 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Dulaney Valley Mem. Gard. 3-1-96 | Cockeysville, MD 21. Signature of Fup@al Service Licensee 22. Name end Address of Fecility Hines-Rinaldi Funeral Home, Inc. 11800 New Hampshire Ave., Silver Spring, MD 20904 23a. Part1. Enter the disaasa, or complications that caused the daeth. Do not entar the mode of dying, such as cardiec or raspiretory arrest, shock, or haart failura. List only one cause on aech lina. Approximeta intarval Between Onset end Death **Physician** NEUMONIA /Medical Immediata Causa (Final disaasa or condition rasulting in daath) Examiner Examiner physician and the burial-transit Sequentially list conditions, if any, laading to immadiata causa. Enter Underlying Causa (Disaasa or Injury that initiated evants resulting in deeth) Last Due to (or es e consequance of) Physician/Medical Due to (or es a consequance of): attending ed by the atten detached for u Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? SETTURES signed by it 1 Yee 2 No 3 Probably 4 Unknown p HYPERTENSION 24a. Was an autopsy performed? 24b. Wara autopsy findings available prior to completion of cause of death? Completed page 2 1 Yas 2 No 1 ☐ Yas 2 ☐ NO Division of Vital 25. Was case rafarred medical axaminar? Be 26. Placa of Death (Check only ona) Hospital: ZENO Othar: 4 Nursing Homa 5 Rasidance 6 Other (Specify) 2 1 Yas 1 Dipatient 2 ER/Outpatient 3□ DOA funeral 27. Manner of Death 28a. Data of Injury (Month, Day Year) 28b. Time of 28d. Dascribe how injury occurred Certification: 28c. injury at Work? or Attending Pater is after death. Affer 1 DNatural 5 Panding Invastigation 1 Yas 2 No 2 Accident 6 Could not be datamined 3 Suicide 28a. Plece of Injury - At homa, farm, street, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicide To the Hospital of within 24 hours at To the Funeral Discompletely filled in 29a. Certifiar (Check o cal 1 Certifying Phyercian: To tha best of my knowledga, death occurred at tha tima, data and place, and dua to tha causa(s) and mannar as stated. eck only 2 Medical Examiner: On the bests of examination and/or investigation, in my opinion, death occurred at the time, data and place, end due to the cause(s) and manner stated. 29b. Signature and title of cepting 29d. Data signed (Month, Day, Year) 23a) Propriet PHCIP DR OZNEY State Registrar

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State of Maryland / Department of Health and Mental Hygiene 0 6

				,	C	ertificate of		R	ng. No.	0 (	11334	
П	Physici /Modi		1. Decedent's Name (First, Middle, La Azizah	Rizik		- 1		2. Dete of Deat		Year	3. Time of Death 5:00 PM	
	/Medi Examir		4a. Facility Name (If not institution, giv	e street end number)			4b. City, Town, or I	ocation of Death	4c. County	of Death		
			Allegis Nursir	ng Home			Silver S	pring	Mont	gome	ry	
	Funeral Director		5. Social Security Number 6. S 577-64-7379  Usual Residence of Decedent	7. Age (In 8]	yrs. last birthde l Yrs.	Months Days		(Month, Dey,	Year) 0, 1915		lece (Stete or Foreign try) ordan	
Maryland	show ed at	or	10a. State 10b. County		c. City, Town or					1	0d. Inside City Limits	
the state of	28	Director	Maryland Montgo	mery	Silver	Spring 10f. Zip Code		10	Og. Citizen of V	What Coun	en/2	
WITH	9 9							[ "	-			
aath	B 25	era	1 Broomall Cou	12. Wes Decedent Ever	in U.S. 1	20906 3. Was Decedent of	Hispanic Origin? (S	necify Yes or No-	United	a - Americ		
21215-0020 d within 72 hours efter death with the Maryland	ret', or items 23e or 28e-f show Examiner must be notified at	by Funeral	1 Never Married 2 Married 3 Widowed 4 Divorced	Armed Forces?  1  Yes 2 No If Yes, Give Year or Dates:		3. Was Decedent of I If Yes, specify Cub 1 ☐ Yes 2 ☐ No		o Rican, etc.)	Specify	white, White, Whi	etc. te	
2 P	naturel', olicai Ex	ted	15. Decedent's Ed	ducation	16a. De	cedent's Usuel Occu	pation	frien	16b. Kind of B	usinass/inc	dustry	
within	ilena. Than "natur The Medical	Completed	(Specify only highest gra	College (1-4or 5+)	life	ve kind of work done  DO NOT use retire	iduring most or world)	King				
d 21		S	12	0	H	omemaker			Own H			
= 0	should be filed and Mental Hygis imarked other umatic svent, in		17. Father's Neme (First, Middle, Last)  Issa Haddad					ne (First, Middle, M e (unknov		ne)		
lar 2 sho	pue E	To	19a. Informant's Name/Relationship (	Type, Print)	19b. Me	elling Address (Stree	t end Number or Ru	ral Route Number	City or Town,	Stete, Zip	Code)	
Tand	aalth n 27 ver tr		Samir Haddad	Nephew		Broomal1	Ct., Sil	ver Spri	ng, MD	2090	06	
Baltimore,	Department of Haalth tmportant: If item 27 i any injury or other tra		20e. Method of Disposition  1	Removel from Stete	cametery, c	position (Name of remetory or other ple f Heaven	2 <del> </del>	Dete 26-96	20c. Location - Silve	12	ring, MD	
Balti Pemit.	Departments any injudence.		21. Signeture of Funeral Service Ligar	1500		22. Name end Addre		ral Home	, Inc.			
/I Ex	ysician Medical aminer	Examiner	23a. Pert1. Enter the disease, or comshock, or heart failure. List only  Immediate Cause (Finel disease or condition resulting in death)	a. Melast	etei to (or es a cons	sequence of):				1	Approximate Interval Between Onset and Death	
) ABCI	al-tra	xar	Sequentially list conditions, if eny, leading to immediate	Due	to (or as e cons	sequence of):				i		
68760, tificata be axecuted	g physician and as the burial-transit	edical	cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Last	C. Due t	to (or es e cons	equence of):						
Geath certi		lan/M		d				-				
P.O.	signed by the attendir d be datached for use	by Physician/M	Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I.						23b. Did tobacco use contribute to the ca			
Records, P.O	been	Completed t				-		24a. Wes as perform		BVE	ere autopsy findings allable prior to mpletion of cause death?	
	ls cartificata hes director, paga 2	Co						1 □ Ye	s 2 No	10	Yes 2□ No	
Of VITA Physician:	artific actor,	Be	25. Was case referred to medical examiner?					tb (Check only on	9)			
of Vital Physician: 7	6.3	2	1 Yes 2 No			ient 3 DOA		ome 5 Reside			()	
2 2	s after death.  I Director: After to in by the funeral	Certification:	27. Manner Death  1 Naturel 5 Pending 2 Accident Investigation		28b. Time Injury	/ Wo	ry at rk? IYes 2 ☐ No	28d. Describe ho	8d. Describe how Injury occurred			
DIVI:	within 24 hours after of To the Funeral Direct completaly filled in by	Certifi	3 Suicide 6 Could not be determined	28e. Place of Injury - / building, etc. (Sp	At home, farm, pecify)	street, fectory, offica		28f. Location (St. City or Town	reet end Numb , State)	er or Rura	i Route Number,	
Hospi	within 24 hours after To the Funeral Dire completaly filled in b	edical	29e. Certifier (Check only one) 1 ☐ Certifying Phyone) 2 ☐ Medical Example (Check only one)	yelcian: To the best of my niner: On the basis of exan and menner steted.	knowledge, de ninetion and/or	ath occurred et the ti investigation, in my o	me, date end plece opinion, deeth occu	, end due to the ca rred at the time, de	use(s) and ma ete and piace,	nner as st and due to	ated. the cause(s)	
Toth	Tot	Σ	29b. Signature and title of certifier	restar		29c. Licens	9834		2/23	186		
			30. Name end address of person who	completed cause of deeth	(Item 23a) (Typ	PARRAGE	UT AVE	5. KEN	SINO	STON	U, MD.	
U III.	Sta Registr	te	31. Date filed (Month, Day, Year) FEB 2.6 1	32. Registrar's S	igneture velson-Ran	Sall			Z	089	3	
DHMM	16 Rev 6/95			6				-				



Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Data of Death 3. Time of Death Day Year February 23, 1996 7:40 pm Lucius Brown Reed 4a. Facility Nama (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Potomac Valley Nursing Center Rockville Montgomery If Under 1 Yaar If Under 24 Hrs.
Months Days Hours Min. 5. Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) 1⊠M 2□ F Months Days 217-44-0109 89 March 20,1906 South Carolina Usual Residence of Decedent 10b. County 10c, City, Town or Location 10d. Inside City Limits 1 X Yes 2 □ No Maryland Anne Arundel Annapolis 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 798 Oak Lane 21401 United States 12. Was Decedent Ever in U,S. Armed Forcas? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - American Indian, Black, White, atc. 1 ☐ Yes 2 ☒ No If Yas, Give Year or Dates: 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: 3 Nidowed 4 Divorced White 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Federal Department of Elamentary/Secondary (0-12) College (1-4or 5+) 5+ Entomologist Agriculture 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumama) Garland McDavid Reed Adeline S. Brown 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 798 Oak Lane Annapolis, Maryland 21401 Jerome M. Reed 20b. Place of Disposition (Name of cometer, crematory or other place)
February 28, 1996
Parklawn Memorial 20a. Method of Disposition 20c. Location - City or Town, State 1 Burlal 2 □ Cremation 3 □ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Park Rockville, Maryland 21. Signature of Funeral Service Licensee

22. Name and Address of Facility
Robert A. Pumphrey Funeral Home
Bethesda-Chevy Chase, Inc. 7557
Avenue Bethesda, Maryland 20814

23a. Part. Enter the disease, on complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrast, Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in deeth) 13 years Due to (or as a consequence of) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated avants rasulting in death) Last Due to (or as a consequence of): Dua to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown 24b. Wera eutopsy findings svailabla prior to complation of cause of death? 24a. Was an autopsy performed? 1 Yes 2 No 1 ☐ Yas 2 ☐ No 25. Was case referred to medical 26. Place of Death (Check only one) Hospital: Other: 41 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 28a. Dete of Injury (Month, Day Year) 26b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 1 Natural 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 3 Sulcide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, Stata) 4 Homicide 1 Certifying Physicien: To the best of my knowledge, death occurred at the time, date and plece, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier 29b. Signatura and title of certifier 29c. Licansa number 29d. Data signed (Month, Day, Year)

February 26, 1996

permit. Pages 1 and 2 should be filed within 72 hours after death with the Manyland Department of Health and Mental Hyglene. Important: If term 27 is a marked other than "naturel", or items 23s or 28s-f show any injury or other traumatic event, <u>Tax Medical Experiment must be notified at</u> Baltimore, Maryland 21215-0020

**Physician** 

/Medical

**Examiner** 

10a State

Directo

Funeral

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Completed

Be 9

**Funeral** 

Director

**Physician** /Medical **Examiner** 

Examiner

Physician/Medical

þ

Completed

Be

edicai Certification: To

The law requires that the death certificate be executed and Division of Vital Records, P.O. Box 68760, ate has been signed by the attending physician page 2 should be detached for use as the buria After this certificate Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certifica funeral filled in by the

To the Hospital within 24 hours a To the Funeral Completely filled

State Registrar

31. Date filed (Month, Day, Year) FEB 2 7 1996

30. Neme and address of person who completed cause of death (Item 23e) (Type, Print)



Advisor to the first that the second teachers 

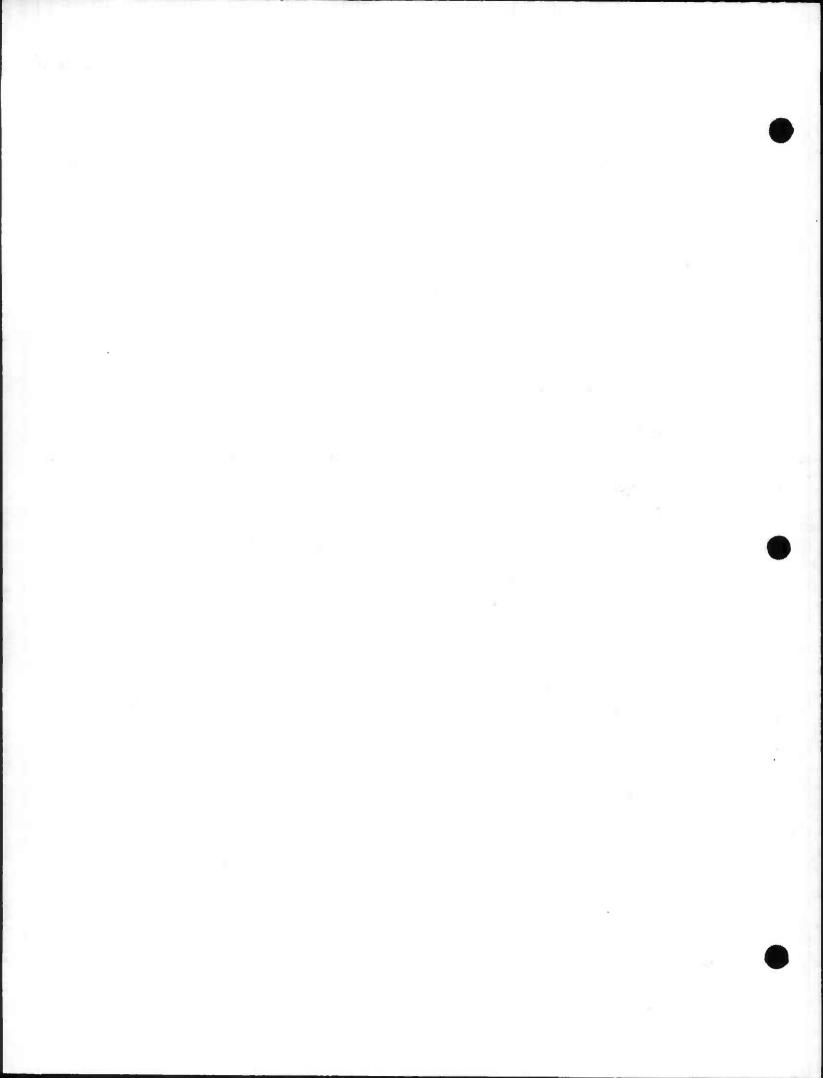
# BALTIMORE, MARYLAND 21215-0020

1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages has writin 72 hours after death with the State Dent of Health and Mental Hodiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDE	TO THE FUNERAL DIRECTOR: A	IMPORTANT: If item 28 is

	FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL	HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last) Minnie	Fowler	Rams	еу		2. DATE MONTH	of DEATH		PA	TIME OF OEATN
			yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH		BIRTHPLA Country)	ACE (State or Foreign
	373 02 0031		9 YRS.			Feb	.27,19			Carolina
	9a. FACILITY NAME (If not institution, give street	it and number)			OR LOCATION OF DE	EATH		9c. COUNTY	OF DEAT	Н
DIRECTOR	Sacred Heart Home			Hyattsv	ille			Prince	Geo	rges .
EG	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCAT	ION				10-	d. INSIDE CITY LIMITS?
E I	Maryland Prin	ce Georges		Hyattsv	ille				1)	YES 2 NO
	10e. STREET AND NUMBER			101	ZIP CODE			10g. CITIZEN	OF WHA	T COUNTRY?
FUNERAL	5805 Queens Chapel	Road		20	782-3867			USA		
5	The state of the s	12. WAS DECEDENT EVER IN FORCES? 1 YES			ENDENT OF HISPAN			or No- 14.	RACE Black, W	American Indian, hita, etc.
84	1 Never Married 2 Married 3 X Widowed 4 Divorced	IF YES, GIVE WAR OR DAT			2 K NO Specify		,		Specify:	-1-
	15. DECEDENT'S EDUCA	TION	18a DECEDENT'S	USUAL OCCUPATION	ON .	16b	KIND OF BUS	INESS/INDUS	bla	ick
E	(Specify only highest grade co	College (1-4 or 5+)		work done during mo						
7	8	Conlege (1-4 or 5 +)	housek	eeper		Roi	man Ca	tholic	Chu	rch
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, I	Middle, Malden	Surname)		
BE C	unavailable	e			unavai	lab1	е			
TO 8	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	and Number or Rural i	Route Numi	ber, City or Tow	n, State, Zip Co	de)	
۴	Gloria M. Brawley		3478	Amber La	ne, Ocea					
	20a. METHOD OF DISPOSITION  1 X Burial 2 Cremation 3 Remove  4 Donation 6 Other (Specify)	al from State Came	PLACE AND DATE of the core of He	of Disposition (Ne ther place) eaven Ce	metery F	eb.2	20c. LO	cation - cm ilver	or Town,	ng Md.
	21. SIONATURE OF ELIHERAL SERVICE LICEN		1	22. NAME AN	ND ADDRESS OF FA	CILITY				
	Ames &	1000//al			Funeral Wisconsi			Mach	DC	20007
	23. PART I Enter the diseases, or con	mplications that caused	the death. Do i							Approximate
	ahock, or heart failure. Lit	st only one ceuse on ea	ch line.							Interval Between Onset and Death
- 1	IMMEDIATE CAUSE (Final disease or condition	BLIATER	H LAIL	ex luga	MAIN	MANA	A			110000
	reaulting in death) a.	DUE TO (OR AS A	CONSEQUENCE O	F):	1/10111	100 110				IMEE
z		CONSESTIVE DUE TO (OR AS A	HEAN	PHILLE	E					VETRS
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE O	F):			_			16-11-1
S	CAUSE (Disease or Injury	9THE CUEN	MCCA	KUJOVA	OULARI	0/1883	05			129KS
E	that initiated eventa reaulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	(F):						
CER	d.									1
AL (	PART II. Other aignificent conditions	contributing to death bu	it not reaulting	in the underlyin	g ceuse given in	Part I.	24s. WAS AN			ERE AUTOPSY FINDINGS
							1 TYES		00	OMPLETION OF CAUSE F DEATH?
MEC									1	YES 2 NO
ä	DID TOBACCO USE CONTRI					N 🗆				
PHYSICIAN: MEDIC		HOSPITAL:	86. PLACE OF DEA	TN (Check only one) OTHER:						
YSI		1   Inpetient 2   ER/Outpe		Nursing Non	ne 5 🗆 Realdence					
	27. MANNER OF DEATN  1 Natural 5 Pending	(Month, Day, Year)	28b. TIR	JURY WO	JURY AT ORK?	28d. DE	SCRIBE NOW	INJURY OCCUP	RED	
8	Accident Investigation	28a. PLACE OF INJURY	At home form		YES 2 NO	201 1 00	ATION (Steel	and Number or	Own Dow	to Mumbar
COMPLETED	3 Suicide 8 Could not be 4 Homicide detarmined	building, etc. (Speci	ify)	street, isctory, onic		City	or Town, State	and Namoer or	noral nou	o Number,
PLE	29a. CERTIFIER (Check only	IAN: To the best of my knowle	edge, dasth occur	red at the time, data	and place, and due	to the ce	use(a) and ma	nner aa stated.		
₩ O	0700) 2 MEDICAL EXAMINER:	: On the basis of examination	end/or investigation	on, in my opinion, o	death occured at the	time, data	and place, a	nd due to the o	ause(a) a	nd manner as stated.
ш	296 AUGHATURE AND TITLE OF CERTIFIER	, \$			29c. LICENSE NU	MBER		29d. DATE S	GNED IN	lopth, Clay, West)
m	MUMATUMEDELL	RUMMINO			D263	3/		1 2	16/	96
5	30. NAME AND ADDRESS OF PERSON WHO MARTA MANGES CHA	COMPLETED CAUSE OF DEA	BI MACA	KIHKK	up Mol	WASA	4DC	0016		
	31. DATE FILED (Month, Day, Year) FEB 2 7 1996	Julia Dandson	Rardall							



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

07357

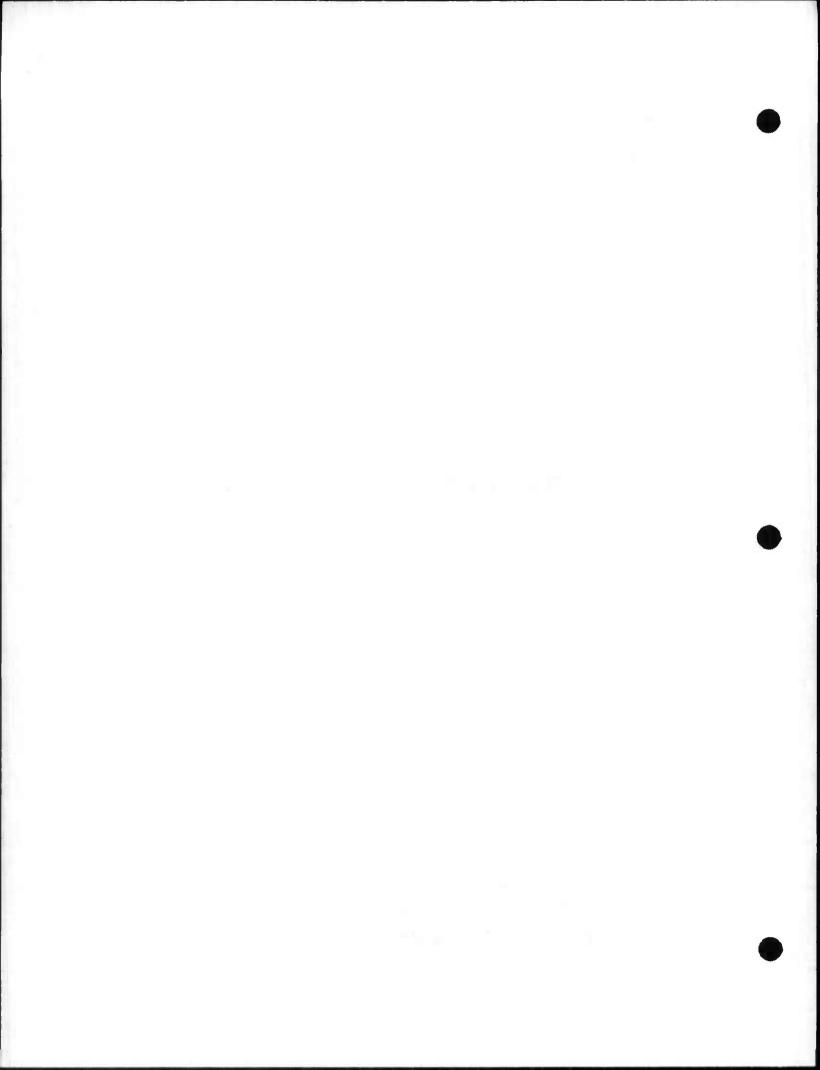
						Certifi	icate of	Death		Reg. No.		0,00.
			1. Decedent's Nama (First, Middla, La	st)					2. Data of	Death		3. Tima of Death
	Physic		Amel	ia	Hutson		Smi	th	Feb	27 1	Yaar L 9 9 6	12:08pm
	/Medi Examii		4a. Facility Nama (If not Institution, giv		MULBOIL				m, or Location of D			12.00pm
7	Examin	iei	The Memorial		at Eas	ston		East	on		bot	
-			5. Social Security Number 6. S	ex 7. An	a (In yrs. last birt	hday) If	Undar 1 Yaar	if Undar 2		Birth	9 Right	place (State or Foreign
	Funeral Director			□M 2□F			onths Days	Hours	Min. (Month,	Birth Day, Year)		placa (Stata or Foreign ntry)
ш			Usual Rasidance of Dacedant	Λ	84			<u></u>	Aug 8	, 1911	Mary	land
	land w		10a. Stata 10b. County		10c. City, Town	or Locatio	on				1	Od. insida City Limits
	Aany	0	Maryland Talbo	t	Easto	n						1 XYas 2 □ No
	198 d	Director	10e. Street and Numbar				Of Zin Code			ton Ohiona of	Affect Cour	
	E & S	ក់				11	Of, Zip Coda			10g. Citizan of	What Cour	itry /
	ath 23	Funeral	632 East Dov				216			USA		
	te ma	La Car	11. Maritai Status	12. Was Decedant I Armed Forcas?		13. Was	Decedent of F s, specify Cub	lispanic Orig an, Maxican,	In? (Specify Yas or Puarto Rican, atc.)		ca - Amaric ck, Whita,	
20	or i		1 Navar Marriad 2 Marriad	1 Tas 2 X	lo	101	Yas 2 No	Specify:		Specif	v: \$A7	hite
Maryland 21215-0020	within 72 hours after death with the Maryland ene. than "natural", or items 23e or 28e-f show he Wed cal Examinet must be notified at	d by	3 Widowed 4 □ Divorced	Yaar or Datas:			**				447	11 16
'n	72 h	Completed	15. Decedant's Ed (Specify only highast gra		16a.	(Giva kind	s Usual Occup of work dona	during most	of working	16b. Kind of B	usinass/in	dustry
2	E . S	idu	Elemantary/Secondary (0-12)	Collega (1-4or 5	+)		IOT usa ratire	d)				
7	filed within Hygiene.	S	11			Hous	sewife					
Pu	Tal H	Be	17. Fathar's Nama (First, Middla, Last)					18. Mothar	's Nama (First, Mid	dla, Maidan Sumar	na)	
Va a	should be and Mental	2	James H. Hut	son				Ame ]	lia Higdo	n		
a	and and		19a. informant's Name/Raletionship (	Type, Print)	19b.	Mailing Ad	ddrass (Street	and Number	or Rural Routa Nu	mber, City or Town	Stata, Zic	Code)
	is 1 and 2 should be filed within 72 hours after death with the Marylan of Health and Mental Hygiene. Item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Examiner must be notified at		Lacy Janda	granddaug	hter	P. O.	Box 1	76. V	Vittman,	Warvland	216	676
re	oth Ha		20a. Mathod of Disposition		20b. Place of	Disposition	n (Nama of ry or othar pla		Data	20c. Location	City or To	own, Stata
Baltimore,	permit. Pegas Department of I Important: If its any injury or of		TS Burial 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Othar (Specific				Cemeter	•	Mar 1,19	os Orfo	and I	//owrland
	artm ortar		21. Signature/of Funeral Service Licen		OAI		ma and Addra			o Oxio	ra, n	Maryland
B	Deparimbon important in post		Dorreson	6 Les	naid				onard Fun	eral Home	<del>)</del>	
	district the		W 100000	-1		319	South	Talbo	at Street	St. Mic		s, MD.21663
			23a. Part1. Entar tha disease, or com shock, or haart fellure. List only	plications that caused ona causa on aech lir	tha daath. Do n ia.	ot entar the	a moda of dyir	ng, such as c	ardiac or raspirator	y arrest,		Approximata Interval Batween
i.	Physician		restates a too allo.						1 1'			Onsat and Death
	/Medical Examiner		immediata Causa (Final disaasa or condition rasulting in death)	acu	a my	10ca	rdia	int	archin			8 hours
ř.		<u>.</u>	rasulting in obatti)		Dua to (or as a c	onsequand	ce of):		archm			8 hours
Т	pe #s	ine		p. 000	nary	art	eny.	dise	asl		1	years
	and -tran	Examiner	Sequantially list conditions, if any, laading to immediate		Dua to (or as a c	onsequand	ce of):					
68760,	sian suriel	Ü	causa. Entar Undarlying Cause (Disaasa or Injury	0							1	
87	ata t hysi	edical	that initiated evants resulting in daath) Last	1	Dua to (or as a co	onsequanc	a of):					
9 x	ires that the death cartificate be executed signed by the attending physician and deedeched for use as the burlet-transit	Me										
Bo	th ce tend	an		d								
E	dea od fo	Physician	Part II. Other significant conditions of	ontributing to death bu	t not rasulting in	tha undari	ying causa giv	ven In Part I.	23b. D	oid tobacco usa co	ntribute to	the cause of death?
0	by the	h	dealetes						1	□Yes 2No	3 Proi	bably 4 Unknown
Š,	The law requires that the death at a sea been signed by the atter page 2 should be deteched for the	by	Maneres									
5	v require been si should I									as an autopsy	24b. W	ara sutopsy findings alleble prior to
S	w requ	Siet							_	arformed?	CO	mpletion of causa death?
æ	a has	Completed								Dyn My		~/
Ö			25. Was casa refarred to medical							Yas 2 No	11	Yas 2/2 No
5		Be C	axaminar?	Hospital:			Oth	agr.	of Death (Check or			
ō	Phys this raid	: To	1 ☐ Yas 2 ☐ No  27. Mannar of Death	28a. Data of Injur			LIDON	4 LI NUE	sing Homa 5 R	asidance 8 LIOth be how injury occur		у)
5	Aftar funa	lo l	1 Naturai 5 □ Panding	(Month, Day		ijury	28c. injur Wor	rk? Yas 2 □ N		be now injury occur	100	
S	death tor: the	cat	2 Accident Invastigation 3 Suicide 6 Could not be					Tas ZLIN		- (01111)		-1.D- d- Mount
Division of Vital Records, P.O.	l or Attending effer death. Director: Affar i in by the fune	ertification:	28e. Piace of Injury - At homa, farm, streat, factory, office building, atc. (Specify)							n (Street and Numi Town, Stata)	er or Hura	II Houla Number,
	urs e urs e	O										
	Hosp 4 ho Fune	edical	Check only 2 Medical Exam	ysician: To the best of niner: On the basis of	f my knowledge, axamination and	deeth occi	urred at tha tir pation, in my o	ma, data and pinion, daath	place, and dua to a occurred at the tin	ha causa(s) and m na, data and place,	annar as s and dua to	tated. tha causa(s)
	To the Hospital or Attending Ph within 24 hours efter death. To the Funeral Director: After thi completaly filled in by the funeral	Med	Orie	and mannar sta	ted.							
	To To	-	29b. Signatury and title of certifler	20	0		29c. Licans		1	29d. Data signe	a (Month,	Day, Year)
3			Manney,	Vien	ulan		04	4731	/	2/2	7/9	16
			30. Name and addrass of person who	complated causa of de	ath (item 23a) (1	Type, Print	)					
			Suzanne Nieme	la. M. D.	606 T	Outch	nans La	ane.	Easton, M	laryland	2160	1
	Sta	te	31. Data filad (Month, Day, Yaar)	9 1996 • 74	r's Signature	N. Par	lath.					
	Registr	ar	LFR %	म । उपर ▶ नेय	CAN BUILDINGS	and a control	-					



TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 34 hours after death. Page 8 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

				HITTICA	71-01	DEA			EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)  WILLIAM TAY	LOR STE	VENSON	J, JR				2. DATE OF MONTH FEB.	27 - 1	996	YEAR	3. TIME OF DEATH 10:30 AMm
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last	7 011	UNDER I YEAR	IF UNDER	24 4000	7. DATE OF E		330		
	401 20 2064	1 M 2 F			THE DAYS	HOURS	MIN.	(Month, Da	y, Year)		Count	
	401-38-3264	Λ	67	THS.		1		DEC. 2	6,19	928	MIS	SOURI
	9a. FACILITY NAME (If not institution, give a	treet and number)		9b.	CITY, TOWN	OR LOCATIO	ON OF DE	ATH			NTY OF D	
1 5	211 S. HARRISO	ON STREET	T			EAS	TON		- 1	Т	ALBO	יייכ
15	RESIDENCE OF DECEDENT											-
DIRECTOR	10a. STATE 10b. COUNTY	Υ		10c. CITY, TO	WN OR LOCA	TION						10d. INSIDE CITY
1 8	MARYLAND	TALBOT			EAST	ON					- 1	LIMITS?
	10e. STREET AND NUMBER	112201				r. ZIP CODE				10- 017	7541 05 1	WHAT COUNTRY?
FUNERAL	011 0 55555		_		[ "					iog. Citi		-20-1909-90
一里	211 S. HARRISO						2160	)1			USA	A
15	11. MARITAL STATUS	12. WAS DECEDENT E			13. WAS DE	CENDENT O	F HISPAN	IC ORIGIN? (S	pecify Yea	or No-	14. RACE	E — American Indian, k, White, etc.
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR				2 Divo			i, etc.)	- 1	Speci	
	3   Widowed 4   Divorced					-					-,	WHITE
0	15. DECEDENT'S EDUC			CEDENT'S USU				16b. KJN	D OF BUSI	NESS/IND	USTRY	
E	(Specify only highest grade Elementary/Secondary (0-12)		(Gh	ve kind of work of Do NOT use ret	done during mi lred.)	ost of workin	g					
	12	College (1-4 or 5+)	101	DOBBC	COD						-1	
ONCE.	12	6	P1	ROFES	DOK				THEC		Y	
5 8	17. FATHER'S NAME (First, Middle, Lest)					16. MOTH	IER'S NAM	ME (First, Middle	a, Maiden S	lumame)		
E W	WILLIAM TAYLOR STEVENSON DOROTHY ENSMINGER											
8	19a. INFORMANT'S NAME (Type/Print)		19b	. MAILING ADD	RESS (Street							
examiner must be notified at once TO BE CON	KAREN STEVENSO	N		211 S.								21601
9	20a, METHOD OF DISPOSITION	. 4					14 D.					
5	1 ☐ Burial 2 X Cremation 3 ☐ Remo	oval from State	cemetery, cren	ND DATE OF DI	lace)			DATE	20c. LOC	ATION —	City or To	wn, State
Ē	4 Donation 5 Other (Specify)	*	SALIS	SBURY	CREM	ATOR	Y	2-28	SAI	ISB	URY	MD
Ē	21. SIGNATURE OF FUNERAL SHIVICE LIC	ENSEE	\		22. NAME A		S OF FAC	YLITY				
틆	K Waith	Utana	an 01	FSD	FELL	OWS,	HE	LFENB	EIN	& N	EWN	AM FUNERAL
<u> </u>	13 recy	p roggs	110,00	-/	200	S. H	ARR	ISON	ST.	EA	STO	N. MD
medical	23. PART I. Enter the diseases, or o	complications that co	eused the dec	eth. Do not e	nter the mo	de of dyl	ng, auch	sa cardiec	or respire	story arr	eat,	Approximata
Ě	snock, or haert failura.	List Dnly one cause	on each line.									Interval Between
<b>2</b>	iMMEDIATE CAUSE (Finsi disease or condition	n/	1 1.	1.	/	, .						Onset and Death
	resulting in death)	a. Alcoh	0/10	411	1/11/	051	<u> </u>					YORAS
ē		DUE TO (OR	R AS A CONSEO	UENCE OF):								
6												1.5
5 Z		b										
TION	Sequentisily list conditions,	bDUE TO (OR	R AS A CONSEO	UENCE OF):								
Traumatic en	if sny, leading to immediate cause. Enter UNDERLYING	DUE TO (OR	R AS A CONSEO	UENCE OF):								
FICATION	If sny, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury	c										
TIFICATION	if sny, leading to immediate cause. Enter UNDERLYING	c	R AS A CONSEO									
, or other traumatic event, ERTIFICATION	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c										
5 5	If sny, leading to immedists cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR	R AS A CONSEO	UENCE OF):	e underlyin	O Column	ilvan la F	Dart i Lou	MM 6 Au -		Tar	
5 5	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR	R AS A CONSEO	UENCE OF):	e underlyln	g ceuse g	ilven in F	Part i. 24a	WAS AN A		24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
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EDICAL CE	If sny, leading to immedists cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR	R AS A CONSEO	UENCE OF):	e underlyln	g ceuse g	ilven in F		PERFORM	ED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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E HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Exhours after death. Page 6 may be retained by the hospital or attending	E FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	d within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	RTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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7	3	J. W.	MA

96 07359 FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH 3. TIME OF DEATH MARCHOG 700 A H 7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (In vrs. last birthday. IF UNDER 1 YEAR IF UNDER 24 HRS 6. BIRTHPLACE (State or Foreign HOURS 137-22-7970 1 M 2 XXF 91 YRS 1904 April 17 New York 9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OFATH DIRECTOR Shady Grove Adventist Hospital Rockville Montgomery RESIDENCE OF DECEDENT 10b. COUNTY 10a. STATE 10c. CITY TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Silver Spring 1XXYES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 13008 Carney Street 20906 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2XXNO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, etc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-1 Never Married 2 Married It yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 TES 2XXNO Specify: Specify: 87 3 🕅 Widowed 4 🗌 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) ts. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specifi Elementary/Secondary (0-12) College (1-4 or 5+) Secretary Private Enterprise t7. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Robert Coords BE Unavailable 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Jay Sailey 13008 Carney Street, Silver Spring, MD 20906 20a. METHOD OF DISPOSITION
1 Burlel 2 Cremetion 3 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State 4 Donation 5 Other (Specify) Northern Virginia Crematory 3/6/96 Arlington, VA 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 5 Affordable Funeral Services un 1 Homas - un 9929 Murnane Street. Vienna. VA 22181 23. PART i. Enter the diseases, or complications that caused the death/ Do not enter the mode of dying, such as cardiac or respiratory arrest. Approximate interval Between shock, or heart failure. List only one cause on each line Onsat and Death IMMEDIATE CAUSE (Final 80 disease or condition resulting in death) ERFORATION SOWEL DUE TO (OR AS A CONSEQUENCE OF): AST CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING NEMI CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 - YES 2 1 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER 1 YES 2 1 NO 1. Inpetient 2 ER/Outpetient 3 DOA 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 A. Natural 5 Pending Investigation 1 YES 2 NO 87 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide

1 🖔 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, data and place, end due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On nd/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and menner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER 29c LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) MARCH 92 6,1996

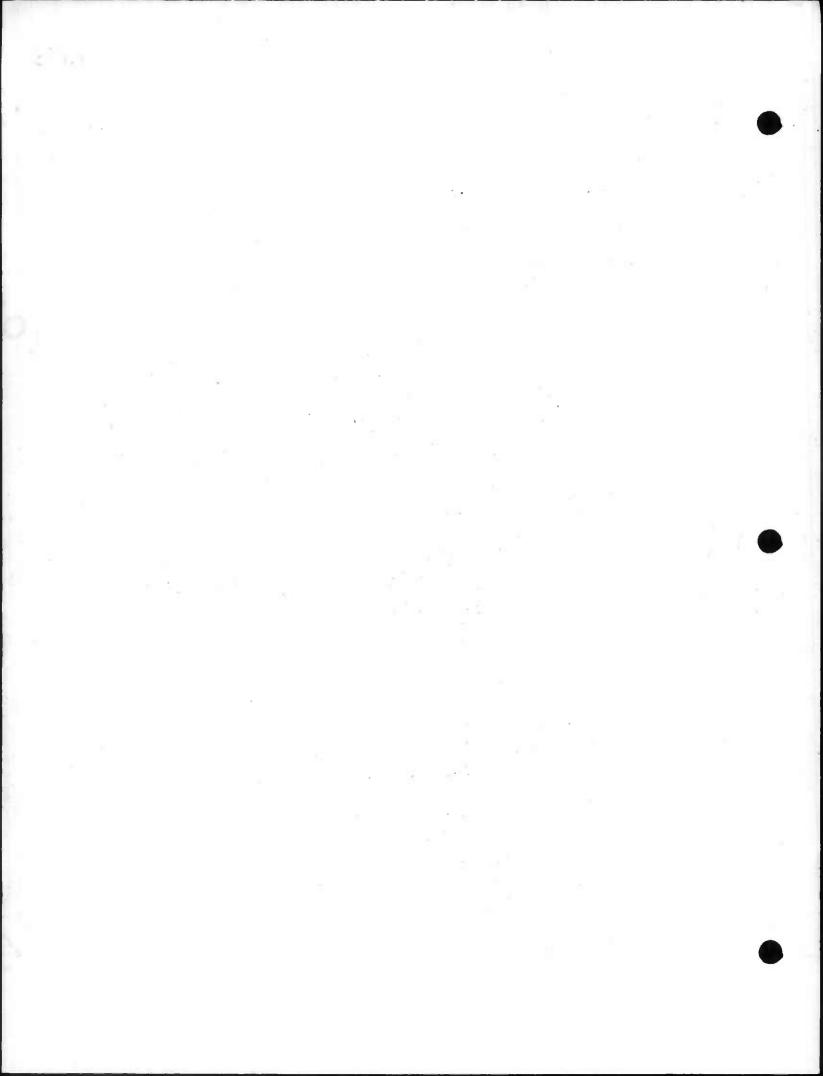
30. NAME AND ADDRESS OF PERSON WHO COMPLETED GAUGE OF DEATH (ITEM 27) (Type, Print)

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SWAROOP-G.	RAO, 50. W. EDMONSTON	DR, ROCKVILLE
DATE EN ED (Month Day Mont)	22 BEGIETT AND GIGNATURE	

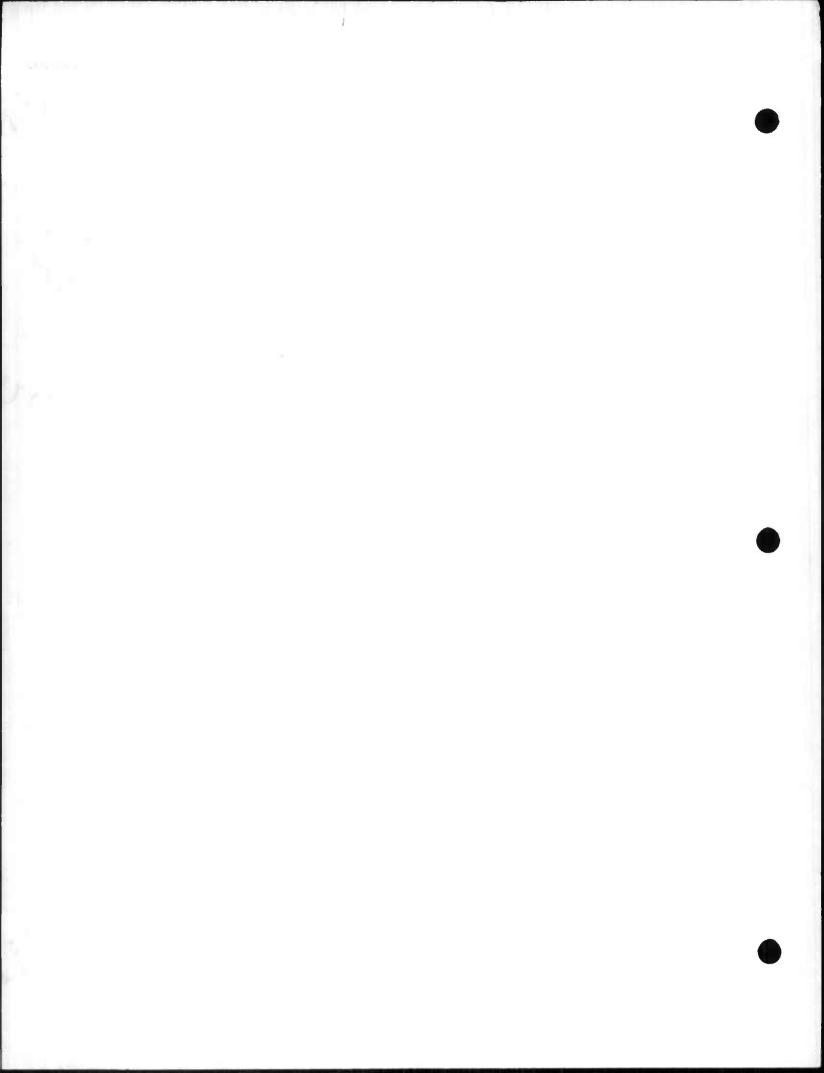
Julia Dundear Roydall



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be within 72 hours and red death with the State Dept. or Health and Mental Hyghere prior brain, then made and the properties are should be added for use as the burial-transit permit. Pages 1, 2, 3 should be written as the burial-transit permit. Pages 1, 2, 3 should be written as the burial-transit permit. Pages 1, 2, 3 should be written as the burial-transit permit. Pages 1, 2, 3 should be written as the burial-transit permit. Pages 1, 2, 3 should be written as the burial-transit permit.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

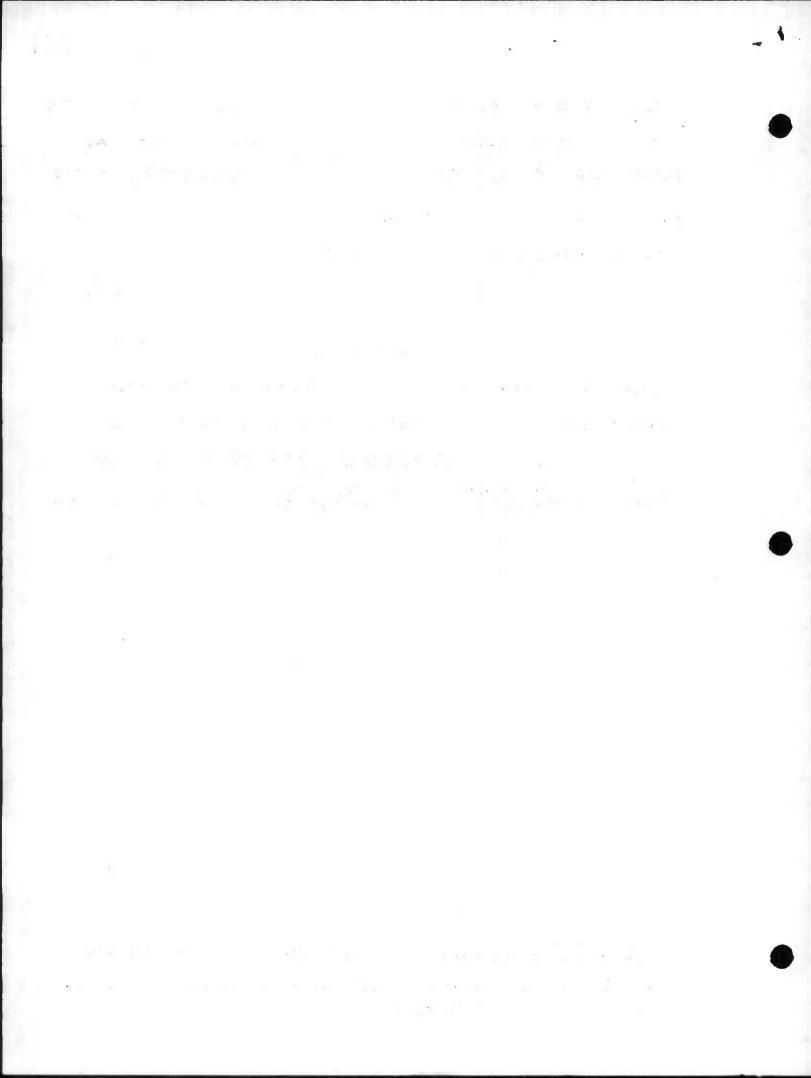
	REGISTRAN		CLNI	IFICATE	OI DE	AIR	F	IEG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF	DEATH	MEAD	3. TIME OF DEATN	
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	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. last birth		YEAR IF UN	DER 24 HRS.	7. DATE OF I	199		THPLACE (State or Foreign	
1	014-22-5079	4 (Z) m a ( ) s		MONTHS	DAYS HOUR	7	(Month, De	y, Year)	Cou	ntry)	
	9a. FACILITY NAME (If not institution, give		87 "					3,190		weden	
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DIRECTOR		Shop Koau		Ch	urch	HIII			Queen Anne		
5	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNT										
2				CITY, TOWN OF						10d. INSIDE CITY LIMITS?	
	Maryland Que	een Anne's		Churc	n HII.	T				1 TYES A NO	
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B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1	TYES &	O Specify	e .		Spi	White	
	15. DECEDENT'S EDU	ICATION WW TT	44- DECEDE	1710 1101111 000			T		1		
1 11	(Specify only highest grade	completed)	(Give kin	T'S USUAL OC		rking	16b. KIN	D OF BUSINES	SS/INDUSTRY		
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COM	17. FATHER'S NAME (First, Middle, Last)				16. M	OTNER'S NA	ME (First, Middl	e, Meiden Sum	ame)		
8 311	Per Persson S	j 00			Be	ngta	Olsdo	otter			
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	1 Burlei 2 Cremetion 3 Rem		0b. PLACE AND Di			Dob '	DATE	20c. LOCATIO	ON — City or	Town, State	
	4 Donation 5 Other (Specify)	M	etro C	remat	31 V		7,199	Ва	ltimo	re, Md.	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			AME AND ADD						
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	Mymin K	Helder	den	IHO	no P	Δ • 1	106 01	amro	al Da	Chester.	
	23. PART I. Enter the diseeses, or shock, or heart fallure.	complications that cause List only one cause on	ed the death. I	Do not enter t	ha mode of	dying, suci	n aa cardlac	or respirato	ry arrest,	Approximata	
	IMMEDIATE CAUSE (Finel		Table and							Interval Between Onset and Death	
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	resulting in death)	B. DUE TO (OR AS	A CONSEQUENCE	5 00:	0 100	4	4-	10.Ct	426		
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2	CAUSE (Disease or Injury	c									
RTIF	that initiated events reaulting in death) LAST	DUE TO (OR AS	A CONSEQUENC	E OF):							
EH	Teading in death) EAS!	d									
	PART II Other clanificant condition										
EDICAL	PART II. Other significant condition	in countributing to deem	but not result	ng in the und	erlying caus	e given in	Part I. 24a	PERFORMED		Ib. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO	
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≥	212 222 422 422	PIRLITE TO CALISE	OF DEATH	VEC   N	O FO LIN	ICEDTAIN				I I IES AC NO	
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AN: M	DID TOBACCO USE CONT			DEATH (CHECK OF							
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# Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

	W	1. Decedent's Nema (First, Middle,	Last)		rtificate of		2. Dete of Dea	th	3. Time Death
Physic		Thomas A. S		Month March	5, Dey 199	96 15 U			
/Mec Exam		4a. Facility Neme (If not institution, g				4b. City, Town, or L		4c. County	
Exam	mer	534 St. Mary				Balti			-
Eupere				a (In yrs. last birthday)	If Under 1 Yaar				9. Birtholece (State or Foreign
Funera Directo	_	051-42-2210	1⊠M 2□F	48 Yrs.	Months Days	Hours Min.	8. Deta of Birth (Month, Dev OCt. 16	1947	9. Birthplece (Steta or Foreign Country) New York
_		Usual Residence of Decedent					1000. 20	,	
72 hours after death with the Maryland natural", or thems 23a or 28a-f show dical Examinal must be notified at		10e. Stete 10b. County		10c. City, Town or Lo	cation				10d. Inalde City Limits
Ma Ta	Ş	MD		Baltimo	ore				1 Yes 2 □ No
7 28	i e	10e. Street end Number			10f. Zip Code		1	log. Citizan of V	Vhat Country?
38	0	534 St. Mary	's Street		2120	1		U.S.A.	
Herris 23a or 28a-f show	Funeral Director	11. Marital Status	12. Was Decedent Armed Forces?		Was Decedent of I	Hispenic Origin? (Span, Maxican, Puart	pecify Yas or No-		e - American Indian,
A Sel		1 ☐ Naver Merried 2 ☐ Married	1 ☐ Yas 2 ☐	No.			o Hican, etc.)		k, White, etc.
E. S.	b	3 Widowed 4 Divorced	If Yes, Give Year or Detes:		1□Yes 2XINo	Specify:		Specify	. White
ilena. r than "natural", or the Med cel Exami	Completed	15. Decedent's (Specify only highest of	Education	18e. Deced	ient's Usuel Occup	pation during most of work	de la co	16b. Kind of Bu	usinass/Industry
than "t	ple	Elamantary/Secondary (0-12)	_ College (1-4or 5	i+) life. I	DO NOT use retire	d)	KHIY	Haird	resser
	5		6	Sel	f-Emplo	yed			
al Hygi other	Be	17. Fathar's Neme (First, Middle, La				na (First, Middle, i			
and Mental	2	Thomas A. St	opanio, S	Sr.		Antoin	ette (	Unknov	wn)
		19e. Informent'a Neme/Reletionship	(Type, Print)			end Number or Ru			
Haalth em 27 i		Dean Parish		534	St. Mar	y's St.,	Baltimo	ore,MD	21201
Department of Health Important: If item 27 is any injury or other tra		20e. Method of Disposition	DB	20b. Plece of Dispo cemetery, crer	netory or other pla	ce)		20c. Location -	City or Town, Stata
T. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		1 ☐ Burial 2 【 Cremetion 3 4 ☐ Donetion 5 ☐ Other (Special Control of the Contro		Yorktowne	Caskets	s, Inc. A	larch 7,	York	, PA 17404
Departmen Important: any Injury		21. Signaturejof Funeral Service Lic	ensee	22	On Ser	ess of Fecility			
d dr m		Decom 1	V. 11			enstein M			D3 17240
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hysician		shock, or heert feilure. List on	ly ona cause on sech life	")		•			Interval Between Onsat and Deeth
/Medical	-	Immediate Cause (Finel	1						
xamine		disaasa or condition resulting in deeth)	a	MPHOMA					3 MO
	ē		4.7	Due to (or es e consec	uence of):				5 mo
ansit	E		U.	05	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				3 mo
physician and is the buriel-transit	Examiner	Sequentially list conditions, if any, leeding to immediate causa. Entar Undarlying Ceuse (Disease or Injury		Due to (or as a conseq	uence or):				
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och de	Jys	Pert II. Other significant conditions	contributing to death bi	ut not resulting in the u	rderrying cause gr	ven in Pert I.			ntribute to the cause of death?
a deta	by P						1 U Y	es 2,80,No	3 Probably 4 Unknown
been signed I should be det	Q D						24a. Wes e	n autopsy	24b. Were autopsy findings
sho	lete						perfor	med?	available prior to completion of cause
has a 2	Completed							- American	of death?
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ctor,	Be	25. Wes case referred to medical exeminer?	Hospitel:		Ott		th (Check only or	10)	
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this cartificata al director, pag	on	27. Manner of Deeth 1 XNeturel 5 ☐ Pending	28e. Dete of Injui (Month, Day		28c. Inju		28d. Describe h	ow Injury occur	red
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44 hours after death. Funeral Director: After this tely filled in by the funeral di		29a. Certifier 1 Certifying F	aminer: On the basis of	axamination end/or inv	occurred et the tie restigetion, in my c	opinion, daath occur	rred at the time, d	ate and pleca,	and due to the cause(s)  d (Month, Dey, Year)
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State Registrar



BALTIMORE, MARYLAND 21215-	. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a fours after death. Page 6 may be retained by the hospital or attending	DIDENTITY And the property of the second in the second sec
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X 68760,	executed with	and accordance
P.O. BO	h certificate be	adina ahaini
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<b>FAL REC</b>	The law require	to hee hees of
I OF VIT	PHYSICIAN:	this andifiant
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING	DIDECTION Affect

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COMPLETED

BE

CERTIFICATION

BE

2

96 07362 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY FEBRUARY 21,1996 3. TIME OF DEATN MARY LUCILLE SHERMAN 2:30 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year 6. BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR IF UNDER 24 HRS. 1 | M 2 | F DAYS HOURS YRS. May 16,1929 214 26 9605 66 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR Washington Adventist Hospital Takoma Park Montgomery 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Howard Savage 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 8415 Savage - Guilford Road 20763 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X 100 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Maxican, Puerto Rican, etc.)
1 YES 2 SHO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married IF YES, GIVE WAR OR OATES Specify 3 Widowed 4 Divorced White 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. OECEDENT'S USUAL OCCUPATION 16b. KINO OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) United States Government College (1-4 or 5+) Grade 12 Analyst Naval Ordinance Lab 17. FATNER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surname) Maynard Sherman Rosie Fairall 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Michael Sherman 33 Geer Avenue, Utica, New York 13501 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE 1 N Buriel 2 Cremation — 4 Donation 6 Other (Specify) Meadowridge Memorial Park 2/23 Dorsey, Maryland 21. SIGNATURA OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY Donaldson Funeral Home, P.A. 313 Talbott Ave. Laurel, Maryland 20707 23. PART I. Enter the discrete, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart fellure. List only one cause on each line. Approximeta Interval Between IMMEDIATE CAUSE (Final Onset and Death 3 days disease or condition a. ANOXIC ENCEPHALOPATHY
DUE TO (OR AS A CONSEQUENCE OF): resulting in death) DUE TO (OR AS A CONSCOUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury OUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST

PART II. Other significant condition			24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO				
25. WAS CASE REFERRED TO MEDICAL		CE OF OEATH (Che	ck only one)	-/-				
1 Tyes 2 No	HOSPITAL: 1 M Inpatient 2 - ER/Outpatient 3		OTHER: 4 □ Nursing Name 5 □ Residence 8 □ Other (Specify)					
27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. OF				ESCRIBE HOW INJURY OCCURED		
3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY — At he building, etc. (Specify)	ome, ferm, street, f	CATION (Street and Number or Rural Route Number, y or Town, State)					
	CIAN: To the best of my knowledge, de R: On the basis of examination and/or							

	CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as attend.
one)	2 MEDICAL EXAMINED: On the hone of examination and/or leavestantles.

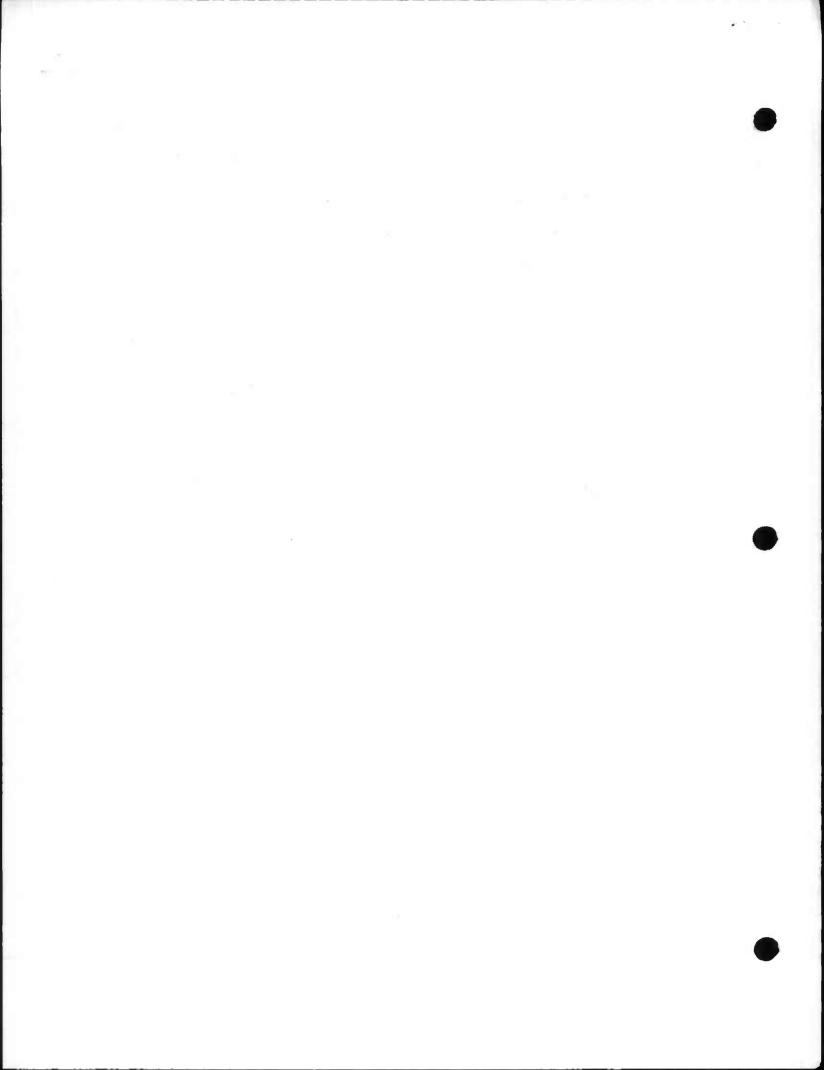
and place, and due to the cause(a) and manner as stated 290. SIGNATURE AND PITTE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

ø	Annual State of the last of th				1701	1 CURUAK	J 11/11
٢,	NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Pri	int)			
	REGORY H. F	ishen Min	15225	Shaffy	Carrie Dass	Dackwill was	20050
_	ICC 4D/L4	1316 16 111)	1/203	MARCY	GROVE ROMA	, NOCKUITE, MU	20830
	DATE EN ED (Month Day Mort)	32 DECISTOADIO CIGNIATI	IDE a				

14. Fisher MD GREGORY 32. REGISTRAP'S SIGNATURE

FEB 26 1996

EBRUARY 21, 1996



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

sician	_	1. Decedent's Neme (First, Middle, L	.ast)		Certificate	0, 2040,	2. Dete of De		3. Time of D			
edical	L	Edward J	Steck b.	eck		(	February		96 8:26			
miner	_	a. Facility Nama (If not institution, g	iva street and number)				Location of Deat	4c. County	of Death			
	_	University of Ma		1Cal Cer je (In yrs. last bir		Baltimon		th I	9 Rintholene (State or I			
rai lor		163-22-0309	128M 2□F		Yrs. Months D	ays Hours Mir	s. 8. Data of Bir Month, Da Sept 6,	1929	9. Birthplaca (Stata or I Country) Pennsylvan			
	_	Usual Rasidance of Decedant  10a. State 10b. County		10c. City, Tow	n or Location				10d. Insida City			
to	5 N	MD Prince	George	Laurel					1 √ Yes 2			
Ji e	1	0e. Street and Number	da		10g. Citizan of W	/hat Country?						
Tal C		1112 11th Street			2070	7		USA				
once.  To Be Completed by Funeral Director	1	Marital Status     Naver Married 2 Married     Midowed 4 Divorced	12. Wes Decedant Armed Forces? 1 X Yes 2 If Yas, Giva		13. Was Decedant if Yas, specify	of Hispanic Origin? ( Cuban, Maxican, Pue No Specity:	Specify Yas or No rto Rican, etc.)	Bieck	e - American Indien, k, White, etc.			
<b>P</b>	-	15. Decedant's I	Education	-	Dacedant's Usuai O	ccupation	Specify: Specify: Whi					
Be Completed		(Specify only highest g Eiemantary/Secondary (0-12)	rada com <i>plated)</i> College (1-4or:		(Giva kind of work d life. DO NOT usa re	ona during most of watered)	orking	United States				
ပ်		Grade 12		Cr	yptologis			Govern				
Be		<ol> <li>Fethar's Name (First, Middle, Last</li> <li>James Steckbeck</li> </ol>	51)			Miriam	ama (First, Middle,	Maiden Sumama	B)			
2	·  -	19a. Informant's Name/Ralationship	(Type, Print)	196	. Malling Addrass (St	reet and Number or F		er, City or Town,	Stata, Zip Code)			
		Mark Steckbeck	Son	94	129 Dartmo	uth Road,	Columbia	, Maryla	and 21045			
	2	0a. Mathod of Disposition 1 ☑ Buriel 2 ☐ Cramation 3	□Removel from State	20b. Placa of cemeter	Disposition (Nama o y, crametory or othar	of rplace)	Data	20c. Location - 0	City or Town, Stete			
	L	4 Donation 5 Other (Spec	eify)	St. Ma	ary's Ceme	tery	2/24	Laurel,	Maryland			
once.	1	21. Signatupe of Funeral Service Lice	enspe OL	_		ott Ave. I			20707			
	1	23a. Part1. Enter the disting or con shock, or heart failure. List only	mplications that causacy ona causa on each li	tha death. Do r	not anter the mode of	dylng, such as cardi	ac or raspiratory a	rrest,	Approximate interval Between			
an al	١,	mmediata Causa (Final	1	(	0.				Onsat end De			
er	1	disaasa or condition rasuiting in death)	a. (4760		Palate				140			
je je				Dua to (or as a	consequance of):							
Examiner		Sequentially list conditions,	b. ———	Dua to (or as a	consequence of):	4.14						
i iii	18	Sequentially list conditions, if any, laading to Immadiate causa. Enter Undartying Causa or Injury c.										
1 40		The state of the s	that initiated evants Dua to (or as a consequence of):									
edical Examir	t	nat initiated evants		Dan 10 (01 m3 a 0	onsequance of):							
4	1	nat initiated evants	l d		onsequance of):							
4	1	esulting In death) Last	l d			a givan în Pert I.	23b. Dld	tobacco use con	tribute to the cause of			
Physician/Medica	1	nat initiated evants	l d			a givan in Pert I.			tribute to the cause of			
by Physician/Me	P	esulting In death) Last	l d			a givan in Pert I.	10	Yes 2 No	3□ Probably 40X(Ur			
by Physician/Me	P	esulting in death) Last	l d			a givan in Pert I.	1 D		3 Probably 4 X Ur  24b. Wara autopsy find available prior to completion of cau			
by Physician/Me	P	esulting in death) Last	l d			a givan in Pert I.	1 □	Yes 2□ No an autopsy rmed?	3 Probably 4 Un 24b. Wara autopsy find available prior to completion of cau of deeth?			
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DHMH 16 Rev 6/95

#### Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 07364

						Certific	cate of	Death		Reg. No.	0 (	11004	
35			1. Decedent's Neme (First, Middle, Last	)					2. Dete of De	ath		3. Time of Death	_
	Physic		Nina Mae	Spene	er				Month February	25 Dey	1996	8:38 An	n
	/Medi Exami		4e. Fecility Neme (If not institution, give		_			4b. City, Town, o	Location of Deet		y of Deeth		
	LXdiiii	ici	Fallston General	Hospital				Fallst	On	Ua	rford		
1	Funeral		5. Sociei Security Number 6. Se		n yrs. lest birtl		nder 1 Yeer	If Under 24 Hr	s. 8. Dete of Bi	th	1		7
п	Director		215-30-5785	M 20XF	75 Y	rs. Mor	nths Deys	Hours Min		ey, <i>Year)</i> N 1920	Nort?	plece (Stete or Foreign htry) n Carolina	
-	D		Usuel Residence of Decedent		10	1			INOV. Z	V , 1220	INOT G	· CALUILINA	-
	show		10e. Stete 10b. County	10	c. City, Town	or Location	7				1	0d. inside City Limits	
	Me Me	cto	Maryland Harfo	rd	Bel	Air						1 ☐ Yes 2X No	
	라 다 94.28	Funeral Director	10e. Street end Number			10	f. Zip Code			10g. Citizen of	Whet Cour	itry?	
	th w	a I	202 Crafton Rd.				210	14		U	SA		
	r dae	ine	11. Meritei Stetus	12. Wes Decedent Eve Armed Forces?	r in U,S.	13. Wes D	ecedent of I	Hispanic Origin? ( ben, Mexican, Pue	Specify Yes or No		ca - Americ		
20	72 hours after death with the Maryland natural; or Items 23s or 28s-f show picel Examiner must be notified at		1 ☐ Never Married 2 ☐ Married	1 ☐ Yes 2 No			es 2 No			Specif	60		
21215-0020	"natural",	d by	3X Widowed 4 □ Divorced	Yeer or Detes:							wn.	ite	
5	be filed within 72 ho ttal Hygiana. d other than "natur event, the Medical	Completed	15. Decedent's Edu (Specify only highest grea	15. Decedent's Education (Specify only highest grede completed)  Eiementery/Secondery (0-12)  College (1-4or 5+)						16b. Kind of B	usiness/inc	Justry	
12	within iana. than "	m m	Eiementery/Secondery (0-12)	College (1-4or 5+)				90)					
	al Hygie other		17. Fether's Neme (First, Middle, Last)			Homen	aker	18 Mothor's N	eme (First, Middle		n Hom	9	_
an		Be	William Ervin	Reedy							110)		
7	d 2 should be filed th and Mantal Hygi 7 is marked other traumatic event, i	To	19e. Informent's Neme/Rejetionship (T)	-	10b	Moiling Ada	drage (Ctrag	t end Number or F	Alice	Reedy	Ctata The	Codel	_
Maryland	4450		Donna Louise Spen			_						Code)	
	- PES		20e. Method of Disposition		20b. Piece of	Disposition	(Name of	Rd., Be	Dete Dete	d. 210.		own State	_
ē	of of		1X Buriei 2 ☐ Cremetion 3 ☐				or other ple		1				
Baltimore,	Department Department Important: I any Injury o		4 Donetion 5 Other (Specify)  21. Signature of Funeral Service Ligers		Bel Ai			Gardens ess of Fecility	3-1-96	Bel Air	c, Ma	•	_
Ba	pemit. Pag Department Important: any Injury o		A Sound of Grand Service Days	TIMAS	1			McComas	III Fun	eral Hor	me. P	. A.	
	_		/ Tamang	KILLON	712	T1217	Coko	charge Dd	Thing	EM COE	. 210	09	
			23e. Pertil. Enter the disease, or composhock, or heart feilure. List only o	ne ceuse on eech iine.	death. Do n	ot enter the	mode of dy	ing, such es cardi	ec or respiretory e	rrest,		Approximete Interval Between Onset and Deeth	
	Physician /Medical		Immediate Ceuse (Finel										
	Examiner		diseese or condition resulting in deeth)	, se	lam	u	CON	diomy	ispat	ay		enknow	4
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,	erificate be axecuted ling physician and sa as the burial-transit	Examiner	Sequentieily list conditions, if eny, leeding to immediate									U	
68760,	sicia s bun		Sequentieily list conditions, if eny, leeding to immediate cause. Enter Underlying Couse (Disease or Injury that initiated events Due to (or es e consequence of):										_
68	leath certificate b attending physic I for usa as tha b	Medical	resulting in deeth) Lest  Due to (or es e consequence of):										
XO	0 2 3			J									_
m	death	icia	Pert ii. Other significant conditions cor	tributing to death but no	nt resulting In	the underly	ing cause of	ven in Pert I	23h Did	tobacco use co	ontribute to	the cause of death?	2
0	y th	Physician	- Or the original or the contract of the contr	and and a death but he	or roodining in	ino underly	ing cause gi	VOIT [[] ] OIL I.		Yae 2 No		bably 4 Unknown	
S, D	A BB	<b>Бу</b> Р								144	<b>.</b>	,	
Ď	E 00 D								24a. Wes	an eutopsy		ere eutopsy findings elieble prior to	
Record	as been 2 shoul	Completed							pen	ormed?	COI	mpletion of cause death?	
	W E =	E O							10	Yes 2 No		☐Yes 2☐ No	
Vital	iclan: The cartificata rector, pag	Be C	25. Wes case referred to redical					26 Place of D	eeth (Check only			3 103 213110	-
5	0 0	0	exeminer?	lospitel:	2□ ER/Out	netient 3F	DOA Ot	hor:	Home 5 ☐ Res		har (Snacif	w)	
of	£ 5 m		27. Menne of Deeth	28e. Dete of Injury	28b. Ti	me of	28c. Inju			how injury occu		//	-
0	to A b	tio	1  Neturel 5  Pending 2  Accident investigation	(Month, Day Ye	er) in	jury M		ork? ]Yes 2∐No					
Division	or Attending after death. Director: Afte I in by the fune	fice	3 ☐ Suicide 6 ☐ Could not be	28e. Plece of Injury	At home, fen	m, street, fe	ectory, office				ber or Rure	I Route Number,	
ā	aftar Direct	Certification:	4 ☐ Homicide determined	building, etc. (S	ipecity)				City or To	wn, Stete)			
	To the Hospital or within 24 hours after To the Funeral Dirt complately filled In		29a. Certifier 1 ☐ Certifying Phys	lclan: To the best of m	y knowiedge,	death occu	rred et the ti	me, dete end pied	e, and due to the	cause(s) end m	enner es si	teted.	
	n 24 n 24 n Fu	edica	(Check only 2 Medical Examinations)	ner: On the basis of exa end menner steted.	minetion end	or investige	etion, in my	opinion, deeth occ	curred et the time,	date end place,	and due to	the cause(s)	
	To the within 2 To the compla	Σ	29b. Signature and title of cegifier	) 1791	1/00	1	29c. Licen	se number		29d. Dete sign	d (Month,	Dey, Year)	
			Joseph K	einbark !	Di	USW	\			200	25	1976	
	2		30. Name and address of person who or	mpleted cause of death	(Itgim 23a) (T	ype, Print)	)	0	1,			1	
			JUSERN K	KNW HOR	de	2	003	KOCK	12 Sp.	enra	150	1,	
	Sta	ite	31. Dete filed (Month 1997 7 2	QQG 32 Regulation's	Signetive	Rardal	L		U				





#### Piease Type or Print in Black indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 0.5

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						Cer	tificate o	∳Death		Reg. No.	0 0	1303	
г	Dhunia		1. Decedent's Neme (First, Middle, La						2. Dete of D		Yeer	3. Time of Death	
	Physic /Medi		AUDREY BES		ClAI	R			2	2-2	96	8-20 An	
	Exami		4e. Fecility Neme (If not Institution, giv	e street end numbe	7 501	. S. W	nim	4b. City, Town, o	_		ty of Deeth		
			HARford Momeria	1 HOSPITA	7			HAVRE DE	GRACE, N	D. HAK	FORD		
	Funeral		Social Security Number     6. S			est birthdey)	If Under 1 Yes			irth	9. Birthple	ece (Stete or Foreign try)	
1	Director		213.96-9.116	□M 2 <b>X</b> F		77 Yrs.			1/22/		Alaba		
	B *	1	Usuel Residence of Decedent  10a. Stete 10b. County		100 Cib	, Town or Lo	anting						
	after doath with the Maryla or Hems 23e or 28e-f show miner mast be notified at	tor		ford			e Grac	e			10	od. Inside City Limits 1 XX S 2 □ No	
	h the	Director	10e. Street end Number				10f. Zlp Code			10g. Citizen of	Whet Count	iry?	
	13a wit		415 S. Marke	t St			21	078		USA	A		
	deat deat	Funeral	11. Meritel Stetus	12. Wes Deceder	t Ever In U,	S. 13. V	Vas Decedent o	f Hispenic Origin?	Specity Yes or N	o- 14. Re	ce - America		
e, Maryland 2121	of the miles		1 ☐ Never Merried 2 ☐ Merried	Armed Forces		I,S. 13. Was Decedent of Hispenic Origin? (S II Yes, specify Cuban, Mexican, Puert			nto Hican, etc.)		ack, White, e		
	hours after hursi', or its al Examics	by	3 Widowed 4 □ Divorcad	Il Yes, Give Yeer or Detes	0	,	☐ Yes 2€ N	lo Specify:		Speci	by: Whi	te	
	72 h	pet	15. Decedent's Ed (Specify only highest gra			16a. Deced	lent's Usuel Occ	supation	nekina	16b. Kind of I	Business/Ind	ustry	
	Mas .	di di	Elementery/Secondery (0-12)		College (1-4or 5+)		OO NOT use reti	ne during most of w ired)	Orking				
	Man and A	Completed	10										
	がある	Be (	17. Fether's Neme (First, Middle, Last,	Fether's Neme (First, Middle, Last)  18. Mother's Neme (First, Middle, Melden Surname)									
	Want	To	James E.	BArnett				Ruth	Toole				
	of and		19e. Informant's Neme/Reletionship (	Type, Print)		19b. Meilin	g Address (Stre	et end Number or i	Rural Route Numi	ber, City or Town	n, State, Zip	Code)	
	a to		Audrey Y. Cole			2072	2 01d	York Rd	., Park	cton, MI	211:	20	
	五五百百		20e. Method of Disposition		20b. P	elece)	Dete	20c. Location	- City or Tov	wn, Stete			
	Pages hert of mt: If the try or o			**Commetter   Commetter									
	mit.		21. Signature 9 Furgirei Service Licer	1500	1	22	Neme end Add	ress of Fecility					
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	15.0		23a Paul Enter the disease, or com	plications that caus	ed the deeth	. Do not ente	er the mode of d	lylng, such es cardi	ec or respiretory	errest,		Approximete Interval Between	
N	Physician		/	_								Onset and Deeth	
4	/Medical Examiner		Immediete Ceuse (Finel diseese or condition	. Pne	umon	ia/S	epsis					Days	
н	Examiner		Due to (or es e consequence ol):										
-	P #	Examiner	Acute Respiratory Failure										
	and trans	am	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Influry)  Acute Lespuratory Failure  Due to (or es é consequence ol):  Attenoscleratue Cardiovascular Disease										
ó,	e exe		todaso, citto Origanyaria										
68760,	icate be executed physician and s the burial-transit	Ica	thet initiated events resulting in deeth) Last	C		es e consequ					1		
	rtifica ng pt	Anemei											
Box	eath cer attendin	Pan/		d									
-	dea he att	Physician/	Part II. Other significant conditions of	ontributing to death	but not resu	ilting in the ur	derlying cause	given in Pert I.	23b. Did	tobacco usa c	ontributs to	the cause of death?	
P.0	by the a	Å.		DL	Ollma	tod	32 H=	6.	1□	Yes 2□ No	3 Prob	ably 4. Unknow	
	es that iigned to be deta	þ			G 70	/	nano,	713	-				
of Vital Records,	The law requires that the death certificate be executed ate has been signed by the attending physician and page 2 should be detached for use as the burial-transit			11/0	mul	tiple	Frac	ture		s en autopsy formed?	24b. Wei	re autopsy findings ilebie prior to	
900	aw re	ple									corr	npletion of cause leath?	
æ	The law ate has page 2	Completed							10	Yes 2 No	10	Yes 2□ No	
ita		Be C	25. Wes case referred to medical					26. Plece of D	eath (Check only	one)			
£ <	0 0	To	examiner? 1 ☐ Yes 2 ØNo	Hospitel:	tient 2 1	ER/Outpatien	3□ DOA	Whor	Home 5 ☐ Res		ther (Specify)	)	
0	er thi		27. Manner of Death	28a. Dete of In (Month, D	ury	28b. Time of	28c. In			how Injury occu			
0	Attending or death. ector: After by the fune	atlo	1 Deliver 1 5 Pending Investigation		ay rear	Injury		Yes 2 No					
Division	Afte octo by th	150	3 Suicide 6 Could not be determined	200. FIECE OF II	njury - At ho	me, ferm, stre	et, factory, offic	0		(Street and Num	ber or Rural	Route Number,	
Ö	al or Attending Pt s after death. Il Director: After the ed in by the funeral	Certification:	4 <u></u>	bullaing, 6	tc. (Specify	,			City or To	own, Stete)			
	To the Hospital or Att within 24 hours after of To the Funeral Direct completaly filled in by		29e. Certifier 1□ Certifying Ph	ysician: To the bes	t ol my knov	vledge, deeth	occurred et the	time, dete and plea	ce, end due to the	cause(s) and m	nanner as sta	ated.	
	n 24 n 24 n Fu	Medical	(Check only 2 Medical Exam	niner: On the basis end menner s	ot examineti steted.	on and/or Inv	estigetion, in my	oplnion, deeth occ	curred et the time	, dete end place	, and due to	the cause(s)	
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State Registrar

31. Dete filed (Month, Dey, Year) FEB 2 3 1996

30. Neme and eddress of person who completed cause of deeth (Item 23e) (Type, Print)



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NDING R: After or deatl	9 PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 sho	nd Mental Hygiene prior to burial, cremation, or removal.	injury, or other traumatic event, the medical examiner must be notified at once.
HE HOSPITAL OR ATTE HE FUNERAL DIRECTO Ed within 72 hours aft ORTANT: If Item 28	TENDING	IE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	e filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY 3. TIME OF DEATH GODFREY LARRY STANCILL February 23. 1996 3:30 AM BIRTHPLACE (State or Foreign Country) 5. SEX 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR | IF UNDER 24 HRS. HOURS MONTHS DAYS MIN. 1 🔀 M 2 🗌 F 83 216-28-3241 Aug. 11,1912 North Carolina 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR 701 Winters Drive Harford Joppa RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Harford 1 YES 2 NO Joppa 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10f. ZIP CODE 701 Winters Drive 21085 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yea, specify Cuben, Maxican, Puarto Rican, etc.)
1 YES 2 NO Specify: 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 ☐ NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 X Married Specify: White BY 3 Widowed 4 Divorced Peacetime ED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) Sand & Gravel Mine 6 Owner/Operator 18. MOTHER'S NAME (First, Middle, Maiden Surname) 17. FATHER'S NAME (First, Middle, Last) Dora Lucy Bullock Godfrey Lama Stancill BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 701 Winters Dr., Joppa, Md. 21085 Geneva R. Stancill 20s. METHOD OF DISPOSITION
1 | Burlel 2 | Cremellon 3 | Removed from State
4 | Donation 5 X Other (Specify) | FILOMOMENT 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Air Memorial Grdns. 2/26/96 Bel Air, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
HOWARD K. McComas III Funeral Home, P.A. a. Hugels 1317 Cokesbury Rd., Abingdon, Md. 21009 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, ahock, or heert fallure. List only one cause on each line. Interval Batween Onset and Death IMMEDIATE CAUSE (Final disease or condition Congestive curdionization year resulting in death) CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24b. WERF AUTOPSY FINDINGS 24a. WAS AN AUTOPSY MEDICAL PERFORMED? AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL OTHER: 1 YES 2 NO 1 | Input and 2 | ER/Output and 3 | DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY Natural 5 Pending м 1 YES 2 NO BY Investigation 2 Accident 28e. PLACE OF INJURY — Al home, term, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined 9 4 Homicide COMPLET 29s. CERTIFIER

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, end due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE

> 32. REGISTRAR'S SIGNATURE Julia Davidson K

1131 Bel 111 Rd

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

sauses Do

31. DATE FILED (Month, Day, Year)

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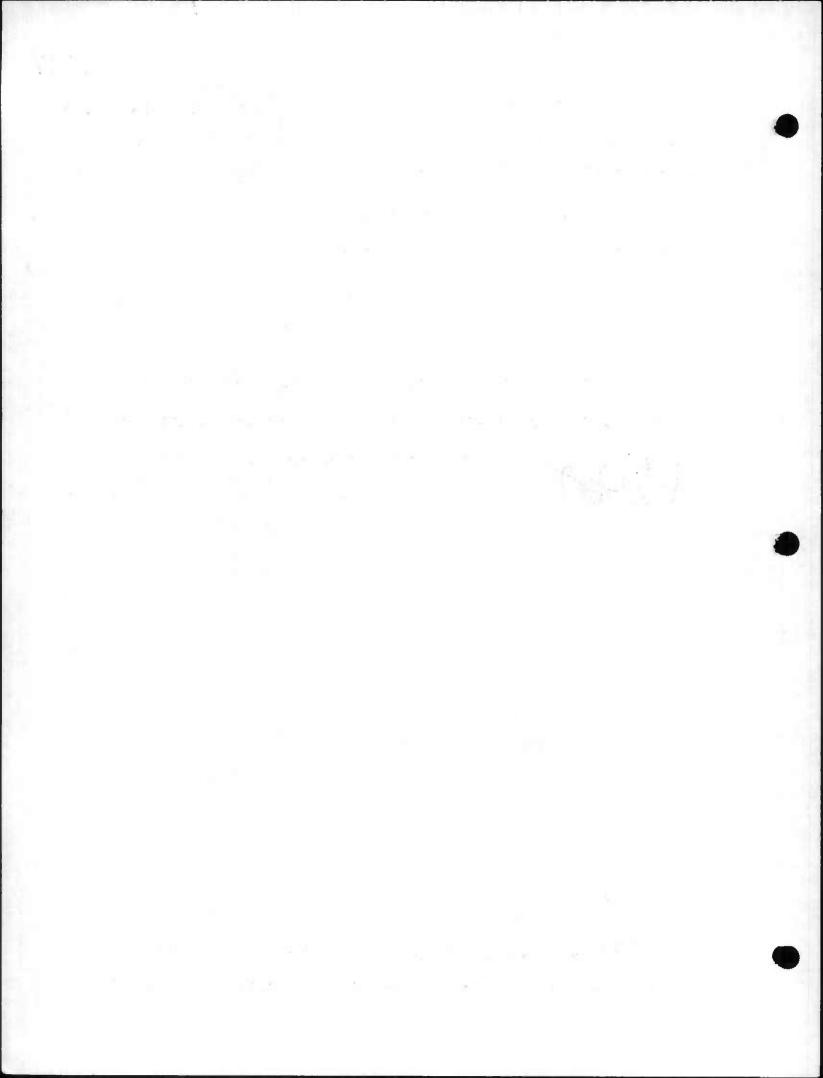
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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth **Physician** Month Dey Year MARY CAROLINE SPENCER 1, MARCH 1996 6:30 AM /Medical 4a. Facility Neme (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 2034 BETHEL RD. FINKSBURG CARROLL If Under 1 Year If Under 24 Hrs. 8. Data of Birth (Month, Day, Year) FEB. 6, 1917 5. Social Security Number 7. Aga (In yrs. last birthdey) Birthplece (Stata or Foreign Country) **Funeral** 1□M 2**⊠**F 79 Yrs. Director 213-01-9253 MARYLAND Usuel Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show the Medical Examiner must be notified at MD. CARROLL FINKSBURG 1 ☐ Yes 2 X No Director 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? ŏ 2034 BETHEL RD. 21048 Items 23a USA. pemit. Pagas 1 and 2 should be filed within 72 hours efter death 1 Department of Haalth and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23s empt injury or other traumatic event, the Medical Examiner mast once. Funeral 12. Wes Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Giva Year or Detes: Wes Decedent of Hispenic Origin? (Specify Yas or No If Yas, specify Cuben, Mexican, Puarto Rican, etc.) 14. Rece - Amarican Indien, Black, White, etc. 1 ☐ Never Merried 2 ☐ Merried Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☐ No Specify: þ Specify. 3€Widowed 4 Divorced WHITE Completed 16e. Decedent's Usuel Occupetion (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Businass/Industry (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4or 5+) HOUSEWIFE HOME MAKING 12 17. Father's Neme (First, Middla, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be CLAUDE EUGENE RIFFLE CLARA EDNA SNYDER ပ 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Code) 30274 19e. Informant's Neme/Raletionship (Type, Print) GEORGE W. SPENCER, JR. - SON 86 McFERRIN CIRCLE, RIVERDALE, GEORGIA 20b. Pleca of Disposition (Neme of cemetery, crametory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete NX Burjah EVERGREEN MEM.GARDENS3/4/96 FINKSBURG, MD. 4 Dog 5 Other (Specify) Funeral Edvice Counsee 22. Nama end Address of Fecility FLETCHER FUNERAL HOME 254 E. MAIN ST., WESTMINSTER, MD. 21157 complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, only ona cause on each lina. Approximate Intervel Between Onsat and Deeth Physician /Medical Immediate Cause (Final metastatic ADENOCARCINOMA OF LING Imon the disaasa or condition resulting in deeth) **Examiner** Dua to (or as a consequenca of) The law requires that the death certificate be axecuted Sequentielly list conditions, if eny, laeding to immediate causa. Enter Undarlying Ceuse (Disease or Injury that initiated events resulting in death) Last Due to (or as e consequence of): Division of Vital Records, P.O. Box 68760, attanding physician I for usa as tha buria Physician/Medicai Due to (or es a consequenca ot): signed by the a Pert II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown Brown mehashases secondacy þ 24b. Ware autopsy findings available prior to Completed 24a. Was an autopsy Lung concer completion of cause of death? cartificata has 1 Yas 2 No 1 ☐ Yas 2 No Hospital or Attending Physicien: Be 25. Wes case reterred to medical 28. Place of Deeth (Check only one) Other: 4 Nursing Homa 5 Rasidance 6 Other (Specify) P 1 Yes 2N No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA After this 27. Meaner of Deeth 28e. Dete of Injury (Month, Dey Year) Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 1 Neturel 5 Pending invastigation 1 Yes 2 No death. 2 Accident within 24 hours after death To the Funeral Director: 3 Sulcide 6 Could not be 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At homa, tarm, street, tectory, office building, etc. (Specify) 4 Homicide 154 Certifying Physician: To the best of my knowledga, daath occurred et the time, data end placa, end dua to the cause(s) end manner as steted.
2 Medical Examinar: On the basis of examinetion end/or investigation, in my opinion, death occurred et the time, dete end place, and due to the cause(s) end menner steted. Medicai 29a. Certifian 2 29b. Signeture end title of certitier 29c. Licansa number 29d. Data signed (Month, Day, Year) 3/1/96 31660 mas K. Galvin in m 30. Neme end eddress of person who completed cause ot deeth (Item 23a) (Type, Print) HOMAS GALVIN MO 295 STONER AVENUE WESTMINSTER MO 31. Data filed (Month, Dey, Yeer) 32. Registrer's Signeture State Win Shudger Radall Registrar MAR

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State of Maryland / Department of Health and Mental Hygiene 96

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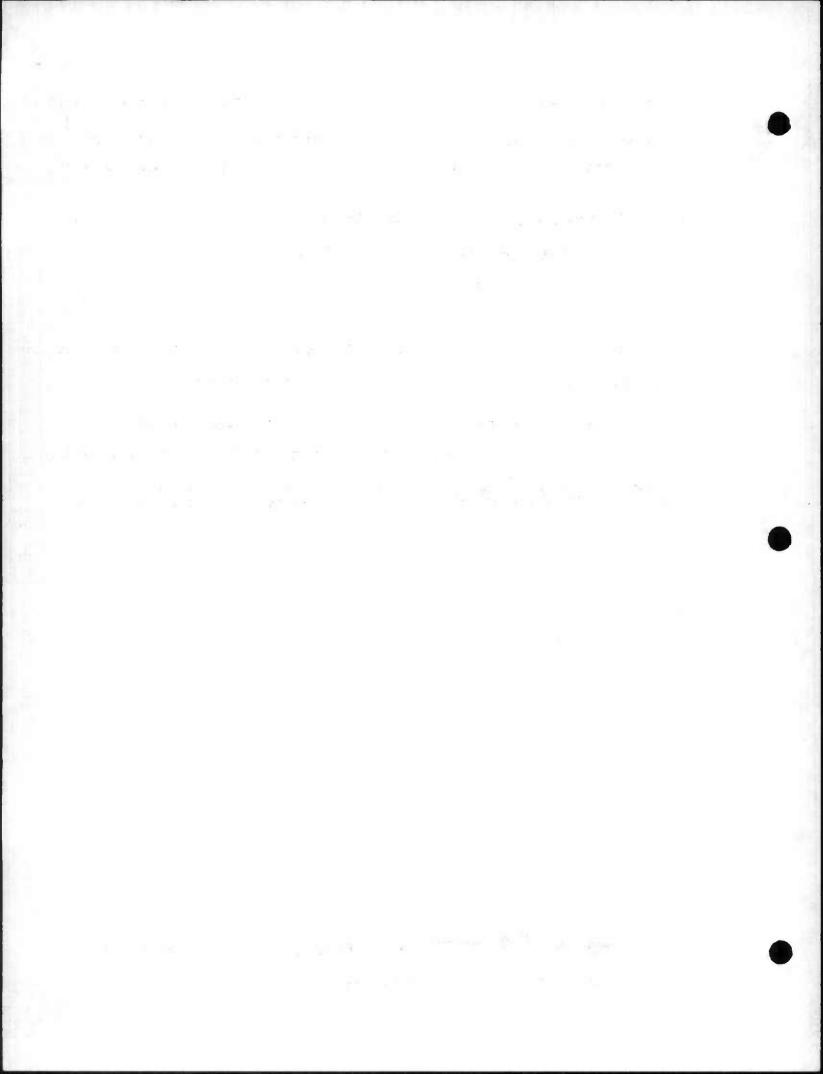
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and			19e. Informant's Neme/Reietlonship (7	Type, Print)	19	b. Meiling	Address (Street	and Number	or Rural Route Num	ber, City or Town	n, State, Ziç	Code)
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Baltimore,	of He		20e. Method of Disposition		20b. Piece	of Disposit	tion (Neme of		Date	20c. Location	- City or To	own, Stete
E	Pege ent o nt: If		1 ☐ Bunai 2 ☑ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specify				remator	•	3/3/96	Direc	ned - T -	3.00
	artin injus		21. Signature of Funeral Service Light	<u> </u>	CHAMIN	7	Name end Addre	*	13/3/90	Rive	Tugle	و للالا و :
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100			27. Manner of Deeth	28e. Dete of injur (Month, Dey	y 28b.	Time of injury	28c. inju	ry at	28d. Describe	how injury occu	rred	
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Baltimore, Maryland 21215-0020 pernit. Peges 1 and 2 should be filed within 72 hours after death with the Maryland Department of Heelth and Mental Hygiene. Important: If Nem 21 is marked other than "natural; or Nems 23s or 28s-1 show any Injury or Other transmitted event.	1	3 ☐ Widowe	arried 2 Married d 4 🖾 Divorced	1 ☐ Yas 2점 if Yas, Giva Yaar or Datas:	No		Yas 2KINd		in scin and	Specify: W		ite
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E 00 0	1 2		L	d Diebet	es me	ellitus	Cad	Hyperi	tension		i	55rs
Bo eath o	a de	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.								i	, , ,	
I Records, P.O. Box The lew requires that the death cert ate has been signed by the ettendin sage 2 should be deteched for use	Physician	Part II. Other sig	nfficant conditions	contributing to death t	out not rasultin	g in tha undar	lying causa g	ivan in Part I.				the cause of death?
F. in the standard to def	h y								10	TSS 2LINO	3 Prot	MIDIY 4 WUNKNOWN
COrd: v require been sig	1									an autopsy	24b. Wa	are autopsy findings ailabia prior to
Recc e lew re hes be	1 19								pen	/	cor of c	mpiation of causa death?
The i	Completed								10	Yas 2 No	1 🗆	Yas 2□No
Division of Vital Records, P.O. Box or attending Physician: The lew requires that the death cer after death.  Since death, After this certificate has been signed by the strending in by the funeral director, page 2 should be deteched for use	Be	25. Was casa re	farred to medical					26. Piace of De	ath (Check only	one)		
Physic of this or all dire	P	1 ☐ Yas 2		Hospital:			ILI DOA		Homa 5□Ras			)
Ing P. After Juner	2	27. Manner of Do	5 Panding	28a. Data of Inju (Month, Da		b. Tima of Injury	28c. Inju		28d. Dascribe	how Injury occur	red	
VISION Of VITA Attending Physician: or death. ector: After this certific by the funeral director.	To a	2 Acciden 3 Sulcida	6 Could not b	On Dian of In	iune At home			]Yes 2□No	28f Location /	Street and Numb	er or Rure	I Route Number
DIVISION OF  tal or Attending Phore is after death.  al Director: After this led in by the funeral	Certification	4  Homicid	e datarmined	building, at	tc. (Specify)	, 14111, 311001,	ractory, office		City or To	wn, Stata)	or or riora	riodia redition,
Dji To the Hospital or Within 24 hours afte To the Funeral Dir completely filled in	Medical C		1 ☐ Certifying PI 2 ☐ Medicat Exa	nysician: To the bast miner: On the basis o and mannar st	of axamination	iga, daath occ and/or invasti	curred at tha ti gation, in my	ima, date and piec opinion, death occ	a, and dua to tha urred at tha tima,	causa(s) and ma data and place,	innar as st and dua to	ated. tha cause(s)
o the	Z	29b. Signatura a	nd titla of cartifier	and maintai St			29c. Licen	sa number	Т	29d. Data signe	d (Month, I	Day, Year)
->-		1	Thelp he	Pott, 12	<del></del>		Do	7 3/19		Feb. 25	5 1	596
12		30. Name and address of person who completed causa of death (Itam 23a) (Type, Print)							140. 70	/		
10	`							sits 6/40	1. Eest	Silver Sp	rias,	md. 20903
	State	31. Data filed (M	onth, Day, Year)	32. Registr	rar's Signatura	0 -					J. F.	md. 20903
	istrar		FEB 2 8 19	96 Julia	Mudson A	ardall						
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TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending pi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the b	State	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
CIA	ertif	the	0
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	FOR 1 - STATE REGISTRAR	STATE OF I	WARYLAND /				EALTH DEAT		MENTA	L HYGIEN		) (	11310
	1. DECEDENT'S NAME (First, Middle, Lest) DOROTHY	٧.	SOUTHE				DEA		2. DATE MONTI FEB	of DEATH DA	996 <sup>°</sup>	EAR	TIME OF DEATH 6:40 A M
	4. SOCIAL SECURITY NUMBER 577 36 5434	5. SEX 1 M 2 XF	6. AGE (In yrs. les	YRS.	MONTHS DAYS HOURS MIN. TEB				7. DATE	of BIRTH			NGTON, D.C.
TOR	96. FACILITY NAME (If not institution, give st FERNWOOD NURS				9b. CITY, TOWN OR LOCATION OF DEATH  BETHESDA  9c. COUNTY  MOI					OF OEAT	Н		
DIRECTOR	MD DECEMENT  10e. STATE  10b. COUNTY	MONT.		10c. CIT	y, town (	R LOCAT							d. INSIDE CITY LIMITS?  YES 2 NO
FUNERAL	100. STREET AND NUMBER 4925 BATTERY I	LANE				101	ZIP COD	208	14		140	U.S.	A.
B	11. MARITAL STATUS 1  Never Married 2  Married 3  Widowed 4 Divorced	FORCES?	IT EVER IN U.S. AR I YES 2 X N	MED IO		If yes, sp		n, Maxica	n, Puerto	I? (Specify Yes Rican, atc.)	or No 14		American Indian, Thite, atc. WHITE
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5	+) (G	ho kind of Do NOT u	se retired.)	during mo	on st of workin		16b	U.S.	Govern		
BE COM	17. FATHER'S NAME (First, Middle, Last) WALTER	E. KEI						HER'S NA	ME (First,	Middle, Maiden			
TO B	19a. INFORMANT'S NAME (Type/Print) GLORILA N. GRANT	r								ber, City or Town			ND 20815
	20a. METHOD OF DISPOSITION 1 X Bursal 2 Commercian 2 Rem 4 Donation \$ Online(Specify)	ovel from State	20b. PLACE / cemetery, cre APT TN	matery or o	ther place)			м	2 / 1 /		CATION — CIT		, Stata TRGTNIA
	21. SIGNATURE OF FUNERAL SERVICE LIC	) Sir	umore	ره	22.	NAME A	O ADDRE	SS OF FA	CILITY	JOS GA	WLERS	SONS	
	23. PART I. Enter the diseases, or a shock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	Ather	ni coused the de use on each line OSCLETOT O (OR AS A CONSE	ic C	ardi						ratory arrea	,	Approximate interval Between Onset and Death 10 Years
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с	O (OR AS A CONSE										
MEDICAL	PART II. Other algolificent condition							given in	Pert i.	24s. WAS AN PERFOR	MED?	AN CC OI	BRE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?  YES 2 NO
PHYSICIAN:	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLAC	E OF DEA	TH (Check	only one)		CERTAII				<u></u>	
ВУ РНУ	1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	26a. DATE O	ER/Outpetlant 3 F INJURY Day, Year)	26b. TII		28c. IN.	IURY AT ORK?			er (Specify) SCRIBE HOW I	NJURY OCCU	RED	
0	3 Sutcide 6 Could not be 4 Homicide detarmined	26s. PLACE building	OF INJURY — AI ho	oma, farm,	atreet, Jac	tory, offic	8			CATION (Street or Town, State)		Rural Rout	te Number,
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSIONE) 2 MEDICAL EXAMINE											ause(a) a	nd manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	WiSn		-pr	1			ENSE NUI	DC				onth, Day, Year)
	30. NAME AND ADDRESS OF PERSON WH	ILL COMMUNICATION CAL											

JON M. WISEMAN M.D.

31. DATE FILED (Month, Dey, Year)

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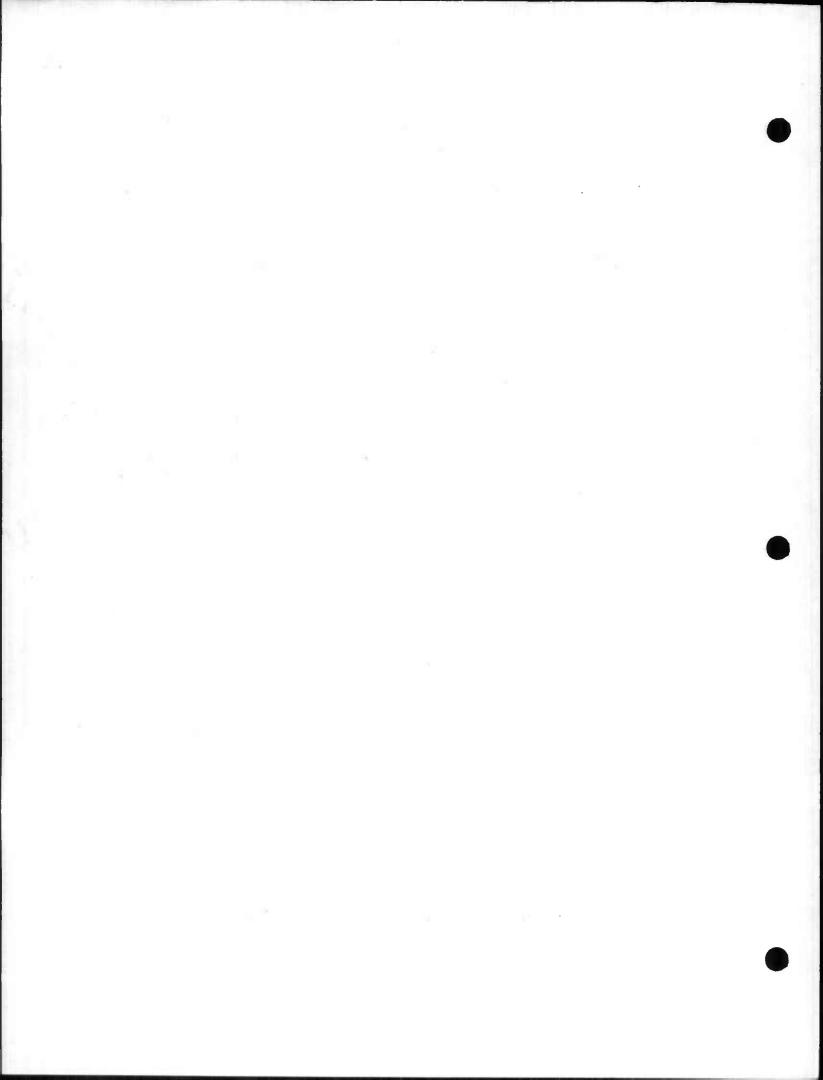
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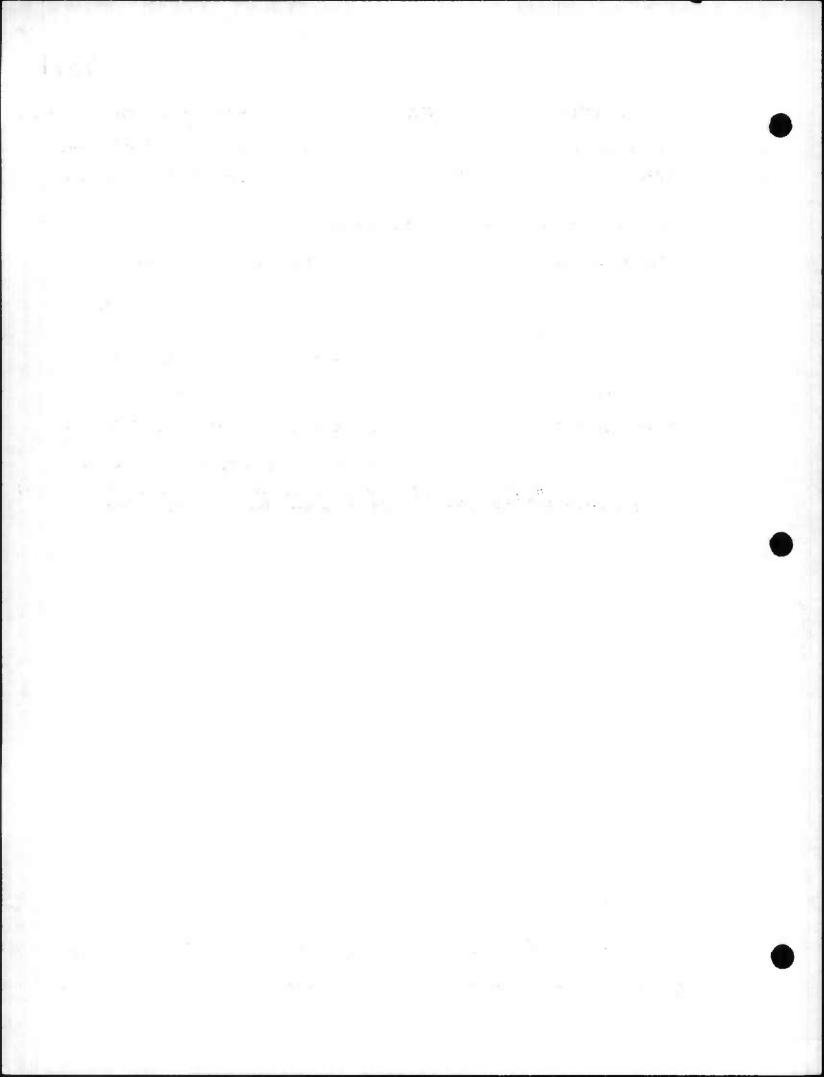


### Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene

				State of W	arylanu /		ificate of		wentai my	Reg. No.	0.	737.1		
т	Physic	ian	Decedent's Name (First, Middle, Li	ast)					2. Date of Dea	ath Day	Year	3. Tima of Death		
4	/Medi		JOSEPHINE			BARRA	,-		Februar		996	9:00 AM		
	Examir	ner	4a. Facility Name (If not institution, gi	ve street and number)					Location of Death					
ľ	Funeral Director				e (In yrs. last	birthdey) Yrs.	If Undar 1 Yaar Months Days		8. Date of Birt	, Year)		Georges  ace (Stete or Foreign  York		
	P.		Usual Residence of Decedent						pec. 17	, 1703	11011	LOTR		
	death with the Maryland ms 23a or 28a-f show	-	10a. Stata 10b. County		10c. City, To	own or Loca	ation				10	d. fnside City Limits		
	ha M	Director		e Georges		Hyatt	sville					1 Yes 21X No		
	A S	늄	10e. Street and Number				10f. Zip Code			10g. Citizan of V	What Counti	γ?		
	seath margan	erai	7030 Hunter Lane	12. Was Decedent	Ever in II C	r in U,S. 13. Was Dacedent of Hispanic Origin? (Specify Yes or It Yes, specify Cuban, Maxican, Puerto Rican, etc.)					USA No- 14. Raca - American Inc			
020	urs aftar d al', or item Examine	by Funeral	1 □ Navar Married 2 □ Married 3 ☑ Widowed 4 □ Divorced	Armed Forcas?  1  Yes 2 If Yes, Give Yaar or Dates:			Yes, specify Cub		to Rican, etc.)	Specify	ck, Whita, a			
21215-0020	permit. Pagas 1 and 2 should be filed within 72 hours after death with the Marylan Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23a or 28a4 show any Injury or other traumatic event, the Medical Examiner meal be notified at once.	Completed	15. Decedent's Elementary/Secondary (0-12)	ducation ade com <i>pleted)</i> College (1-4or 5		(Give ki life. DC	O NOT use retire	during most of wo	orking	16b. Kind of Bu				
	Hygie ther t		17. Father's Name (First, Middle, Last			Fac	tory Wo:		ma (Cirot Middle	Shoe Fa		r		
Maryland	od be	Be	Stephen Prokop	,				To. Mother's INA		Middla, Meldan Sumame) Osalia Unknown				
2	M Me Mark	To	19e. Informent's Name/Relationship	Type Print)	1	19h Meiling	Address (Street	t end Number or B	lural Route Numbe			Code)		
	nd 2 lith a 27 is r frau		Rachel Pittarell											
Je,	of Har item othe		20a. Method of Disposition 20b. Placa of Disposition (Neme of Date								City or Tow			
E	Paga nent o nt: H		1 25 Durial 2 Columniation 3 Chemical from State								Silver Spring, MD			
Baltimore,	permit. Departn Importa any inju		21. Signatura of Funeral Service Lice											
	Physician /Medical Examiner		23a. Part1. Enter the disease, or both shock, or heart tailure. List only Immediate Cause (Final disease or condition resulting in death)	plications that caused one cause on each life		o not enter	tha mode of dyl	ng, such as cardia		SIIVET		Approximate Interval Between Onset and Death		
		Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underflying Cause (Disease or injury	b. Mgocor	Due to (or as	In fa	ence ot):				2	24 hrs		
Box 68760,	The law requires that the death certificate be executed ate has been signed by the attending physician and page 2 should be detached for use as the buriet-transit	Physician/Medical E	cause. Entar Underlying Cause (Disease or injury that initiated events resulting in death) Last	d.	Dua to (or as	-						Ogrs		
0.	the at	sici	Part II. Other significant conditions of	contributing to death but	ut not resulting	g in the und	larlying cause git	ven in Part I.	23b. Did t	obacco use cor	ntribute to 1	the cause of death?		
Δ.	as that tha de igned by the be detached		Alzheimer's Di Atriol Fibrillo	seose, 1	Diabet	ies M	1ellitus		101	es 280No	3 Probe	ably 4 Unknown		
Records,	a law requiras that has been signed I ga 2 should be det	Completed by	Atriol Fibr. 110	Tion					24a. Was a perfor	in autopsy med?	aval	e autopsy findings lable prior to epletion of causa eath?		
a			05 141						1 🗆 Y	es 2 No	10	Yes 2□ No		
Vital		o Be	25. Was casa reterred to medical examiner?  1 ☐ Yes 2 ☑ No	Hospital:			all post Ott	nor:	ath (Check only of					
of	6 6 -	-	1 ☐ Yes 2 No  27. Megner of Death	1 ☐ Inpatie	nt 2 ER/	Outpatient b. Time of	3□ DOA 28c. Injui	4 Li Nursing r	Home 52 Resid		1 1 //			
ion	offing http: : Afte	ation	1 Natural 5 ☐ Pending 2 ☐ Accident investigation	(Month, De)	Year)	tnjury		rk? Yas 2 □ No						
Division	To the Hospital or Attending P. within 24 hours after death. To the Funeral Director: After the completaly filled in by the funeral completaly filled in by the funeral completes.	Certification:	3 Sulcide 6 Could not b 4 Homicide determined		ury - At home, c. (Specify)	, farm, stree	t, tactory, office		281. Location (S City or Tow	treet end Numb n, Stete)	er or Rural i	Route Number,		
	he Hospi in 24 hou he Funer pletaly fill	edicai	29e. Cartifier (Check only one)  (Check only one)	g Physicien: To the best of my knowledge, death occurred at the time, dete and placa, and due to the cause(s) end manner as stated.  Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.						ted. he cause(s)				
	To t com	Σ	29b. Signature and title of cartifier	11			29c. Licens			9d. Date signed				
	_		I hely he	Golf, m	1		DZZ	2309	7	-e6. 20	6, 19	196		
_	10		30. Name and address of person who Phillip W. Poth, MU	completed cause of de	eath (ttem 23a 2	a) (Type, Pr	int)	Blud. Ed.	st Silve	r Sprin	g, m	20803		
	Sta		31. Date filed (Month, Dey, Year)	32. Registra	ar's Signature	0			/					

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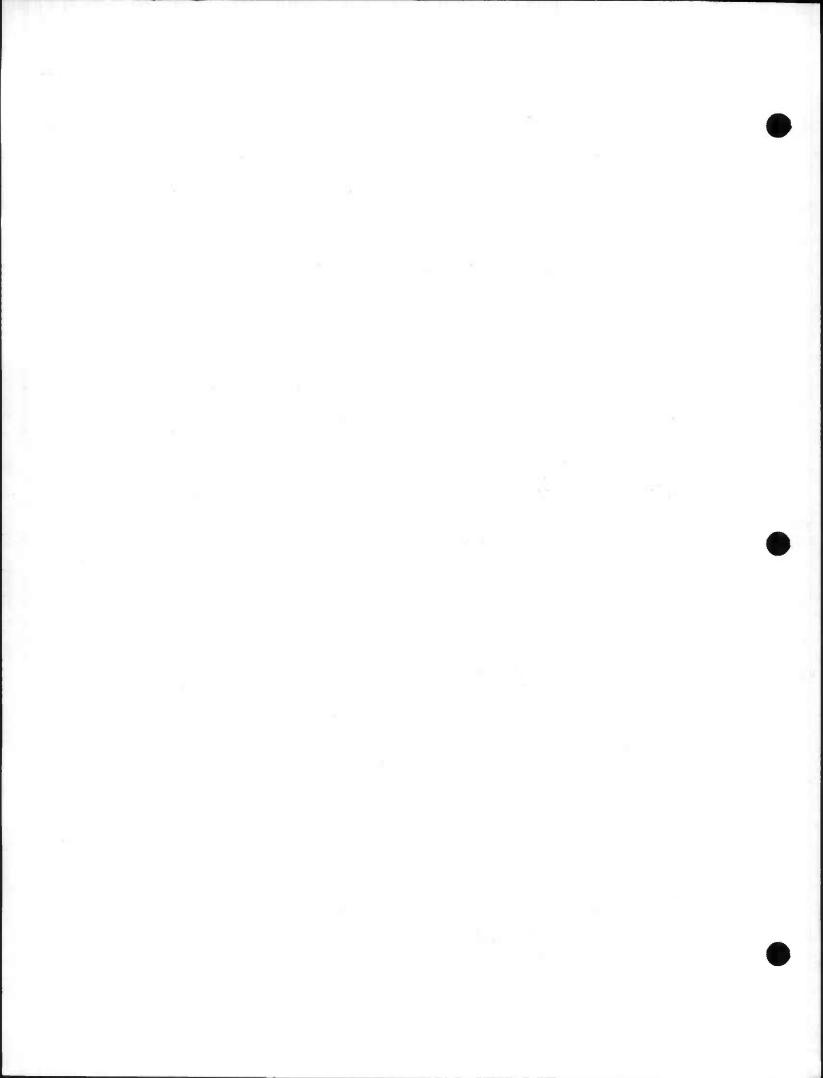


RELEASED BY DR. JOHN TAIBER DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG NO.

_						1071					IEG. NO.			
	1. DECEDENT'S NAME (First,	Middle, Last)	195							2. DATE OF	DA	Y	YEAR	3. TIME OF DEATH
	HENRY HEWL		ITH, SR.							February 28, 1996 8:10 P			8:10 P. m	
	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs	s. last birthday)	IF UNDE	A 1 YEAR	IF UNDER	MIN.	7. DATE OF I			8. BIRTHP Country	LACE (State or Foreign
	213-44-344	L	1 🔀 M 2 🗌 F	_ 9	1 YRS.	Months	UNIS	HOOKS	marq.	March	9, 1	904	Geor	gia
	9e. FACILITY NAME (If not in	stitution, give st	reet and number)			9b. CIT	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEA					ATH		
OH	Holy Cross	Hospi	tal			Si1	Silver Spring Montg					tgome	ry	
5	RESIDENCE OF DEC	10b. COUNTY			140-01	CITY, TOWN OR LOCATION 10d INSI								
H										10d. INSIDE CIT LIMITS?				
	Maryland	Mont	gomery		Silver Spring								1 XYES 2 NO	
RA		_					10				10g. CITIZEN OF WHAT C			
FUNERAL DIRECTOR	11215 Oak Le	eaf Dr						2090						tates
	1 Never Merried 2 🖔	Married	12. WAS DECEDEN FORCES? 1	YES 2	X NO	13.	It yes, sp	ecify Cuba	ın, Maxicai	IC ORIGIN? (S n, Puerto Ricar	pecify Yes n, etc.)	or No-	14. RACE Black,	- American Indian, White, etc.
Β¥	3 Widowed 4 Divo		IF YES, GIVE V	AR OR DATES			1 TYES	2 X NO	Specify	,			Specify	White
	15. DEC	EDENT'S EDUC	CATION	16a	. DECEDENT'S	USUAL	OCCUPATI	ON		165 KIN	ID OF BUS	INFSS/IN	DUSTRY	WILLE
COMPLETED	(Specify only Elementary/Secondary (0	highest grade			(Give kind of life, Do NOT (	work done	during m	ost of working	ng	100.10	, D 01 D00		2001111	
Elementary/Secondary (0-12)   College (1-4 or 5+)   Economist   Federal Communications							tions Comm.							
NO.	17. FATHER'S NAME (First, M	iddle, Lest)					_	18, MOT	HER'S NAI	ME (First, Midd				,
	Jesse Butler	Smit	h							Hill				
BE	19a. INFORMANT'S NAME (7				19b. MAILIN	G ADDRES	SS (Street			Route Number, (			(a Code)	00001
2	Mary Gillian	n Smit	h											20901 Spring, MD
	20a, METHOD OF DISPOSIT	ON		20b. PL/	CE AND DATE	OF DISPO	SITION/N						City or Tow	
	t Burial 2 X Cremation 4 Donation 5 Other	n 3 🗆 Reme (Specify)	ovel from State		I.inco			torv		2/29	Bre	ntwo	nd. M	[arvland
	21. SIGNATURE OF FUNERAL SERVICE THEFTIES					Lincoln Crematory 2/29 Brentwood, Mary1  22. NAME AND ADDRESS OF FACILITY								azyzana
-	Hines-Rinaldi Funeral Home, Inc.													
	23. PART I. Enter the diseases, of complications that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate													
	shock, or h	part fallure.	List only one cau	ise on each	line.	noi ente	the me	oue or dy	ing, suci	n as cardiec	or respi	ratory sr	rest,	Approximate interval Between
	IMMEDIATE CAUSE (Fir disesse or condition	al	0 .				0			104				Onset and Death
	reaulting in death)	<b>→</b>	. Asi				IN	EUM	0101	1+				
			DUE TO	(OR AS A COI	NSEOUENCE (	OF):								
CERTIFICATION	Sequentially list conditi		DUE TO	(OR AS A CO	NSECHIENCE (	NEX.								
ATI	If any, leading to imme- cause. Enter UNDERLYI		202.10	(011 70 7 001	IDEO DE NOE	, ,.								
임	CAUSE (Disesse or Inju	י א	DUE TO	(OR AS A CO	NSEQUENCE (	OF):								+
E	resulting in death) LAS	т П												
MEDICAL	PART II. Other significa	nt condition			io1 resulting	in the u	nderlyin	g cause	given in	Part I. 24	PERFOR			WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
ä			Sepsi.							1 (	YES 2	NO		COMPLETION OF CAUSE OF DEATH?
M								,						1 TYES 2 NO
ä	DID TOBACCO U		RIBUTE TO CA					1	CERTAIN	1 🗆				
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:	28. 1	PLACE OF DE	OTHE		)						
YS	1 TYES 2 TONO		1 Inpatient 2			4 🗆 Nu	irsing Hor		ealdence	6 Other (Sp	oecily)			
F	27. MANNER OF DEATH	Pending	28a. DATE OF (Month, D		28b. TI	WE OF	W	JURY AT DRK?	_	28d. DESCRI	BE HOW I	JURY OC	CORED	
ВУ		investigation				M		YES 2	NO					
		Could not be	28e. PLACE C building,	of INJURY — A atc. (Specify)	t home, tarm,	street, fac	ctory, offic	CO		28t. LOCATIO	ON (Street a own, State)	nd Numbe	er or Rural Ro	oute Number,
COMPLETED														
립	onel		CIAN: To the best of											
ğ	2 MEDI	CAL EXAMINE	R: On the baals of a	xamination and	d/or Investigat	on, In my	opinion,	death occu	red at the	time, data and	placa, an	d due to t	the cause(a)	and manner og stated.
ш	296. SIGNATURE AND TITLE	OF CERTIFIER						29c. LIC	ENSE NUM	1BER		29d. DA	TE SIGNED (	(Month, Day, Year)
TO B	(xapinos	fe	Sams					D	135	48		•	2 20	1.96
F	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAU	SE OF DEATH	(ITEM 27) (Typ	e, Print)		-				_	1	
	9801	rent	ia au	e	Silu	el	Sp:	enx	117	10 20	90	2_	-	
	31. DATE FILED (Month, Dev.		A REQUITE	UNIS SIGN	Latt.		/	,						
- 1	MAR 01	1996	June will											)



DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

CERTIFICATION

PHYSICIAN: MEDICAL

BY

COMPLETED

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DIVISION OF VITAL RECORDS, P.O. BOX 68760

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ficate be executed within Z4 hours after death. Page 6 may be retained by the hospital or atter	etely	еmatic	at th
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The law requires that the death certifical	has	Depl	le marked or item 23 chouse any injury or other traumatic event the marked examiner must be notified at some
AN: I	ificate	State	r Her
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ATTE	JRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the by	irs aft	28 E
	10 1	filed within 72 hours after death with the State Dept. of Health and Mental	MPORTANT If item 28
HOSPITA	<b>JNERAL</b>	thin 7	NT-
O THE HOS	THE FUN	ed wi	DRTA
2	5	De fil	MP

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1, DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Strachan yan Lanuary 1996 11:45 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) MONTHS DAYS NONE 1 M 2 - F January 6,1996 Maryland 9e. FACILITY NAME (If not institution, give street and number, 9c COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH Prince puthern Maryland Hospita linton Georges RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY suitland Maryland Georges 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Homer Apt. SA 20746 Avenue 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Po 1 YES 2 NO Specify: 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES Black 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5 +) 0 None NONE 18, MOTHER'S NAME (First, Middle, Maiden Surname) Rodney strachan Katherine Marie Washington 19q. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number atherine 4652 Homer Ave . #C itland, Md trachan 20746 20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State 1 | Burlai 2 | Cremation 3 | Removal fr 4 | Donation 5 | Other (Specify) | O Other 21, SIGNATURE OF FUNERAL SETTINGE LICENSE 23. PART I. Enter the diseases, of compl shock, or heart feliure. List of IMMEDIATE CAUSE (Finei disease or condition resulting in death) Sequentisily list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST

4 Donation 5 Other (Specify)	spital Disposal Cometery, are	nern Mo	L. Hospital	1691	6 Clinton	Mar	uland
21, SIGNATURE OF FUNERAL SERVICE LIC	Dufay		2503 Surra	Maryla His Ro arylan	ad 20735		9
23. PART I. Enter the diseases, of a shock, or heart feliure.	complications that caused the de List only one cause on each line	eth. Do not en	iter the mode of dying, suc	ch ss cerdia	c or respiratory stres		approximats
iMMEDIATE CAUSE (Finel disease or condition resulting in death)	. extreme pre	OUENCE OF):	)	1			Poset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CONSE	OUENCE OF):	re ot mem	ibrane	25		
that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	OUENCE OF):					
PART II. Other significant condition	s contributing to death but not i	resulting in the	underlying cause given in	1 Part i. 2	46. WAS AN AUTOPSY PERFORMED?	COMPLI OF DEA	SUTOPSY FINDINGS BLE PRIOR TO ETION DF CAUSE TH? ES 2 NO
DID TOBACCO USE CONTE	RIBUTE TO CAUSE OF DEA	TH YES	NO DU UNCERTAL	IN 🗆		''	.5 2   110
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	26. PLAC HOSPITAL: 1 N Inpatient 2 - ER/Outpatient 3		eck only one)  IER: Nursing Home 5  Residence	8 ☐ Other (S	Specify)		
27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year) NONE	28b. TIME OF INJURY	28c. INJURY AT WORK?  1 YES 2 NO	28d. DESCR	NE	RED	
3 Suicide 8 Could not be detarmined	28e. PLACE OF INJURY — At ho building, etc. (Specify)	me, farm, atreat,	factory, offica	City or	ON (Street and Number of Yown, State)	r Rurel Route Nui	nber,
	CIAN: To the best of my knowledge, de R: On the beels of exemination and/or						inner es stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	ant A	10	29c. LICENSE NU D 303	IMBER 384	29d. DATE :	SIGNED (Month,	Day, Year)
30. NAME AND ADDRESS OF PERSON WHO	, M. D. 7503 SI	uratt	s Rd. Clint	ion 1	4d. 2073	5	
31. DATE FILES MAR 1 3 199	6 32 of details and worth	ardall.		)			
							DHMH-18 Rev 1/89

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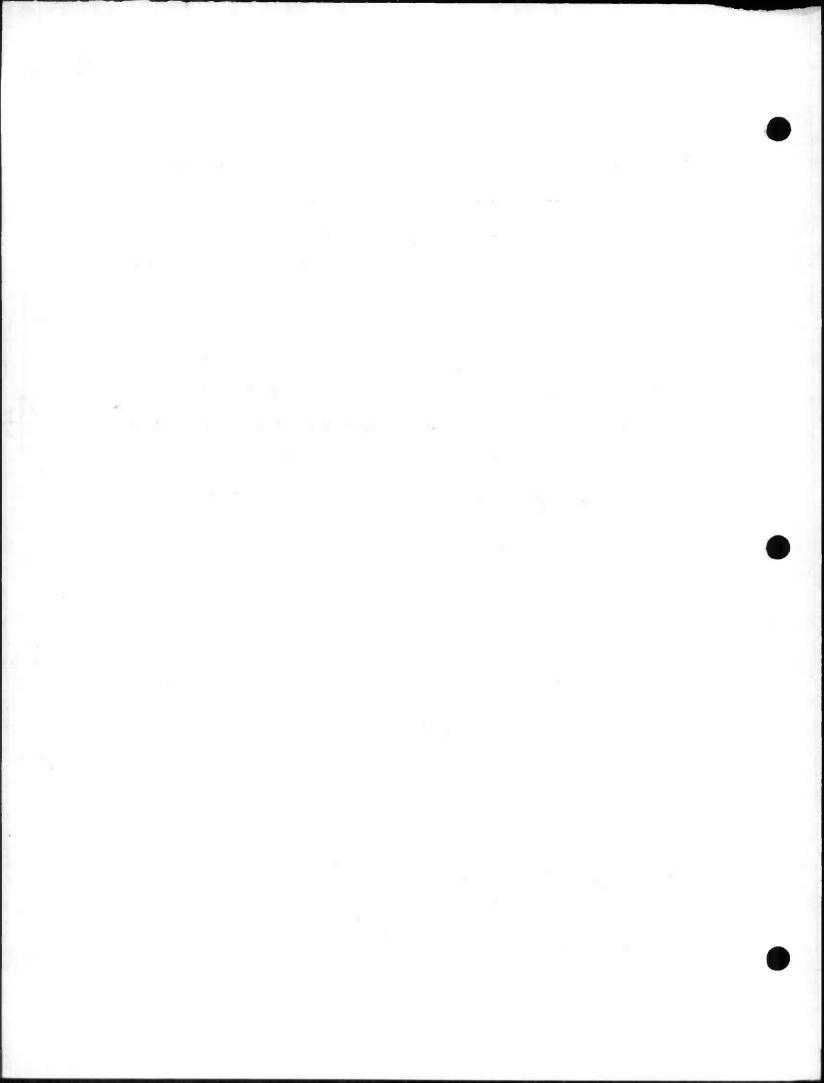
DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGII	ENE
		CI	ERTIFICATE	O	F DEAT	ГН		REG I	NO

	FOR STATE REGISTRAR	STATE OF MARYLAND			F HEALTH		MENTAL HYGIEN	E		01014
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH			3. TIME OF DEATH
	Anne Kathe	rine Trott					February 5	25 19	96	3:46A M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs.	last birthday)	IF UNDER 1 Y			7. DATE OF BIRTH 8.			PLACE (State or Foreign
	219-28-9271  9. FACILITY NAME (If not institution, give str	¹□M²¬XX 80	YRS.		OWN OR LOCATION	MIN.	Aug 13 19		Mary	land
OR	Anne Arundel Medic				apolis	ON OF DE	AIR.			indel
5	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY		I too CIT	Y, TOWN OR I	OCATION				Т	10d, INSIDE CITY
DIRECTOR	CONTRACTOR OF THE PARTY OF THE	Arundel	1001 011		polis					LIMITS?
	10e. STREET AND NUMBER				10f. ZIP COD	E		10g, CITI	ZEN OF W	THAT COUNTRY?
FUNERAL	920 Boucher Avenu	e Apartment#	2		214	403				States
2	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S.	ARMED	13. WA			IC ORIGIN? (Specity Yes	_		- American Indian,
BY FI	1 Never Married 2 Merried FORCES? 1 YES 24 IF YES, GIVE WAR OR DATES			If ye	YES 2 XNO	n, Mexicar	n, Puerto Rican, etc.)		Specif	, White, atc.
	15. DECEDENT'S EDUC	ATION 18e.	DECEDENT'S	USUAL OCCI	IPATION		16b. KIND OF BUS	INESS/IND	USTRY	wurte
COMPLETED	(Specify only highest grade of	completed)	(Give kind of v	vork done duri	ng most of working	ng	Tou. KIND OF BOS	INE 35/IND	VSINI	
7	Elementary/Secondary (0-12)	College (1-4 or 5+)	Pool	kkeepe	10		Sewin	~ Com		
OM	17. FATHER'S NAME (First, Middle, Last)		BOOL	CKEEDE		HER'S NAI	ME (First, Middle, Maiden		ipany	
	Mowbray A. Talbot					Eli:	zabeth Sam	S		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (S	treet and Number		Soute Number, City or Town		Code)	
2	Allen L. Talbot		5634 I	ourant	Drive	Port	t Orange,	Flori	ida 3	32127
	20a. METHOD OF DISPOSITION	20h Pl 40	CE AND DATE	OF DISPOSITION				CATION —		
	1 X Buriel 2 Cremetion 3 Remo	val from State cemetery,	r Blui	ther place) Ef Cem	etery :	2/29/	/96 Ann	apoli	is, M	Maryland
	21. SIGNATURE OF EMPLEIAL SERVICE		//	22. NA	ME AND ADDRE	SS OF FAC	John M.	ray1c	r Fu	neral Home
	· /m	1.6.	1	147	Duke	of G	loucester	St. A	nnap	
	23. PART I. Enter the diseases, or cheek or heart fellure I	omplications that caused the list only one cause on each li	deeth. Do r	not enter th	e mode of dy	lng, suct	aa cardiac or reapl	ratory arr	reat,	Approximate Interval Between
	IMMEDIATE CAUSE (Finel	ist only one ceuse on each i	iiig.							Onset and Death
	disease or condition resulting in death)	CVA								72h
	The state of the s	DUE TO (OR AS A CON	SEQUENCE OF	F):	1-	10	14.5/	N L		1.7.1
Z	Sequentially list conditions,		7-113	/	fcw	ue .	mI/	CH	-	100
Ĕ	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CON	SEQUENCE O	BARI	(1-1)					year
5	CAUSE (Disease or injury	DUE TO (OR AS A CON	SEQUENCE O	1 /	7/					1
Ē	thet initiated events resulting in death) LAST		014011102	,,						
CERTIFICATION										1
AL	PART II. Other significent conditions	contributing to death but no	ot resulting	in the unde	rlying cause	given in	Part I. 24e. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
PHYSICIAN: MEDIC		J 0 ) VV					1 [] YES 2	No		OF DEATH?
ME							_ ,			1 YES 2 NO
z	DID TOBACCO USE CONTR					CERTAIN	1 🗷			
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26. PI	LACE OF DEA	OTHER:	y one)					
YSI	1 TYES 2 NO	Inpatient 2 - ER/Outpatient		4  Nursin		esidence	6 Other (Specify)			
표	27. MANNER OF DEATH  1 Netural 5 Pending	(Month, Day, Year)	28b. TIM	JURY	Ic. INJURY AT WORK?		28d. DESCRIBE HOW I	NJURY OC	CURED	
ВУ	2 Accident Investigation					NO NO				
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY — At building, etc. (Specify)	t home, farm,	street, factory	, office		28t. LOCATION (Street a City or Town, State)	and Number	or Aural F	Route Number,
29a. CERTIFIER (Check only 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated.										
MP		R: On the beals of examination and								and manner as stated
8	-296. SIGNATURE AND TITLE OF GESTIFIER			, in the open						
3B C	mill defent	a how John !	Jacks	ion w	296. []	ense nun V ( 4	8 38	29d. DAT	essigned	Z T 96
0	39. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (	TEM 27) (TYPE	VESTE	IN A	NOVE	POLIS MO	1 21	401	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATUR	E		, ,				1 -/	
	FR 2 14 2 8 1996	Jahn shodwarks	rople							DHMH-16 Rev 1/89
	02/28/96									



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Data of Death 3. Time of Death Month Day B. 25 1996 ARIE THOMAS FEB. 5:40 am 4a. Facility Nama (If not institution, giva street and number) 4b. City. Town, or Location of Death 4c. County of Death 13 ROYAL STREET ANNAPOLIS ANNE ARUNDEL 5. Social Security Number If Under 1 Yaar | If Undar 24 Hrs. 7. Age (in yrs. last birthday) Birthplace (State or Foraign Country) 1□ M 2∏ F Days Hours 88 Yrs. 217-30-4746 APRIL 10 1907 MARYLAND Usual Rasidance of Decedent 10h County 10c. City, Town or Location 10d. fnside City Limits 1 Yes 2 □ No MARYLAND ANNE ARUNDEL ANNAPOLIS 10e. Street and Number 10f. Zlp Code 10g. Citizen of What Country? 513 ROYAL STREET 21401 US 12. Was Decedant Evar In U,S. Armed Forcas? 1 ☐ Yes 2 ☑ No If Yes, Giva Year or Dates: Was Decedent of Hispanic Origin? (Specify Yas or No if Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - Amarican Indian, Black, White, atc. 1 ☐ Never Married 2 ☐ Married 1□ Yes 2√2 No Specify: BLACK 3 ₩idowed 4 Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grada completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) DOMESTIC SOME ONE ELSE HOME 5th 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) FRANCES STEVENS JAMES SMITH 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) LLOYD E. THOMAS 513 ROYAL STREET ANNAPOLIS, MD. 21401 20b. Place of Disposition (Name of cemetery, cramatory or other p 20a. Method of Disposition 20c. Location - City or Town, State PDKBurial 2 ☐ Cramation 3 ☐ Removal from State ASBURY BROADNECK CEME. 3/2/96 ANNAPOLIS, MD. 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funaral Service Licensee 22. Nama and Addrass of Facility
REESE & SONS MORTUARY, P.A. 821 WEST ST. AANNAPOLIS, MD. 23a. Part1. Enter the disaase, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on each line. Approximata Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of) Vareula accedent

Division of Vital Records, P.O. Box 68760,

/Medical **Examiner** To the Hospital or Attending Physicien: The law requires that the death certificate be associated within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the attending physician and attending physician for use as the buria been signed by should be detec filled in by the

**Physician** 

**Physician** 

/Medicai

**Examiner** 

Directo

Funeral

by

Completed

Be

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Examiner

10a State

11. Marital Status

**Funeral** 

Director

Cause (Disease or Injury that initiated events resulting in death) Last	d. Clubal	or as a consequence of):  Vascular ac	ichent		7/27/87
Part fl. Other eignificant conditions or	ontributing to death but not re	sulting in the underlying ca	use given in Part I.	23b. Did tobecco use co	ontributs to the cause of death?  3 Probably 4 Unknown
				24a. Was an autopsy performad?	24b. Were autopsy findings available prior to completion of cause of death?
				1 ☐ Yas 2 🗷 No	1 ☐ Yas 2 ☐ No
25. Was case referred to medical examiner?			26. Place of De	eath (Check only one)	
1 Yes 2 No	Hospital: 1 ☐ Inpatient 2 ☐	ER/Outpatient 3 DO	A Other: 4 Nursing	Home 5 Residence 6 □Ott	har (Specify)
27. Manner of Death  1 Natural 5 Pending 2 Accident Investigation		28b. Time of Injury M	Bc. Injury at Work? 1 Yes 2 No	28d. Describe how Injury occur	rred
3 Suicide 6 Could not be determined	28e. Place of Injury - At h building, etc. (Speci	nome, farm, street, factory,	office	28f. Location (Street and Num. City or Town, Stata)	ber or Rural Route Number,
29a. Certifier (Check only one) 1 Certifying Physics Certifier 2 Medical Examples	yeiclan: To the best of my knowiner: On the bests of examination and mannar stated.	owiedge, death occurred a ation and/or invastigation,	t the time, date and place in my opinion, death occ	ee, and due to the cause(s) and mourred at the time, date and place,	anner as stated. and dua to the cause(s)
29h. Signature and title of certifier		200	Liannes number	and Date stand	ad (Manth Day Vasa)

31. Date filed (Month, Day, Year)

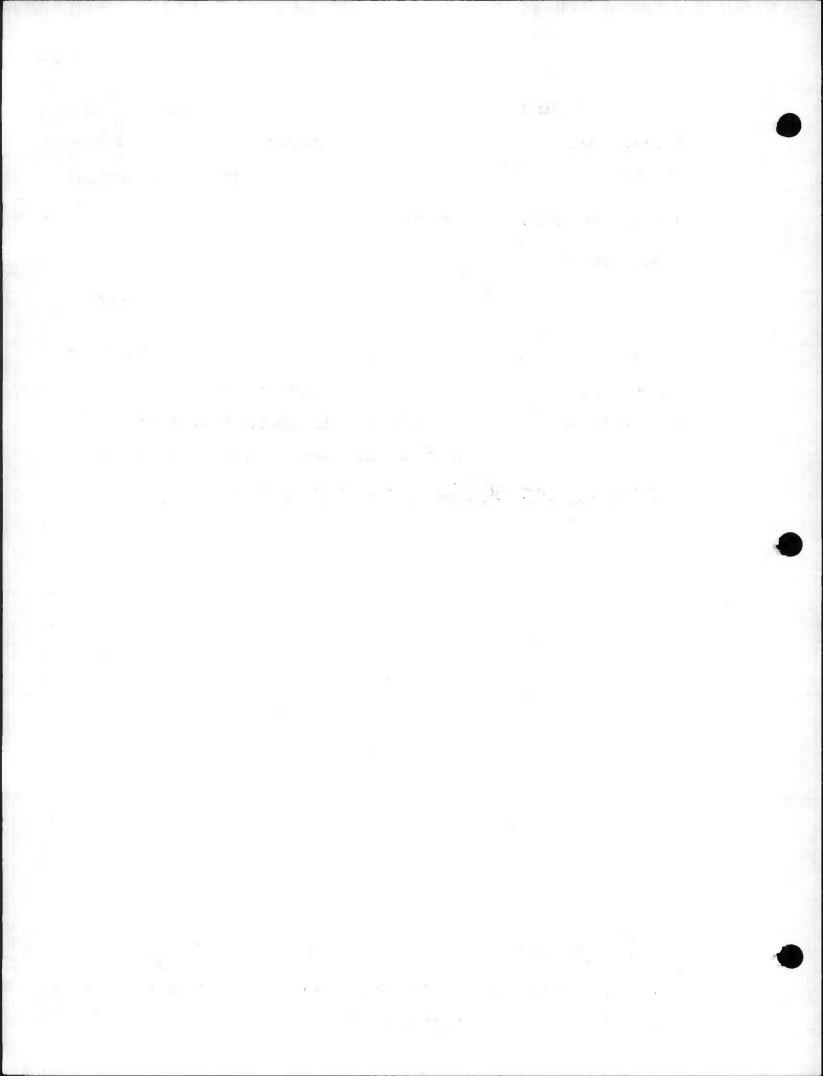
29d. Data signed (Month, Day, Year)

30. Name and address of parson who completed causa of death (Item 23a) (Type, Print)

Margaret M. Mullins, M.D. 586 Bellerive Dr., #2B, Annapolis, MD 21401

State Registrar





BALTIMORE, MARYLAND 21215-0020

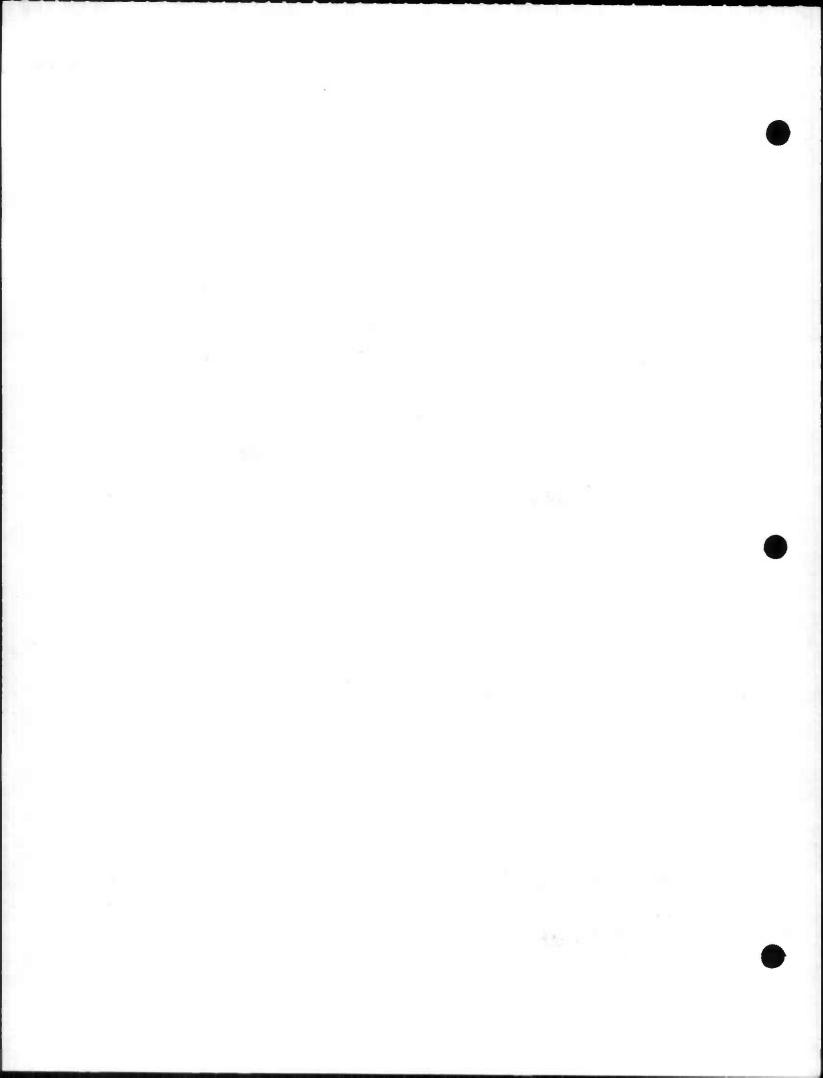
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE OF MAR	YLAND / DEPARTMENT CERTIFICATE		ENTAL HYGIENE						
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH		3. TIME OF DEATH				
	MYRTLE ALICE TRAVI	S		FEB. 22	1996	8:10 P. M				
	4. SOCIAL SECURITY NUMBER 5. SEX 6. A	(Morth, Dev. Year)								
	236-28-0382  1 M 2 X F  9a. FACILITY NAME (if not institution, give street and number)	88 YRS.		1ar.7,190	7 WES	T VIRGINIA				
8	PLEASANT VIEW NURSING	HOME MT.	. AIRY		CARRO	LL				
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	10c, CITY, TOWN OR	LOCATION			10d. INSIDE CITY				
E	MARYLAND CARROLL	MT. A				LIMITS?				
	100. STREET AND NUMBER	1110	101, ZIP CODE		10g. CITIZEN OF	44				
BRA	4402 NOAH COURT		21771		U.S.	The second secon				
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EV		AS DECENDENT OF HISPANI		or No.— 14. RAC	E — American Indian, k, White, atc.				
BY F	1 Never Married 2 Married   FORCES? 1 V   1   1   1   1   1   1   1   1   1		yes, specify Cuben, Maxican,  YES 2 NO Specify:	, Puerto Rican, etc.)		"WHITE				
	15. DECEDENT'S EDUCATION	16a. DECEDENT'S USUAL OCC	N (DATION)	16b. KIND OF BUSI	1	WILLIE				
COMPLETED	(Specify only highest grade completed)	(Give kind of work done du life. Do NOT use retired.)	ring most of working	TOD. KIND OF BOSI	NESS/INDUSTRI					
PLE	Elementary/Secondary (0-12) UNKNOWN	HOMEMAKE	3	HOME						
OM	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NAM	E (First, Middle, Maiden S	iumame)					
BE C	GEORGE WASHINGTON DAWS	ON	ROSELL	A MARTIN						
TO B	19a. INFORMANT'S NAME (Type/Print)	The second secon	Street and Number or Rural Ac	The second secon						
F	PEARL BRANT		IS ROAD -			21771				
	20a. METHOD OF DISPOSITION 1X Burlal 2 Cremation 3 Removal from State	20b. PLACE AND DATE OF DISPOSIT cemetery, crematory or other place)		111	ATION — City or T	ND, MD				
	4 Donetten 5 Other (Specify)  21, SIGNATURE OF FUNERAL SERVICE LICENSEE	SUNSET MEMOR	IAL PARK 6							
	mby lay	GE	ORGE - UPCHU	RCH FUNEI	RAL HON	ME, P.A.				
-	23. PART I. Enter the disease, or complications that call		2 GREENE S							
	ahock, or heert fellure. List only one ceuse of		ne mode or dying, such	ee cerdiec or respir	atory errest,	Approximate interval Batween Onset and Death				
	IMMEDIATE CAUSE (Final disease or condition									
	reaulting in death) a. Squamou	s Cell Carci	noma Throa	t		1 Month				
7										
0	Sequentially list conditions, If any, leading to immediate	AS A CONSEQUENCE OF):								
2	cause. Enter UNDERLYING CAUSE (Disease or Injury									
THE	that initiated events resulting in death) LAST	AS A CONSEQUENCE OF):								
CERTIFICATION	d									
	PART II. Other significant conditions contributing to dea	th but not resulting in the unc	lerlying ceuse given in f	Part I. 24a. WAS AN A		. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO				
MEDICAL	Hypertension, COngesti	ve Heart Fai	lure,	1 YES 2		COMPLETION OF CAUSE OF DEATH?				
ME	Osteoarteritis, Chroni	c Pulmonary	Disease	_		1 TYES 2 NO				
Ë	DID TOBACCO USE CONTRIBUTE TO CAUS									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	28. PLACE OF DEATH (Check of								
IYS	1  YES 2 NO	/Outpatient 3 DOA 4 Nursi	ng Home 5 Realdence ( 28c, INJURY AT	3 Other (Specify) 28d. DESCRIBE HOW IN	HIDY OCCUPED					
4	1 Natural 5 Pending (Month, Day, Y	bar) INJURY M	WORK?	200. DESCRIBE NOW IN	JUNI OCCURED	1				
В	2 Accident Investigation 3 Suicide & Could not be 28e. PLACE OF IN	JURY — Al home, larm, street, facto		28I. LOCATION (Street a	nd Number or Rural	Route Number,				
COMPLETED	3 Suicide 6 Could not be building, atc. 4 Homicide detarmined	(Specify)		City or Town, State)						
E	29a. CERTIFIER 1 X CERTIFYINO PHYSICIAN: To the beet of my	knowledge, death occurred at the tir	ne, date and place, and due	to the cause(s) and man	ner as stated.					
OME	(Check only one)  2 MEDICAL EXAMINER: On the best of exemi					(a) and manner as stated.				
$\aleph$			29c. LICENSE NUM	BER	29d. DATE SIGNE	0 (Month, Day, Year)				
	296. SIONATURE AND TITLE OF CERTIFIER	1 1								
BE	296. SIONATURE AND TITLE OF CERTIFIER  WE DOWN TOOL LOTS	on M.	D0658	8	▶ Feb.	23,1996				
	Me lu tal Kota 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF									
BE	Melu tal Kork  30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF  Melvin Kordon, M.D									

DIVISION OF VITAL RECORDS, P.O. BOX 68760



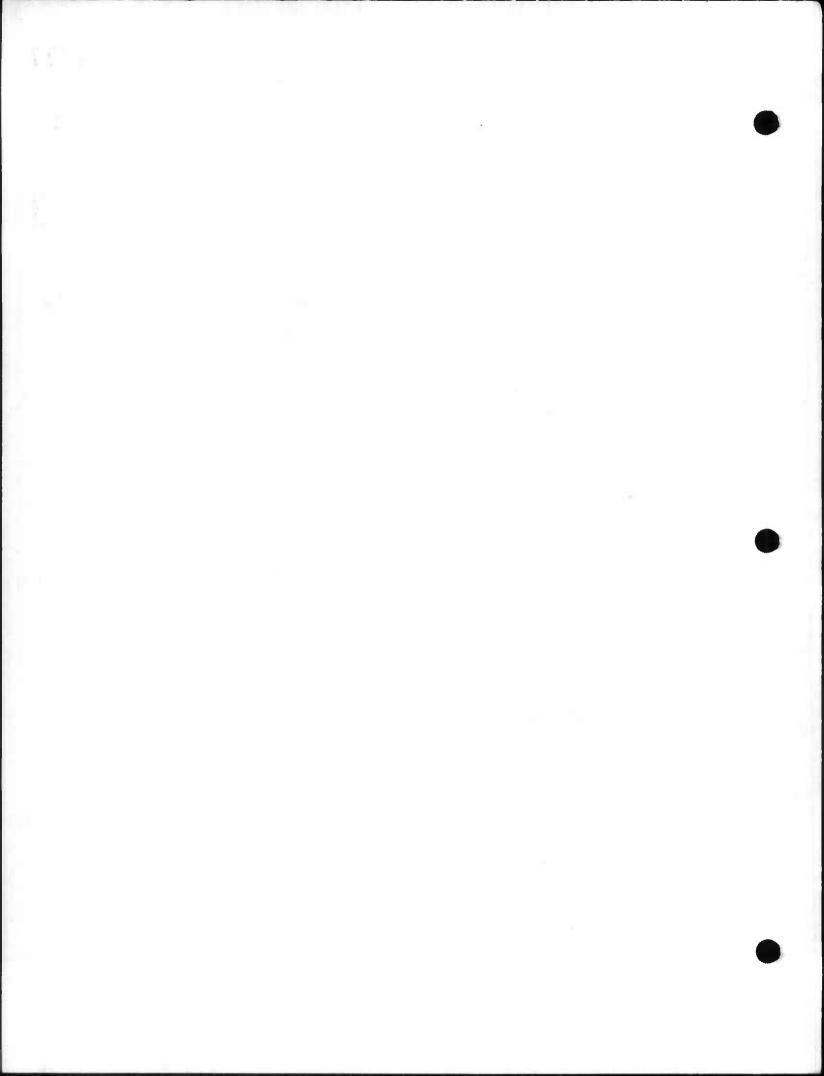
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YSICIAN: The law requires that the death certificate be executed within rours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dent, of Health and Mental Horiene prior to burial, cremation, or removal.	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be to	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the further filled within 27 hours after death with the State Dent, of Health and Mental Hydiene prior to burial, cremation, or removal	Is mark

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	t. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH SOUTH DAY YEAR 3. TIME OF DEATH											
	JOSEPH	JOSEPH J. TAWA					FEB. 25 1996 11:45 F						
	4. SOCIAL SECURITY NUMBER 578 07 0874	5. SEX	6. AGE (In yrs. les					7. DATE OF BIRTN (Month, Day, Year)	,	Counti	(v)		
		1 🛭 M 2 🗌 F	82	YRS.					914 Washington, D.C.				
OR	99. FACILITY NAME (If not institution, give street and number)  WASHINGTON ADVENTIST HOSPITAL  TAKOMA PARK							EATN					
Б	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	,		10c. CITY,	TOWN OR I	OCAT	ON				104 INSIDE CITY		
DIRECTOR			250		[LLUM						LIMITS?		
	MD. PRINCE GEORGES  100. STREET AND NUMBER  101. ZIP CODE						ZIP CODE		10g. CIT	IZEN OF V			
ER/	1322 JEFFERSON ST.				20782			11.5	Α				
BY FUNERAL	t. MARITAL STATUS t Never Merried 2 Married 3 Widowed 4 Divorced	IT EVER IN U.S. AR YES 2 XI WAR OR DATES		If y	es, spe		NIC ORIGIN? (Specify Y an, Puerto Rican, etc.) fy:	E — American Indian, k, White, atc.					
8	15. DECEDENT'S EDUC		16a. DE	CEDENT'S U	SUAL OCCU	JPATIO	N et of westing	16b. KIND OF B	USINESS/IN	DUSTRY			
COMPLETED	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)			SALES	retired.)	ng mos	t or working	WHOLES	ALE M	SINTINPLACE (State or Foreign Country). Washington, D. C. country of Death  Indicate the country of Death DNTGOMERY  Indicate the country of Death Country?  Indicate the country of Death Country?  Indicate the country of Death Country of Death Country. White, atc.  Specify: White, atc.			
	17. FATHER'S NAME (First, Middle, Last) FRANK	TANA						AME (First, Middle, Maide		-ΔΝΟ			
TO BE	190. INFORMANT'S NAME (Type/Print) ANNA CATHERINE TA		191	SAME A	DDRESS (S	ireet ar		Route Number, City or To					
	20a. METNOD OF DISPOSITION			AND DATE OF			ne of	DATE 20c. L	OCATION -	Offe or Tr	wo State		
	1X) Buriet 2 Cremetion 3 Rem 4 Donation 5 Other (\$deciv)	oval from Stata		matory or other	r place)			1					
į	21. SIGNATURE OF FUHERAL SERVICE LIC	ENSEE	0	/	22. NA	ME AN	D ADDRESS OF FA	CILITY			′		
	Muful	10	Dyl				,						
	23. PART i. Enter the diseases, or o shock, or heart failure.	complications the List only one cer	at caused the de use on each line	eath. Do no	t enter th	e mod	de of dying, suc	ch as cardiec or rea	piratory s	rrest,			
	iMMEDIATE CAUSE (Fine) disesse or condition	0610	0 14	0001	110		1.100	Aridor			Onset and Death		
	resulting in death)	a. QCU	(OR AS A CONSE	OHENCE OF					1		CNOW		
Z	a newsderotic cardiovascular disease lunkyoun												
ATIC	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING												
FIC	CAUSE (Disease or injury that initiated events	c. DUE TO	(OR AS A CONSE	OUENCE OF):									
CERTIFICATION	resulting in death) LAST	d											
MEDICAL	diavava?	Molly	+>						2) (NO		COMPLETION OF CAUSE		
	1 U YES 2 NO								1 TYES 2 NO				
AN	25. WAS CASE REFERRED TO MEDICAL	ONTRIBUTE	IO CAUS	E OF I				) XZ					
PHYSICIAN:	EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3		THER:		ACE OF DEATH (C	6 Other (Specify)					
μŽ	27. MANNER OF DEATN	28a. DATE Of (Month, L	FINJURY	28b. TIME INJUI	OF 26		JRY AT	28d. DESCRIBE NOW	INJURY O	CCURED			
BY	Natural 5 Pending 2 Accident Investigation				М	1 🗌 Y	ES 2 NO						
TED	3 Suicide 4 Homicide Could not be determined  28a. PLACE OF INJURY — At home, term, street, tactory, office building, atc. (Specify)  28b. PLACE OF INJURY — At home, term, street, tactory, office City or Town, State)												
COMPLETED	29e. CERTIFIER (Check only one)  2  MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.												
	29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) /												
TO BE	<u> UKUUUNUUU</u>	CULL	MO				DZIS	531	FF	eb.	26,1996		
	DR. G. PETER	2 Pust	KAS	115	510 (	01	& George	etown Rd	. Roc	ckuil	20852 le ml.		
	FEB 2 7 1996	32: REGISTA	AR'S SIGNATURE	lath			0						



the medical examiner must be notified at once.

er death.	III) THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral	- No.	INPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examin
TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death.	ed in by t	the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medica
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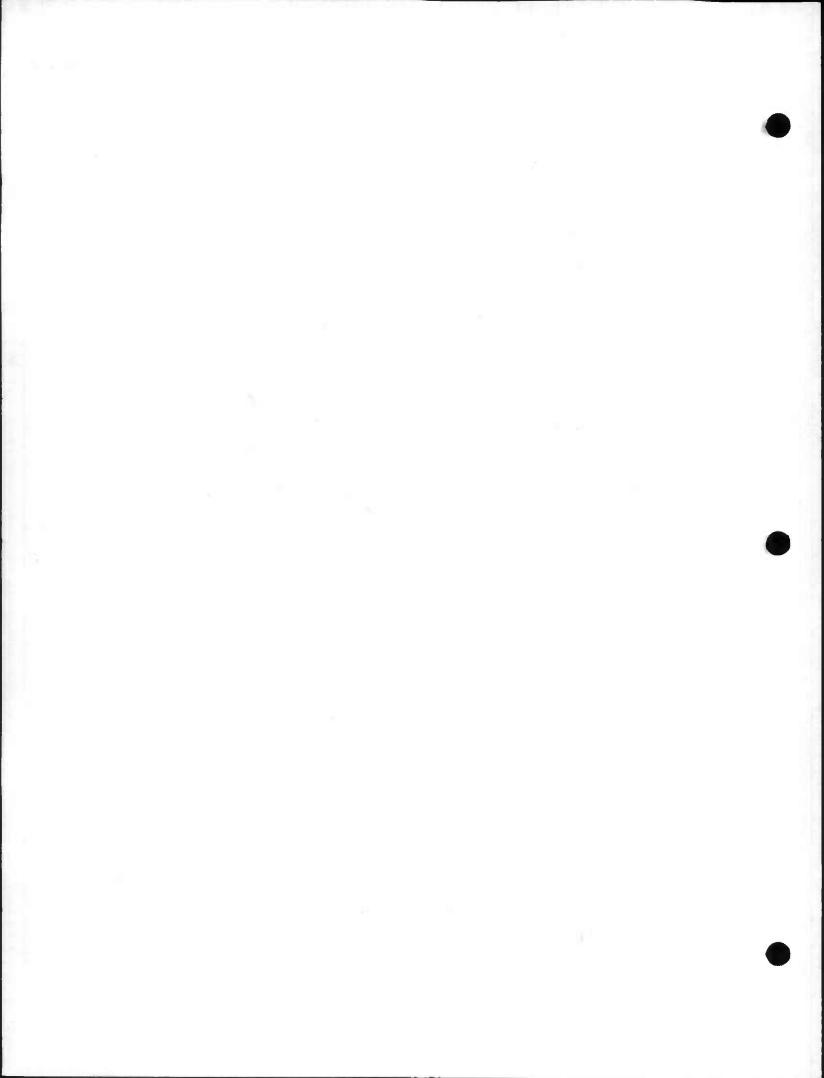
												96	07378		
	1 - FOR STATE REGISTRAR	STATE OF I		/ DEPAR					MENTA	L HYGIEN REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DE				NY.	YEAR	3. TIME OF DEATH					
	RAYMOND		VIANDS						RUARY			8:40 A			
DIRECTOR	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)					OF BIRTH		B. BIRTH Country	PLACE (State or Foreign			
	214-07-3827	1X□ M 2 □ F	M 2 F 77 YRS. MONTHS DAYS				HOURS	Min.	Jul	8, 19	18	COUNT	" PA		
	9a. FACILITY NAME (If not institution, give s		9b. CITY	, TOWN	OR LOCATI	ON OF DE		EATH							
	SACRED HEART HO		CU	MBEI	CIAND	)	ALLEGANY								
	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNT														
					TTY, TOWN OR LOCATION							10d. INSIDE CITY LIMITS?			
		egany		Lá	aVale				₩□ YES 2						
FUNERAL	10e. STREET AND NUMBER					10	. ZIP COD				"		VHAT COUNTRY?		
NEI	713 LaVale Terr						2150	_				SA			
F	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDEN	YES 2 WAR OR DATES	ARMED NO						i? (Specify Yea Rican, atc.)	or No-	14. RACE Black	- American indian, c, White, etc.		
В	3 Widowed 4 Divorced					1 TYES	2 X NO	Specify	γ.			Speci			
	15. DECEDENT'S EDU	CATION		DECEDENT'S	HELIAL O	CCUDATI	n.		101	kind of Business/Industry					
TE	(Specify only highest grade	completed)		(Give kind of life. Do NOT u	work done	during mo	st of working	ng	100	KIND OF BUS	SINE 33/INI	DUSTRY			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	+)					Vall.	r_Cn	ringf	ield Tire				
M	12 17. FATHER'S NAME (First, Middle, Lest)			RetII	ea M	ed Machinist Ke						Lingi	Tera Tire		
													· · · ·		
BE	Raymond Viano	Raymond Viands  19a. INFORMANT'S NAME (Type/Print)  15							rah Elizabeth (Rummer)						
5															
	204 METHOD OF DISPOSITION						Terrace: LaVale, MD 21502								
	tX Buriel 2 Cremetion 3 Removal from Stata cematary, crematory or o					other place)									
	4 Donellon 5 Other (Specify) Hillcrest Burial Park 03/02 Cumberland, MD  21. SIGNATURE OR FUNERAL SERVICE LICENSEE								I, FID						
	Scarpelli Funeral Home														
	Hand Thomas Cumberland, MD 21502														
	23. PART I. Inter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart feliure. List only one cause on each line.														
	IMMEDIATE CAUSE (Fine)	nia.							Onset and Dast						
	disease or condition resulting in death)	farlier									6 day				
	DUE TO (OR AS A CONSEQUENCE OF):														
z		b 6	intern	vseles	ne	•							12 year		
ERTIFICATION	Sequentially liet conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):										1				
CA	csuse. Enter UNDERLYING														
H	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):														
ER	resulting in death) LAST														
C	PART ii. Other significent condition	ne contributing to	death but no	ot resulting	in the u	nderivin	G COURS	niven in	Part i	24s. WAS AN	AUTOPSV	245	. WERE AUTOPSY FINDINGS		
CA	I amala man	ii. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i.								PERFOR	RMED?	240	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
O.	- Trigge								_	1 - YES 2	NO		OF DEATH?		
Σ										1 YES 2 NO					
AN	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN														
C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HQSPITAL:  OTHER:														
PHYSICIAN: MEDICAL	1 TYES 2 NO	1 Inpatient 2					10 5 R	esidence		1.07					
1	27. MANNER OF DEATH  28e. DATE OF INJURY (Month, Day, Year)  1 1 Natural 5 Pending  28e. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  28d. DESCRIBE HOW INJURY OCCURED														
ВУ	2 Accident Investigation														
60	a Coultra — I 286 PLACE DE INJURY — At home form etreat					tory, offic	281. LOCATION (Street end Number or Rural Route Number, City or Town, Stete)						Route Number,		
ET															
PL	29e. CERTIFIER (Check only)  CERTIFYING PHYSICIAN: To like best of my knowledge, death occurred at the time, date and piece, end due to the cause(e) end menner ee stated.														
COMPLET	one) 2 MEDICAL EXAMINE	R: On the besis of	exemination end/	or investigati	on, In my	opinion, o	death occu	red at the	lime, date	end place, ar	nd due to t	he cause(s	a) and menner es stated.		
1	296. SIGNATURE AND TITLE OF CERTIFIE						29c. LIC	ENSE NUI	MBER		29d. DA	TE SIGNED	(Month, Day, Year)		
BE	B Disc32 Make 9/														

1	4	1	5	M	)					
O. NAME AN	D ADDRESS	OF PERSON	WHO	COMPLETED	CAUSE	OF D	EATH (	ITEM	27) (Type,	Pri

D12532

George Breza M.D. 912 S 31. DMAR WILDOWS JUNE JUNE JUNE SHOWATURE

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### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

6 07379

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	Physic /Medi		1. Decedent's Nam		Eduar		Vi	llaı	rreal	L			Month	February 25, 1996   1:50 AM			
Ř	Exami		4a. Facility Neme (	if not institution, git arklawn							4b. City, Tov Rock V:		cation of Dee		ty of Deeth		
	Funeral Director		5. Social Security N 466-29-5	Number 6.	Sex 10∭ M 2□ F	7. Aga	(In yrs. last bir	thdey) Yrs.	If Under Months	1 Yeer Deys	If Under 2	24 Hrs. Min.	8. Dete of Bi (Month, Di Oct. 2	rth ay, Year)	9. Birth	plece (Stete or Foreign intry) X3S	
	ъ		Usual Rasidence o	f Decedent		1							000. L	1, 1000		7,40	
	Merylen -f show	tor	10a. Stata Maryland	10b. County  Montgome	prv		10c. City, Town									10d. Inside City Limits 1 ☐ Yes 2XXVIo	
	B 28 B	Je C	10e. Street end Nu		<u> </u>		11001(1		10f. Zip	Coda				10g. Citizan o	What Cou	untry?	
	3a o	Funeral Director	11915 Pa	rklawn D:	rive #	302			201	852				Unite			
	Jeath 2	lera	11. Meritel Stetus	TRIGWII D.	12. Was Dec	cedent Ev	ver In U,S.	13. W			Hispanic Orio	in? (Spe				icen Indian,	
	within 72 hours efter death with the Meryland jene. Than "naturel", or tleme 23a or 28e-f show the Medical Experient must be profilled at	by Fur		ried 2 Married	Armed F 1  Yes If Yas, G Yaar or I	NO XX			Was Decedant of Hispanic Origin? (Specify f Yas, specify Cuban, Maxicen, Puarto Rice				Spec				
5	tr.	B		15. Dacedant's E	ducation		16a.	Deced	ant's Usua	al Occu	pation		ican	16b. Kind of		hite	
od 2 should be filed within 72 hours ef	within ene. then	Completed	Elamantary/Seco	cify only highest gr	ade complated,	omplated) (() Collaga (1-4or 5+)			Give kind of work dona during most of working life. DO NOT use retired)			ing					
3	등돗독류		17. Fathar's Name	(First, Middla, Las				1162	herz	UII	18. Motha	r's Nama	(First, Middle	Department Store			
	\$ \$ \$ \$	o Be	Agapit		,								Espin				
•	d 2 should be th end Mente 7 le marked traumatic ev	To	19a. Informant's Name/Relationship (Type, Print)  19b. Mailing Addrass (Straat and Number or Rural Rout														
Ma d 2 s	d trained											ar Problem Profile	nber, City or Town, State, Zip Coda)				
5	ges 1 and 3 tof Health If item 27 or other tr		Michael J. Murphy  Same as 10  20a. Mathod of Disposition  20b. Place of Disposition (Nama of cematary, cramatory or other place)  Data  20c. Location										- City or T	City or Town, Stata			
varmit Page 1 a	nt of nt of nt of nt of		1 ☑ Burial 2	☐ Cremetion 3 [		Steta						2	-28-96				
	it. P		21. Signatura of Eugeral Sarvice Licensaa 22. Nama and Addrass of Facility										-20-30	Port 1	sabel	, Texas	
	permit. Pages 1 an Department of Heal Important: If Item 2 any Injury or other once.		Rapp Funeral Services, P. A. 933 Gist Avenue, Silver Spring, MD 20910  23a. Penti. Enter the disease, or complications that coused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest.  Approximete														
	N ! . !		23a. Pert1. Entar t shock, or has	the diseese, or com art failura. List only	plications that ona causa on	ceused t aach lina	ha daath. Do r	not ente	r tha mod	e of dy	ing, such as	cerdiac o	or raspiratory	arrast,		Approximete Intervel Between Onset and Deeth	
7	Physician /Medical Examiner		tmmediate Ceuse (Finel disease or condition resulting in daeth)  Bacterial pneumonia											2 days			
	sit s	liner	Dua to (or as a consequence of):											7 months			
ć	h certificeta be axecuted ending physician end use as the bunal-transit	Examiner											17 months				
5	hysic the b	dica	that Initiated evants resulting In death) Last Due to (or es a consequance of):														
,	n certific ending p	Physician/Medical	d. HIV Infection									3 yrs. 7 m					
	s thet the death ned by the atter e detached for u	ysicia	Part II. Other algnif	ficant conditions	contributing to c	laath but	not rasulting in	tha un	darlying c	eusa gi	ivan In Part I.					to the cause of death?	
-	thet ned b	by Pt	Blindne	ss; CMV	and HI	V							1	Yes 3(XNo	3[] Pr	obably 4 Unknow	
10001	requires been sig should b											a	Vara autopsy findings vailabla prior to omplation of ceusa				
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5	\$ 000	2	1 ☐ Yas 2 💢	No	Hospital: 1	Inpatian	t 2 ER/Ou	tpetiant	3□ DC	OA Ot	har: 4 🗆 Nu	rsing Ho	me 5 🕅 Res	idance 6 🗆 O	thar (Spec	ify)	
		ü	27. Manner of Daat 1 XNatural	h 5 Panding	28a. Data (Mor	of Injury	Year) 28b. T	ima of	2	8c. inju	iry at ork?		28d. Dascribe	how injury occ	urred		
	Attending ir death. actor: After by the fune	cati	2 Accidant	Invastigatio	n				М		Yas 2 1	No					
	교통	Certification:	3 ☐ Suicide 4 ☐ Homlcida	datamined	28a. Plac	e of Injur ling, atc.	y - At homa, fa (Specify)	rm, stra	at, factory	, office				(Straat and Nun wn, Stata)	nber or Ru	ral Routa Number,	
	To the Hospital or within 24 hours afte To the Funeral Dir completely filled in	edicai C	29a. Cartifiar (Check only one)	XIX Certifying Pt 2 Madical Exam	miner: On that	e bast of pasis of a	examination and	, deeth d/or inva	occurred astigation,	et the ti	ima, data and opinion, daat	ptace,	and due to the ed at the time	ceuse(s) and r deta and place	nenner es , and dua	stated. to the causa(s)	
	o the	Me	29b. Signetura and	titla of certifiar	-	0.010			290	. Licen	sa numbar			29d. Data sign	ed (Month	, Day, Year)	
	- 5 + 5		Lagn	rahere			aine.		5		8818					, 1996	
	5		30. Name and eddr Kathari	ass of person who ne Waldma					,	Aver	nue. S:	ilve	r Sori	na. MD	20902		

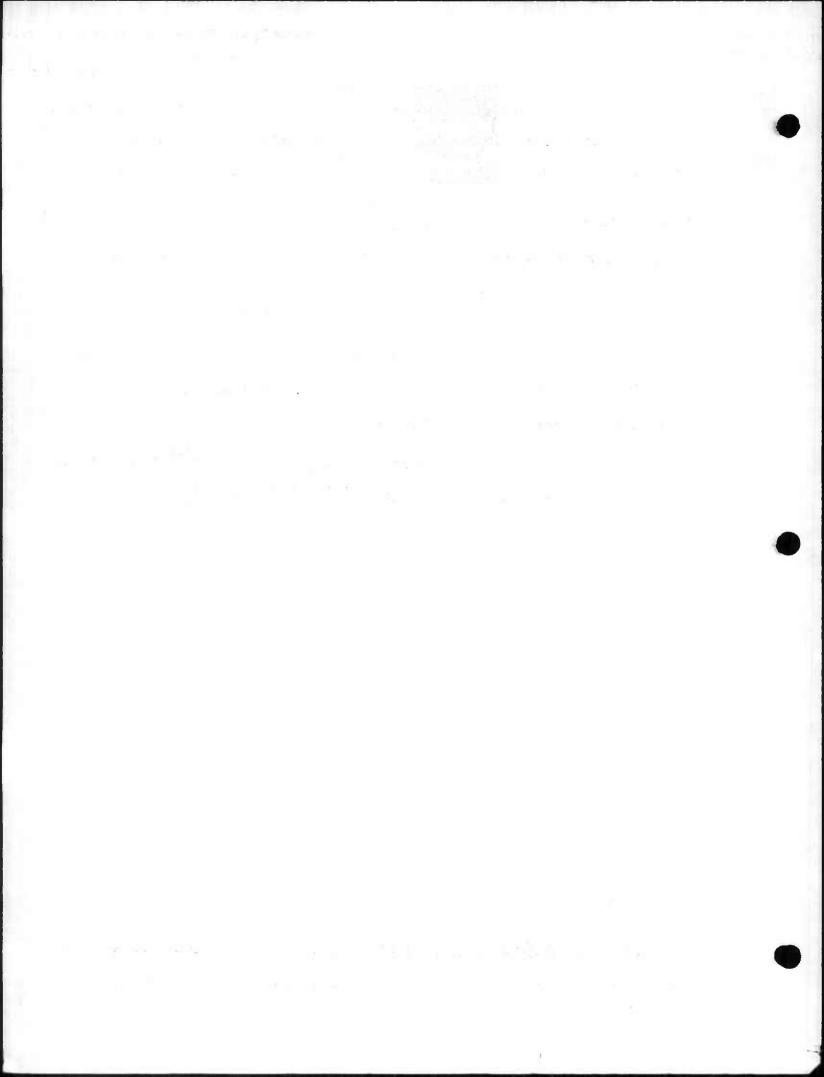
DHMH 16 Rav 6/95

State

Registrar

31. Data filed (Month, Day, Yaar)

FEB 2 8 1996 Julia Savilson Randall



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Name (First, Middla, Last) 2. Data of Death 3. Time of Death Month February **Physician** 23, 1996 Ronald Spencer Vaughn 4:00 P.M. /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Washington Adventist Hospital Takoma Park Montaomerv If Undar 24 Hrs. 8. Date of Birth If Undar 1 Year Birthplaca (Stata or Foreign Country)
 Flordia 5. Social Security Number 7. Aga (In yrs. last birthday) **Funeral** 1⊠M 2□ F 263-42-4905 Yrs. 61 **Director** Usual Residence of Decedant with the Maryland 10a Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show 7 is marked other than "natural", or items 23s or 28s-f sho traumstic event, the Medical Examiner must be notified at 1 Yas 2 No Director Montgomery Maryland Silver Spring 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 904 Langlev Road 20901 U.S.A. nit. Pages 1 and 2 should be filed within 72 hours after death varietiment of Health and Mental Hygiene.
ortant: if Hean Z7 is marked other than "natural; or items 23.
Injury or other traumatic event, the Medical Estantos Funeral 12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yas XXNo If Yes, Giva 14. Race - American Indian, Biack, White, atc. 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puerto Rican, atc.) 11. Marital Status 1 Never Marriad 2X Married Maryland 21215-0020 1 ☐ Yes 2 ☒ No Specify þ Specify: White 3 ☐ Widowed 4 ☐ Divorced Yaar or Datas Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Coliage (1-4or 5+) Director of Science & Technology U.S. Navy 17. Fathar's Name (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumame) Be James Ralph Vaughn Frances Louise Roberts 2 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Suzanne Bowler / wife 904 Langley Rd. Silver Spring, MD 20901 Baltimore, 20b. Place of Disposition (Nama of cematary, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata Data 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramovai from State Department of important: If any injury or once. Metropolitian Crematory Feb.24,1996 Alexandria. VA 4 □ Donation 5 □ Othar (Specify) 22. Nama and Address of Facility Takoma Funeral Home, Inc. 21. Signatura of Funeral Service Lightness 254 Carroll St. NW Washington, DC 20012 23e. Part 1. Entar the disaasa, or complice shock, or haart failura. List only on itions that causad tha daath. Do not entar the moda of dying, such as cardiac or raspiratory arrest, causa on each line. Approximate Interval Between Onset and Deeth Physician Immediata Cause (Final disease or condition resulting in deeth) one da /Medical Examiner Examiner The law requires that the death certificate be axecuted burial-transit Sequentially list conditions, if any, laading to immadiata causa. Enter Undarfying Causa (Disaase or injury that initiated evants resulting in death) Last and Box 68760. physician Physician/Medical the Dua to (or as a consaquance of) Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 2 Onknown by 24b. Were autopsy findings available prior to complation of cause of daath? Completed 24a. Was an autopsy performed' certificate has 212 No 1 ☐ Yes 1 □ Yas 2 □ No or Attending Physician: director 25. Was case rafarred to medical axaminar? Be 26. Piece of Deeth (Check only ona) Hospital: 1 Yas 2 No Other: 4 Nursing Homa 5 Residence 6 Other (Specify) Certification: To 12 Inpatiant 2 ER/Outpatient 3 DOA this 28a. Dete of Injury (Month, Day Year) funeral 27. Menper of Daath 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred After 1 Natural 5 Pending 1 ☐ Yas 2 ☐ No investigation death 2 Accident after death Director: tha 6 Could not be 3 Suicida 281. Location (Street and Number or Rural Routa Number, City or Town, State) 28a. Place of injury - At homa, farm, street, factory, offica building, atc. (Specify) filled in by 4 Homicide Hospital 24 hours a 12 Certifying Physician: To the best of my knowladga, daath occurred at the tima, dete end place, and dua to tha causa(s) and mannar as stated. 29a. Certifian Medical 2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) To the To the To the 29b. Signatura and title of certifier 29c. Licansa number 29d. Data signed (Month, Day, Year) daath (Itam 230) (Type, Pring meade Road Laurel MD 20707 32. Registrar's Signature 31. Data filed (Month, Day, Year) State alk atwalson Roselett

DHMH 16 Rev 6/95

Registrar

FEB 27

BALTIMORE, MARYLAND 21215-0020 ter death. Page 6 may be retained by the hospital or attending physician. The funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detactive the filed within 72 hours after death with the State Dest. of Health and Mental Horiege noin to build comparison or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
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	death. F	funeral	examin	
	ours after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filled within 72 hours after death with the State Dent of Health and Merial Hydiene prior to burial cremation or removal	redical	-
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	ATTEN	ECTOR:	28 la	
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	HI OI	TO TH	IMPO	

											96	0738	
	1 - FOR STATE REGISTRAR	STATE OF MA		DEPAR					MENTAL HYGIEN	E			
	1. DECEDENT'S NAME (First, MICHO, Last) ALICE R	. WHIT	MO:	RE					2. DATE OF DEATH DO THE B	4	YEAR OLD	3. TIME OF DEATH 9:30 A	
	4. SOCIAL SECURITY NUMBER		Month Day War						1	8. BIRTH Country	IPLACE (State or Foreign		
	220-36-5042  9e. FACILITY NAME (If not institution, give a	1 M 2 F	82	YRS.					April 8 19			h Carolina	
Œ			Sectional of Section 5.										
DIRECTOR	Anne Arundel Med	ical Cente	al Center   Annapolis   Anne A						rundel				
H	MD Anne		18c. CITY, TOWN OR LOCATION						10d. INSIDE CITY				
	AIIIIE	Arundel			Ani	napol						1 YES 2 NO	
FUNERAL	50 Southgate Aven	110				101	ZIP CODI	401		10.0		States	
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BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 FYES, GIVE WAR	YES 2 TH	S 2 1710 If yes, specify Cuban, Mexican, Puerto Rican, etc.) Bi						14. RACE Black Specif	- American Indian, t, White, etc. by: White		
CD.	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DE	CEDENT'S	USUAL (	DCCUPATIO	N .		16b. KIND OF BUS	SINESS/II	DUSTRY	WHILE	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life	live kind of a Do NOT us	e retired.	) auring ma	St of Workin	g					
MP		5	Sc	ocial	Wor	cker			County	Go	vernm	ent	
	17. FATHER'S NAME (First, Middle, Last)						16. MOTI		ME (First, Middle, Maiden	,			
BE	Jessie A. Reid  190. INFORMANT'S NAME (Type/Print)							A	deline Woo	ten			
2		0	19						Noute Number, City or Tow			1 01010	
Anne M. Whitmore  2624 St. Paul Street Baltimore, Maryland  20e. METHOD of DISPOSITION  1  Burlel 2 XIX remailion 3  Removal from State 4  Donation 6  Other (Specify)  20b. PLACE AND DATE Of DISPOSITION (Name of cemetery, cremptory or other place)  Ft. Lincoln Crematory 2/27/96 Brentwood, Maryland													
	21. SIGNATURE OF FUNERAL SERVICE LIC		1 2 0 0	121100					Chn M T	'av1	or Fu	neral Home	
	DI KANAME								loucester				
	23. PART I. Enter the diseeses, or	omplications that c	sused the de	eth. Do r	ot ente	r the mo	de of dvi	na. suct	100Cester	oL.	Allila	Approximate	
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	readiting in deatily	DUE TO (OF										100 00	
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Ĕ	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OF	R AS A CONSE	OUENCE O	7):								
RTIFICATION	CAUSE (Disease or Injury that initisted events	eDUE TO (OF	R AS A CONSEC	DUENCE O	n:							-	
E	resulting in desth) LAST				,							j	
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MEDICAL	PART II. Other algnificent condition	URE DU	ath but not r	Posuiting	n the u	nderlying	ceuse g	jiven in l √ (/(	Part I. 24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
Ö	TSCHENDIC	SOLI'S		11/	111	וטעופ	1770	<u>_                                    </u>	1 - YES 2	NO		OF DEATH?	
	DID TOBACCO USE CONTI			TU VE	c 🖂	NO F	LINIC	EDTAIN	. 57			1 TYES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL	RIBUTE TO CAUS					UNC	ERTAIN	1 124				
EXAMINER?  1 YES 2 NO  1 Inpetient 2 ER/Outpetient 3 DOA  27. MANNER OF DEATH  286. DATE OF INJURY								eldanea /	Debas (Casalla)				
								28d. DESCRIBE HOW II	JURY O	CCURED			
Y P	Natural 5 Pending Investigation	(Month, Day,	rear)	INJ	URY M	1 TY	ES 2	NO					
ED B	3 Suicide 6 Could not be	28e. PLACE OF III building, etc.	NJURY — At ho	me, ferm, s	treet, fec	tory, office			28f. LOCATION (Street a City or Town, State)	nd Numbe	er or Aural A	oute Number,	
10	4 Homicide determined						- 4		, o- rostri, otalie)				
17									to the cause(s) end man				
COMPL	2 MEDICAL EXAMINE	R: On the beals of exam	Ination end/or I	Investigatio	n, in my	opinion, de	with occur	ed at the t	lime, date end place, and	d due to 1	the cause(s)	end manner as stated.	
BE C	294 SIGNATURE AND TITLE OF GERTIFIEF	1 1-	. )	11 -			29c. LICE	NSE NUM	BER	29d. DA	TE SIONED	(Month, Day, Year)	
0	Illy to	/euco	Cu	m)			0)1	06.	2.3	D 9	esi	24.96	
- 1	30 NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE (	OF DEATH (ITE	M 27) (Type	Print)							1 / /	

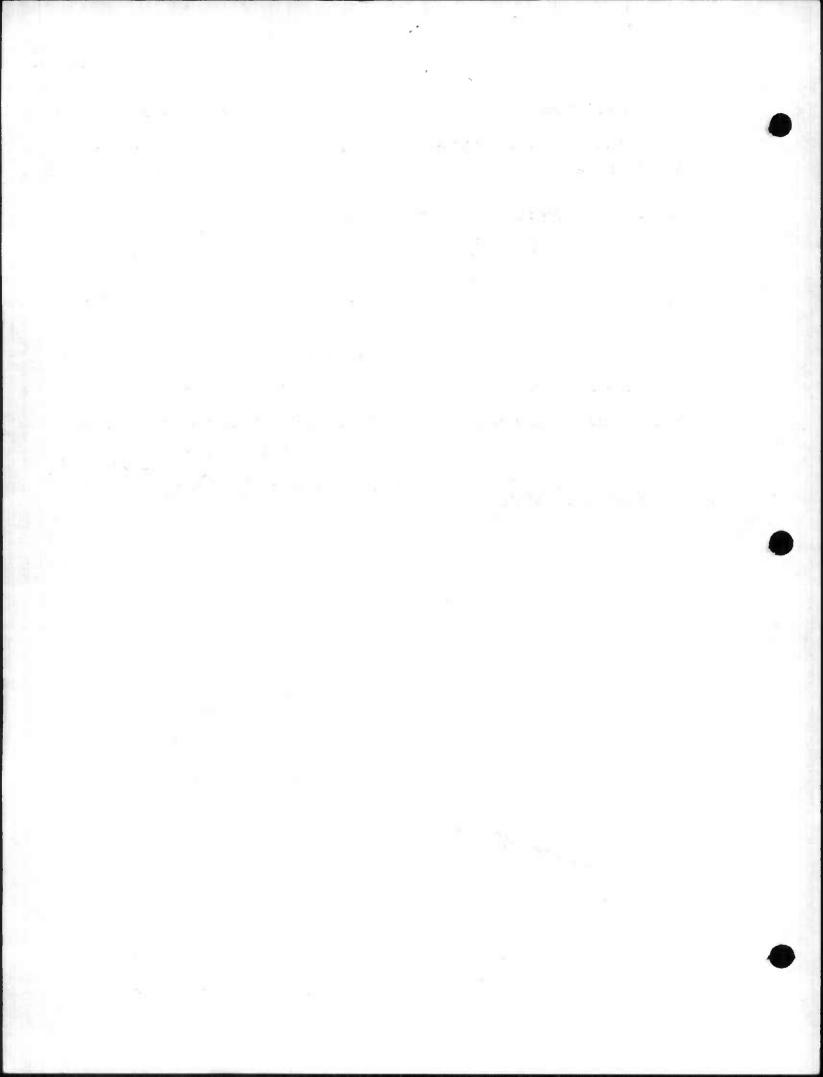
1996 Sala distributed

PETER F. VER 31. DATE FILED (Month, Day, Year) FEB 2 6 1996

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# Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene.

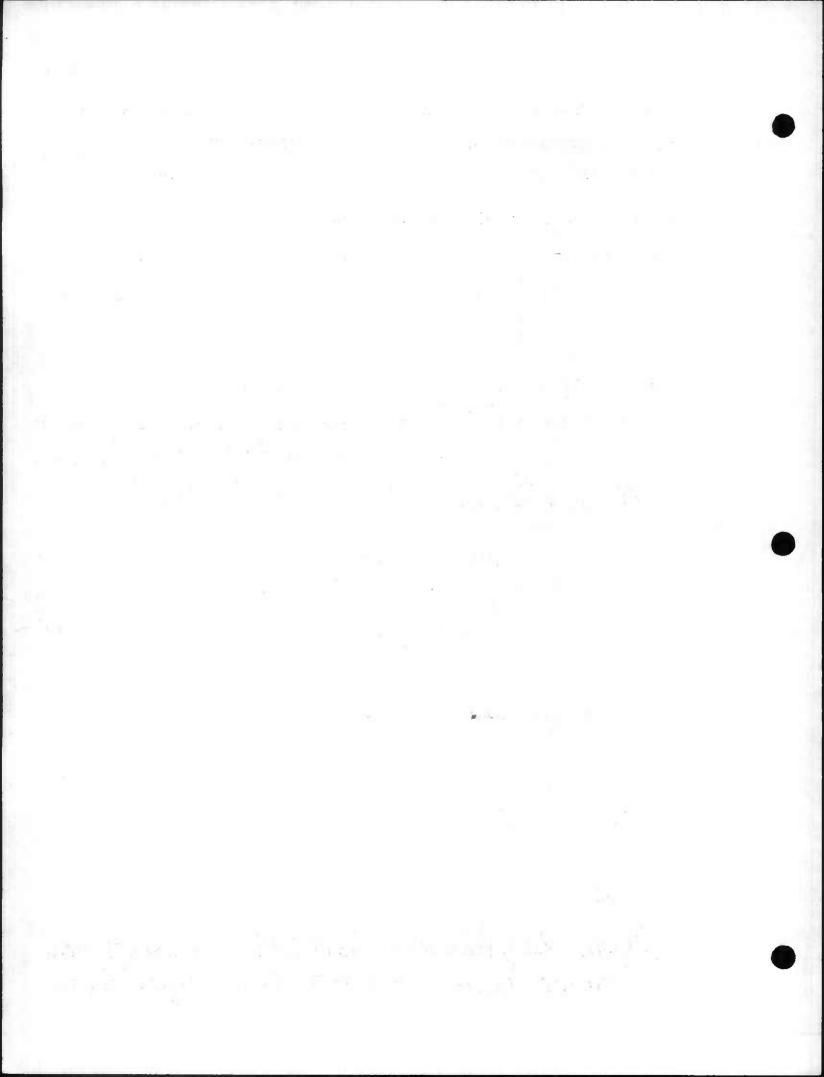
				State of Ivial		ertificate of			Reg. No.	6 01	382				
	Physic	an	1. Decedant's Neme (First, Middle, Last	)				2. Date of De Month	ath Day	3. T	Time of Death				
J.	/Medi		Ruth Elizabet					Feb.	12,199	6 18	3:45				
1	Examir	ner	4e. Facility Nama (If not Institution, give				4b. City, Town, or		10.000,						
		_	Atlantic Gene  5. Social Security Number 6. Sa		ital In yrs. last birthday	If Under 1 Yae	Berlin		Word	cester					
	Funeral Director			M 2⊠F 6		Months Deys		. (Month, Da		9. Birthplace (S Country) 7 Mary	State or Foreign				
	/and		10a. Stata 10b. County		0c. City, Town or I	n or Location 10d. Inside City Lim									
	Man	tor	Maryland Worce	ester	Ocean	City				11	Ves 2□No				
	or 28	Director	10e. Street and Number 9800 Coastal Hw	he Plaza		10f. Zlp Code	1 12		10g. Citizen of \	What Country?					
	23a		9800 Coastal Hw	y. Unit	812	21	842		U.S	S.A.					
Maryland 21215-0020	72 hours after death with the Maryland "neturel", or items 23s or 28s-f show ideal Examinet must be notified at	by Funeral	11. Marital Status  1 Never Marriad 2 Married  3/23/Widowed 4 Divorced	12. Was Decedant Eve Armed Forcas? 1 ☐ Yas 3€☐ No If Yas, Give Yeer or Datas:	ar in U,S. 13	. Wes Decedent of if Yas, specify Cul 1 ☐ Yes 文汉No	Hispanic Origin? (Span, Mexican, Puar Specify:	Specify Yes or No to Rican, atc.)		14. Race - American Indian, Bleck, Whita, atc. Specify: White					
5-0	be filed within 72 ho ital Hygiene. d other than "natur event, the Med cal	Completed	15. Decedant's Edu (Specify only highest grad	cation e completed)	16a. Dec	edant's Usual Occu	petion	dring		usiness/industry					
121	within ene.	mple	Elemantary/Secondary (0-12)	College (1-4or 5+)			during most of wo	· Killy		of Md. L Servi					
7	filed within Hygiene. ther than "		12 17. Fethar's Nama (First, Middle, Last)		Cle	rk-Recp		me (First, Middle,			.ces				
and	ental H ked of ic eve	Be C	Randolph Harris	on			1 1 1 1 1 1 1 1 1 1	R. Glud		10)					
7	d 2 should be th end Mental 7 is marked or traumetic eve	70	19e. Informant's Name/Ralationship (Ty		19b. Mai	ling Address (Stree	tral y			State Zin Code	1				
X			Nancy Fitzpatri	ck-Daugh		_									
Baltimore,	permit. Pages 1 and 2 Department of Health Important: If Item 27 is any injury or other tre ance.		Nancy Fitzpatrick-Daughter 204 Belle Point Dr., Queenstown, Moderate 208. Mathod of Disposition (Name of commetery, cremetory or other place) 4 Donatton 5 Other (Specify) 200. Plece of Disposition (Name of commetery, cremetory or other place) Feb. 15, 19 96 Baltimore,												
Ħ			21. Signeture of Funeral Service License					Fellov	Baltir Vs. He	lore, M	n &				
ä	Depa impo any is		Nownam Funoral Home D A												
	-		23a. Part 1. Enter the disease, or commications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,												
	Physician		SHOOK, OF HEART INHUIS. LIST OHIT OF	is causa on each ina.						Onse	val Between at and Death				
16	/Medical Examiner		immediate Cause (Finel disease or condition	URINAR	LY TRA	ACT IN	PE STIAN			5-1	bdave				
	LAGITIKIEI	_	resulting in death)	Du	a to (or as a conse	equance of):					70				
	bed sit	Examiner	_	DIABETT	<u>ک</u>					UNI	CNOWN				
	ficate be executed physician and is the buriel-transit	xar	Sequantially list conditions, if any, leeding to immediate	a. URINARY TRACT INFECTION  Sequentially list conditions, any, leeding to immediate ause. Enter Underlying ause (Disease or Injury all initiated events suiting in death) as to (or as a consequence of):  Dua to (or as a consequence of):  C. CEREBROVASCULAR ACCIDENTS  Dua to (or as a consequence of):  Dua to (or as a consequence of):											
68760,	siciar buri		Causa. Entar Undarlying Cause (Disaase or Injury that initiated events	CEREBR	OVASCUL	AR AC	21 DENTS			UNI	KNOWN				
68	5 0 6	edical	rasulting in death) Last			quenca or):				Δ					
Вох	anding use	by Physician/M		PARADE	EGIA					dda	roy . 3 4R				
	the death cert y the attendin sched for use	sicia	Part II. Other significant conditions cor	itributing to death but r	not rasulting in tha	undarlying causa g	ivan In Part f.	23b. Díd	lobacco uss co	ntributs to the c					
P.O.	at the	Phy	STRUKET	-				10	Yes 200 No	3 Probably	4 Unknown				
s,	igned bed	by	DECUBITI												
Ö	The law requires that the death certi- site hes been signed by the attendiny page 2 should be detached for use a	Completed							an autopsy med?	24b. Ware aut available completion					
Rec	hes l	mp								of death?					
B			25. Was case referred to medical					10	-	1 Yas	2) No				
⋚	Physician: The introducer this certificate he mail director, page	To Be	axaminar?	fospital:	2 ER/Outpatie	ent 3 DOA	har.	ath (Check only o		(C/L-)					
o	Phys arthis eral di		27. Mennar of Death	28a. Data of Injury	28b. Tima			doma 5 ☐ Rask 28d. Dascribe i	now Injury occur						
0	Attending or death. ector: After by the fune	atio	1 Natural 5 Panding 2 Accident Investigetion	(Month, Day Yo	ear) Injury		ork? ]Yes 2□No								
	i or Attending latter death. Director: After	Certification:	3 Sulcida 6 Could not be datarmined	28a. Place of Injury building, atc. (		traal, factory, office	6.	26f. Location (S City or Tox	Street and Numb	per or Rural Route	e Number,				
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	edical Ce	29a. Certifying Phys (Check only 27 Medical Exami	sician: To the best of m	ny knowledge, daa	th occurred at tha t	ima, data and place	a, and dua to tha	causa(s) and ma	inner as stated.	euro(e)				
	the F the F the F	Medi	one)	end mannar stated	d.										
	5 × 5 0	-	29b. Signature and title of certifier				se number			d (Month, Day, Y	ear)				
			balandi:	$r_0$		1947	099		2-12-9	6					
			30. Nema and address of person who co	mpleted cause of deet					IN MS						
	Sta	te	K. A. PARG 1-1, 31. Data filed (Month, Day, Year)	32. Registrars	O GENE	KAL 141	OSPITAL	DEK	IN MI	12/8/1					
	Sta		02/20/06	4	, , , , , , , ,	0									



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State of Maryland / Department of Health and Mental Hygiene

		Otal	(	Certificate of De		Reg. No.	07383						
Division 1		Decedent's Name (First, Middle, Last)			2. Dete of De	eeth	3. Time of Death						
Physi /Med		ERIN LINDSEY	WILBURN		Month FEBRU	ARY 7,1996	7:30 p						
Exam		4a. Facility Name (If not Institution, give street ea	nd number)	4b. C	City, Town, or Location of Deel	h 4c. County of Dea	eth						
		THE JOHNS HOPKINS HO  5. Social Security Number 6. Sex			LTIMORE CITY Under 24 Hrs.   8. Date of Bi								
Funera Directo		213-45-5513  Usual Residence of Decedent	7. Aga (In yrs. last birth		lours Min. (Month, Di		rthplaca (Stete or Foreign country) Maryland						
yland		10e. Stete 10b. County	10c. City, Town	or Location			10d. Inside City Limits						
Mar Series	ctor	Maryland Queen A	nne's Ste	vensville			1 ☐ Yes 2/☐ No						
h with th	Funeral Director	10e. Street and Number 127 Worcester Roa	d	101. Zip Coda 21666		10g. Citizan of Whet C	country?						
ire, Maryland 21215-0020 s. 1 and 2 should be filed within 72 hours efter death with the Maryland f Health and Mental Hygiene. ftem 27 is marked other than "natural", or itema 23a or 28a-f show other traumatic event, the Medical Exertine must be notified at	þ	Never Married 2 Married 1 H	s Decedant Ever in U,S. led Forces? Yes 2 1 No es, Give ror Detas:		nlc Origin? (Specify Yas or Ni łaxican, Puarlo Rican, etc.) pecify:	14. Rece - Am Bleck, Whi							
21215-0020 d within 72 hours eff giene. If then "neturel", or the Medical Exert.	Completed	15. Decedent's Education (Specify only highest grade comple Elemantery/Secondery (0-12) Colle	leted) (1-4or 5+)	Decedent's Usuel Occupetion Give kind of work done durin life. DO NOT use ratired)	n ng most of working	18b. Kind of Business/Industry							
d 21 filed w Hygier fher th		17. Fether's Nema (First, Middle, Last)		10	Manth of Many (Final Minds)	14// 0							
Maryland d 2 should be file th and Mental Hy 7 is marked other traumatic event	Be	Ronald Leslie Wil	burn	18.	. Mother's Name (First, Middle Josie Dur								
aryla should nd Men marks	2	19e. Informent's Neme/Reletionship (Type, Prin		Meiling Address (Street end			Zin Code)						
Matth a atth a string or trace		Ronald & Josie Wi	_										
Baltimore, permit. Pages 1 an Department of Heal important: if item 2 any injury or other		Ronald & Josie Wilburn  127 Worcester Road, Stevensville,  20e. Method of Disposition  128 Worcester Road, Stevensville,  20e. Method of Disposition  129 Worcester Road, Stevensville,  20c. Location - City or To cematary, cremetory or other place)  129 Stevensville Cemetery  120 Data  127 Worcester Road, Stevensville,  127 Worcester Road, Stevensville,  128 Data  129 Stevensville  127 Worcester Road, Stevensville,  128 Data  129 Stevensville  129 Stevensville  120 Data  120 Stevensville  120 Data  120 Stevensville  120 Data  120 Stevensville  120 Data  120 Dat											
Balti permit. Departm imports sny inju		21. Signature of Fugaral Sarvice Licensea	1/110	22. Name end Address of Newnam Fur	Facility Fellows neral Home,	Helfenk	oein &						
Physician /Medica	_	23a. Perfi. Enter the disease, or complicet on shock, or heart tailure. List only one cause	that caused the deeth. Do no	ot enter the mode of dying, so	uch as cardiec or respiretory e	rrest,	Approximete Interval Between Onset and Death						
Examine		Immediate Ceuse (Final diseasa or condition resulting in deeth)	Due to (or as a co				5 days						
R 7	Examiner	<b>-</b> h	pularon	en inte	ch		4 dbus						
and	хап	Sequentially list conditions, if any, leading to immediate	Due to (or as a co	onsequence of):			from J						
68760, ifficate be executed g physician and as the bunal-transit		Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Ceuse (Disease or Injury that initiated events	Tusm	18			conception						
0 E 0 8	n/Medical	rasulting in deeth) Last  Due to (or as e consequence ot):											
death death of for	sicla	Part II. Other significant conditions contributing	to death but not resulting in (	the underlying cause given in	Part I 23b Did	tohacco use contribut	e to the cause of death?						
cords, P.O. Box 6: requires that the death certific been signed by the attending p should be detached for use as	by Physiclan/N	neurologia	desJunet	>			Probably 4 Unknown						
I Records, P.O. Box The law requires that the death cer are has been signed by the attendin page 2 should be detached for use	Completed to	7	01		24e. Was perfe	an autopsy 24b.	Were autopsy tindings available prior to completion of cause of death?						
I Re The law ate has	E				10	Yes 2 No	1 □ Yes No						
Vital Pricter: The certificate rector, pag	Be (	25. Wes case raferred to medical axaminer?			. Place of Deeth (Check only	one)							
this aidi	on: To	1 ☐ Yes 2No Hospitel:  27. Menper of Death 28a.1	Inpatiant 2 ER/Outp	me ot 28c. Injury et	4☐ Nursing Homa 5☐ Rasi 28d. Describe	denca 8 Other (Spe how injury occurred	ecity)						
isio ttendi deeth deeth ttor: A	Icati	2 Accident investigation 3 Suicida 6 Could not be	Dinne of Johnson As home for		2 No	Chartend Number of	and Coute Number						
Division  To the Hospital or Attending F within 24 hours after deeth.  To the Funeral Director: After completely filled in by the funer	Certification:	4 Homicide determined	Placa of Injury - At home, fam building, etc. (Specify)	-	City or To	Street end Number or R wn, Stete)							
he Hosp in 24 hor he Fune pletely fi	edical	2 Medical Examiner: On 1	o the best of my knowledga, of the basis of examination end/ menner steted.	death occurred et the tima, d or Investigetion, in my opinio	ata and place, and dua to the n, deeth occurred et the tima,	causa(s) and mannar a deta and place, and du	s stated. e to the cause(s)						
With Tot	Σ	29b. Signature and titla of certifiar	) Valactor	29c Licansa nu	nber 249	29d. Deta signed (Mon	th, Day, Year)						
		30. Name and address of person who completed	cause of death (Item 23a) (T)	vpe, Print)	A ( )	remuous	1 1976						
		DAVID	ALE 32. Registrar's Signeture	802 PCTB	The Johns	Hypkinsb	topptal						
St Regist	ate trar	02/12/96	32. Hegistrars Signeture	Rudgeli	)	V	•						



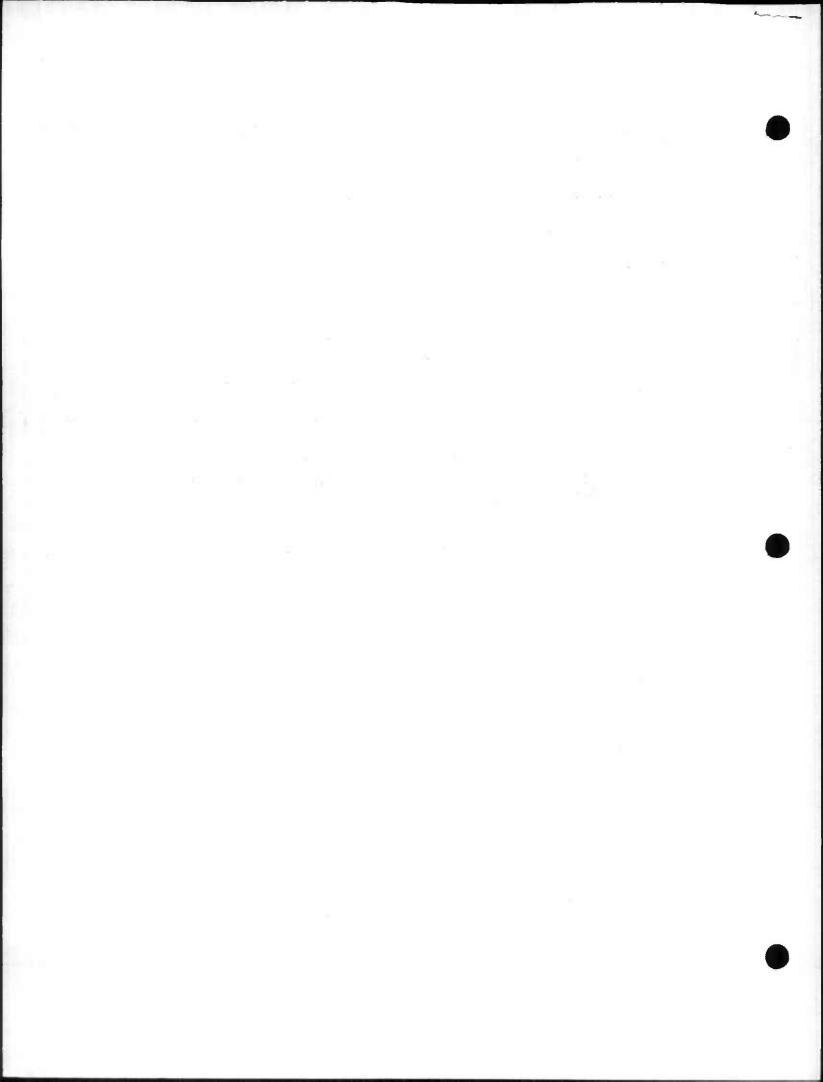
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DIVISION OF VITAL RECORDS, I	-
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burla-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF !	MARYLA			OF HEALTH		NTAL HYGIEN	E					
į	1. DECEDENT'S NAME (First, Middle, Last) Bonnie White						. DATE OF DEATH	WO 10	YEAR	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 5. SEX	6 AGE (In	yrs. lest birtho	(ay) IF UNDER	YEAR IF UNDER		Ebructry  DATE OF BIRTH	26,1		PLACE (State or Foreign			
	214 - 52 - 3584 1 M 2 DXF	40	YR	MONTHS	DAYS HOURS	MIN.	(Month, Day, Year) March 21,	1955	Country	y)			
	9a, FACILITY NAME (If not institution, give street and number)	40		9b. CITY,	EATH								
DIRECTOR	Laurel Regional Hospital			Laur	el		Prince George						
Ä	10e. STATE 10b. COUNTY		10c.	CITY, TOWN O	LOCATION					10d, INSIDE CITY LIMITS?			
	Maryland Howard		N.	oodbin					1 TYES 2 X NO				
FUNERAL	10e. STREET AND NUMBER				101. ZIP CODE			10g. CIT	IZEN OF W	HAT COUNTRY?			
N N	1383 Woodbine Road  11. MARITAL STATUS  12. WAS DECEDEN	T EVED IN	II.C. ADMED	1 42 4	21797		ODIOMIO (0 14 - V	USA		And door to doo			
BY FU	1 K Never Merried 2 Married 1 Wildowed 4 Divorced	2 XNO	H	yes, specify Cuber YES 2 NO	n, Mexicen, I	ORIGIN? (Specify Yee Puerlo Ricen, etc.)	or No	Speci	- American Indian, t, White, etc. fly: Thite				
8	15. DECEDENT'S EDUCATION (Specify only highest grade completed)			T'S USUAL OC	CUPATION uring most of working		16b, KIND OF BUS	SINESS/INI					
	Elementery/Secondery (0-12) College (1-4 or 5	+)	life. Do No	OT use retired.)	aring most or working	9							
COMPLETED	None		None				None						
	17. FATNER'S NAME (First, Middle, Last)						(First, Middle, Maiden	Sumame)					
BE	Warren S. White  190, INFORMANT'S NAME (Type/Print)	_	105 MAI	INC ADDRESS		y E.	S1X Ite Number, City or Tow	. 01-1- 7/	O-d-1				
임										~ a 21771			
	Candace White 16333 Old Frederick Rd. Mt. Airy, Maryland 21771  20c. METHOD OF DISPOSITION DATE OF DISPOSITION (Name of Date 20c. LOCATION — City of Town, State												
	t V Burlet 2 Cremetion 3 Removal from State    Commetted   Commett												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	AME AND ADDRES	S OF FACIL	ITY			20110						
	► K 1.6/#						eral Home			3 20707			
	23. PART i. Enter the disease, or complications the	t caused	the deeth.	Do not anter	the mode of dyi	ng, auch	re. Laure	ratory ar	rest,	Approximata			
	shock, or heart fallure. List only one car IMMEDIATE CAUSE (Final	isa on aad	ch lina.							Interval Between Onset and Death			
	disease or condition resulting in death) a. acuto Breaters Orecommence												
	DUE TO (OR AS A CONSEQUENCE OF):												
z	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):												
PA	If any, leading to immediate cause. Enter UNDERLYING	(OR AS A	CONSEQUENC	E OF):									
CERTIFICATION	CAUSE (Disease or Injury C.	(OR AS A C	CONSEQUENC	E OF):	-								
E	resulting in death) LAST									1 1			
	DART II Oshar slauliland and didan acceptable day	4											
SAL	PART II. Other algorificant conditions contributing to	daain bu	it not result	ing in the un	aariying ceusa g	jiven in Pa	PERFOR	RMED?	246	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE			
ă	Course garren						_ 1 TYES 2	No		OF DEATN?			
Σ	DID TOBACCO USE CONTRIBUTE TO CA	LISE OF	DEATH	VES [] A	INC	ERTAIN				1 - YES 2 - 40			
A	25. WAS CASE REFERRED TO MEDICAL			DEATN (Check		EKIMIT							
PHYSICIAN: MEDIC	EXAMINER?  1 YES TO HOSPITAL:  TO Impatient 2	ER/Outpe	tlent 3 🗆 DO	OTHER	: Ing Home 5 🗆 Re	eldence 6	Other (Specify)						
¥	27. MANNER OF DEATN 28s. DATE Of (Month, in Month)	INJURY		TIME OF	28c. INJURY AT WORK?		ed. DESCRIBE NOW I	NJURY OC	CURED				
ВУР	Natural 5 Pending 2 Accident Investigation	ray, rear)		M M		NO							
ED B	3 Suicide 6 Could not be 28e. PLACE (	F INJURY -	- At home, te	rm, street, fact	ery, office	7	81. LOCATION (Street		r or Rural F	Route Number,			
	4 Nomicide determined							7		15-1			
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of exemination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner so attack.  2 MEDICAL EXAMINER: On the basic of exemination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner so attack.													
									e) end manner ee stated.				
BE C	206. SIGNATURE AND TITLE OF CERTIFIER				29c. LICE	NSE NUMB	ER	29d. DA	E SIGNED	(Month, Day, Year)			
10	Thomas Malle				D/	566	6	1	2/2	5/96			
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAL				240: -		/ 4		40 -	(2.)			
	31. DATE FILED (Month, Day, Year) 32 REGISTR	B'S SIGNA	TUBE	BURG	MARIL DI	7 #/	or CAURI	sc m	DV	0)()			
	31. DATE FILED (Month, Day, Year) 32. REGISTR	markers	Redall.										
	1 ED W 1 1000 June 10.	- Galler								DHMH-16 Rev 1/89			



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DIVISION OF VITAL RECORDS, P.O. BOX 68760

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAI CERTIF	RTMENT	T OF H	IEALTH	AND I			E	0	07303
Į.	1. DECEDENT'S NAME (First, Middle, Lest)		CENTIF	ICATE	UF	DEA	117	2. DATE OF E	EG. NO			3. TIME OF DEATH
	Mary Jane Warnick							MONTH	PARY YEAR			
			(In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7, DATE OF BIRTH						1996	a BIRTH	6:25AM M	
38	213 22 2830	1 🗆 M 2 🖳 F	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day	Year)	1000	Countr	γ)
	Se. FACILITY NAME (If not institution, give stre	et end number)	73	9b, CITY	, TOWN C	OR LOCATI	ON OF DE	June	41,	19Z2	NTY OF D	t Virginia
DIRECTOR	Sacred Heart Hosp	ital			er1						gany	
ECT	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		10c. CITY, TOWN OR LOCATION									
E						ION						10d. INSIDE CITY LIMITS?
	Maryland Garre	200		akla		ZIP COD	E			1 40= CIT	TEN OF Y	1 YES 2 NO
FUNERAL	2179 Memorial Dri				1.0	. Ell COD				1.03.		
S		12. WAS DECEDENT EVER IN L	J.S. ARMED	13.	WAS DEC	215 ENDENT (		HC OBIGINS (Se	acify Yes	Uni	red S	States
	1 Never Married 2 Merried	FORCES? 1 YES	S 2 NO If yee, specify Cuben, Mexican, Puerto Rican, etc.)						Black	- American Indian, t, White, etc.		
BY	3 Wildowed 4 Divorced		1 □ YES 2 ▼ NO Specify:						Speci	White		
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or	(TION 1 ompleted)	6a. DECEDENT'S	Work done	CCUPATIO	ON at of working	10	16b. KIND	OF BUS	SINESS/INC	USTRY	
E	Elementary/Secondary (0-12)	Cotlege (1-4 or 5+)	life. Do NOT u	ise retired.)								
MP	Unknown		Homema	ker					JUK2			
	17. FATHER'S NAME (First, Middle, Last)  18. MOTNER'S NAME (First, Middle, Malden Surname)											
BE	Edgar Feller Marcia Smith  190. INFORMANT'S NAME (Name											
2	The manufacture results (client and number or result record results record)											
	RIChard E. Warnick  2179 Memorial Drive, Oakland, Md. 21550  20e. METNOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetery, cremetery or other place)  DATE  20c. LOCATION — City or Town, State											50
- 8	4 Departies 6 Other/Specific											
	21. SIGNATURE OF FUNERAL SERVICE LICE		hilos I	Cemet	NAME AN	ID ADDRE	SS OF FA	2209	6	Wast	ornp	ort, Md.
	· Wayne	Bral			Boa!	L Fur	nera:	l Home				
- 1	111 Church St. Westernbort Md											
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line.											
	iMMEDIATE CAUSE (Finsi disease or condition											Onset and Death
		Cardiac arr	vthemia									4 hours
_												1 1100225
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A C	COTIC TONSEQUENCE O	neart	dis	ease						uk yrs
ZAT	cause. Enter UNDERLYING											
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A C	ONSEQUENCE O	F):								1
E	resulting in death) LAST											
	PART II Other significant conditions contribution to death but not received a total but not received.											
S									PERFOR		240,	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
	Pleural effusion/	renal cell	carcine	ma/ (	cirr	hosi	s, 1	<del>iv</del> er '□	YES 2	₹ NO		OF DEATH?
PHYSICIAN: MEDICAL	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN											
IAN	25. WAS CASE REFERRED TO MEDICAL		PLACE OF DEA			0140	LKIAII	4 (X)				
SIC		HOSPITAL:	ent 3 🗆 DOA	OTHER		5 🗆 Re	aldence	8 Other (Spe	c/h/l			
Ť	27. MANNER OF DEATN	28e. DATE OF INJURY	28b. TIN	E OF	28c. INJU	JRY AT	1	28d. DESCRIB		JURY OC	CURED	
BY F	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	IN.	JURY	1 🗌 Y	ES 2	) NO					
ED	3 Suicide 8 Could not be	26e. PLACE OF INJURY — building, etc. (Specify)	At home, farm,	atreet, lect	ory, office	1		28f. LOCATION City or Tow	(Street e	nd Number	or Rural R	oute Number,
ETE	4 Homicide determined								, 5,010)			
COMPLET	29e. CERTIFIER 1 CERTIFYING PHYSICIA	AN: To the best of my knowled	ge, death occurr	ed at the H	ime, date	end place,	end due	to the cause(e)	end man	ner ee atat	ed.	
OM	CERTIFIEN (Check only one)  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated.  MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner ee stated.											
w I	260. DIGHATURE AND TITLE OF CERTIFIER				í	29c. LICE	NSE NUM	MER		29d, DATI	E SIGNED	(Month, Day, Year)
0	Han 6		Doty 1	Med F	ex	D (	9157	7				3, 1996
유	30-NAME AND ADDRESS OF PERSON WHO	COMPLETED CALLES OF DEAT		Dist.		200	0010			r	CD L	2, 1990

Duty Med Ex AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Snow, M.D. Paul. 124 st Cumb MD 21502

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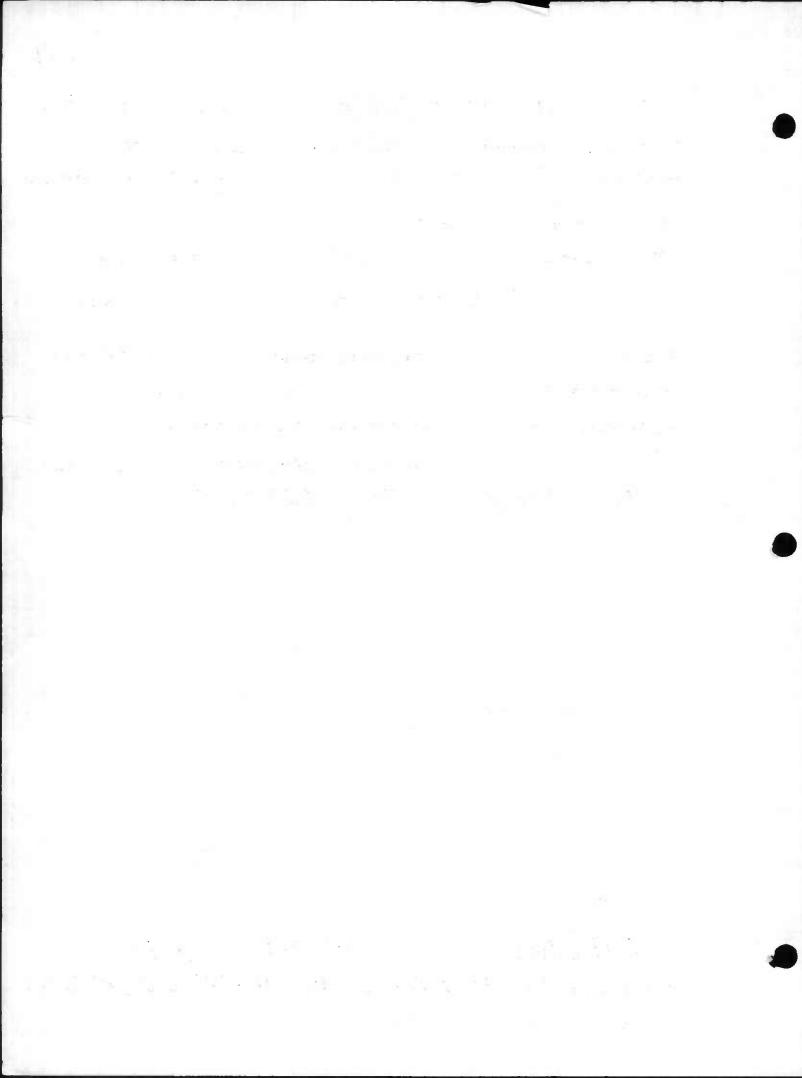
1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		JOHN C V	WHITE, JR			ינו	2. DATE OF OEATH DO NONTH DO NOTH DO N	1006	3. TIME OF OEATH D230AM M
		4. SOCIAL SECURITY NUMBER 5. S		(In yrs. last birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH	8. Bi	RTHPLACE (State or Foreign
pine		457-30-4504 1 D	M 2 □ F {	39 yrs.	MONTHS DAYS		NOV. 2 Toor	906 pe	nnsylvania
, 2, 3 should	DIRECTOR	MEMORIAL HOSPITA			CUMBER		ATH	ALLEGA	
Des 1	띭	10e. STATE 10b. COUNTY		10c. CITY	Y, TOWN OR LOC	ATION			10d. INSIDE CITY
permit. Pages 1,		WV MINERA	<u>.L</u>	R	IDGELE	Υ			1 YES 2 NO
т рет	RAL	10e. STREET AND NUMBER				of. ZIP CODE		10.00	OF WHAT COUNTRY?
020 physician. burial-transit	FUNERAL	Rt. 2 Box 750	WAS DECEDENT EVER I	NIIS ADMEO		26753	IIC ORIGIN? (Specify Yes	U.S.	
9 2 2	BY	1 Never Married 2 Merried	FORCES? 1 (X) YES IF YES, GIVE WAR OR D	2 NO	If yes, s	pecify Cuben, Mexice S 2 X NO Specify	n, Puerlo Ricen, atc.)		ACE — American Indian, lack, White, etc.
	윤	15. DECEDENT'S EDUCATIO (Specify only highest grade comp	N	16a. DECEDENT'S	USUAL OCCUPAT	TION post of working	166. KIND OF BU		
10	COMPLETED		llege (1-4 or 5 +)	ADMINI	e retired.)	-	STATE		MENT OF TEXAS)
LAN the hos detach	S	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Malden	Sumeme)	
	BE	JOHN C. WHITE, S	SR.				MILLIRON		
	2	190. INFORMANT'S NAME (Type/Print) HELEN BENNINGER			2 Box		Goute Number, City or Tow		
6 ma stor, p		20e. METHOD OF DISPOSITION  1 Burlel 2 Cremetion 3 Removal f  4 Donation 8 X Other (Specify) Fn + O	from State 20th	netery, crematory or of	of disposition (f	ial Gard	3/	CATION - CHY O	and, MD
. Page ral direc		21. SIGNATURE OF FUNERAL SERVICE LICENSE		23614111	22. NAME	AND ADDRESS OF FA	CILITY		
63 -		S. Mark Su			202	Greene	St Cum	berlan	ome, P.A. d. MD 21502
in by reme		23. PART i. Enter the dieeeses, or comp shock, or heart feilure. List of	olicetions thet cause only one ceuse on e	d the deeth. Do n esch line.	ot enter the m	ode of dying, suc	n ss cerdiec or rasp	iratory srrest,	Approximats Interval Between
F 9 F 3		IMMEDIATE CAUSE (Final disease or condition							Onset and Death
within pleteh crema		resulting in death) a	DUE TO (OR AS	CUTE C	ONCES	TIVE HE	PRT FAIL	ur=	2MRS
Securated and and burn	NO	Sequentially liet conditions,	DUE TO (OR AS A	CONSEQUENCE OF	+10	ART DI	SEASE		20 yrs
BOX ate be e hysician prior to	CAT	if sny, leading to immediate csuse. Enter UNDERLYING CAUSE (Disease or injury							
· 0 5 5	CERTIFICATION	that initieted events resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF	j:				
OS, P. (ne death of the attendi Mental Hy silury, or		d							<u> </u>
2 2 2 2	CAL	PART ii. Other significent conditions con	4			ng cauee given in	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ECOF quires than n signed 1 f Health a	MEDICAL	-	5/p eve	a, 014	age.		1 🗆 YES 2	DAO	OF DEATH?
Store de R		DID TOBACCO USE CONTRIBU	ITE TO CAUSE O	OF DEATH YE		UNCERTAIN			1 TYES 2 ANO
N: The law icate has b State Dept.	IAN	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEAT			1 12		
VITAL CIAN: The law putificate has he State Dep or Item 23	SIC	EXAMINER?  1 YES 2 PNO  1 O	SPITAL: Inpatient 2 PER/Outp	ostient 3 🗆 DOA	OTHER: 4   Nursing Ho	me 5 🗆 Residence	8 Other (Specify)		
OF PHYSIC this cel with th	BY PHYSICIAN	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	URY W	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCURED	
TISIC ATTENDI ATTENDI ATTENDI 28 is		3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, atc. (Spec	— At home, farm, s	treet, factory, offi	ca	28t. LOCATION (Street a City or Town, State)	and Number or Ru	ral Route Number,
DIV OR A DIRECT HOURS	PLET	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN:	To the best of my know	ledge, death occurre	d at the time, dat	n end place, end due	to the cause(e) and man	ner en stated.	
THE HOSPITAL THE FUNERAL filed within 72 PORTANT: 11	COMPL	one) 2 MEDICAL EXAMINER: On							se(s) end menner es stated.
TO THE HOSPI TO THE FUNER Se filed within	шШ	29b. SIGNATURE AND TITLE OF CERTIFIER	700			29c. LICENSE NUN	BER	29d. DATE SIGN	IED (Month, Day, Year)
DE DE SE SE SE SE SE SE SE SE SE SE SE SE SE	0 B	AS NAME AND ADDRESS OF STREET	Det M.					▶ 2/28	95 (月的知为1995)
EN 8		DR. DINESH B. SHAH	JOHNSON 1	HEIGHTS A	MEDICAL CUMBE	BLDG., S RLAND, MD	UITE 205 21502		
		31. DATE FILED (MONIFE B 2 9 1996	12. REGISTHAR'S SIGN	ATURE RAYAL	A.				

Please Type or Print in Black Indelibie Ink. Assure Ali Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 95 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** 13 enior PM ober Alton White February 29 /Medical 4a. Facility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Havre de Grace 116
If Under 1 Yeer | If Under 24 Hrs. 8. Dete of Birth
Months | Davs | Houra | Min. (Month, Dey, Year) Harford Memorial Hospital 5. Social Security Number 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country) **Funeral** 1⊠M 2□ F Months Yrs. Director 240-26-3556 Sept. 27,1923 North Carolina the Maryland 10a State 10b County 10c. City, Town or Location 10d. inside City Limits man 23a or 28a-f show 1 ☐ Yes 2 1 No Maryland Harford Aberdeen Direct 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? filed within 72 hours after death with 214 Bush Chapel Rd. 21001 United States 12. Wes Decedent Ever in U,S. Armed Forces? 1 1⊋ Yes 2 □ No If Yes, Give 1 941-1945 Yeer or Detes: than "natural", or items the Medical Examiner on 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 11. Marital Status 1 Never Married 27 Married altimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: À Specify: White 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Hygiene. . Pages 1 and 2 should be filled wi ment of Heelth and Mental Hygien tant: If item 27 is marked other th jury or other traumatic event, the Manufacturing Maintenance Technician 6 Grade 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumeme) James Thomas White Alma L. Disher 19a. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mary B. White - wife 214 Bush Chapel Rd., Aberdeen, Md. 21001 20e. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removel from State permit. Page Department of Important: If any injury or once. 4 ☐ Donation 5 ☐ Other (Specify) Bel Air Memorial Gardens 3-5-96 Bel Air, Maryland 21. Signature of Euneral Service Licenses 22. Name and Address of Fecility Howard K. McComas III Funeral Home, P.A. Duce 1317 Cokesbury Rd., Abingdon, Md. 21009 23a. Part1. Enter the disease, or complications thet caused the death. Do not enter the mode of dying, auch as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line, Approximete Interval Between Onset and Death **Physician** /Medical Immediate Cause (Fine disease or condition resulting in death) **Examiner** Examiner physician and the burial-trensit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting In deeth) Lest Due to (or as a consequence of): Records, P.O. Box 68760. requires that the death certificate be Physician/Medical Due to (or es e consequence of) for use as Part II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. the bed 23b. Did tobacco use contribute to the cause of death? signed by t 1) Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopay performed? peen **pege 2** hes certificate 1 Yes 1 Yes 2 No 2 No Division of Vital funeral director, 25. Wes case referred to medical examiner? 26. Piece of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 8 Other (Specify) 0 1 Yes 2 No 1 Appatient 2 ER/Outpatient 3 DOA this 28a. Date of injury (Month, Dey Year) 27. Manner of Death Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Accident 5 Pending investigation i or Attending after death. Director: After 1 Yes 2 No 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) pletely filled in by 4 Homicide Mospital 24 hours a Funeral D edicai 29a. Certifier 12 Certifying Physician: To the best of my knowledge, death occurred at the time, dete and place, and due to the cause(s) and manner as stated. (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner stated. To the I within 2 To the I 29b. Signature and title of certifier 29d. Date aigned (Month, Dey, Year) 30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print) 219 31. Dete filed (Month, Dey, Year) 32, Registrar's Signeture State

Dauden Revolate

Registrar



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral direction, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

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weaver

DIVISION OF VITAL RECORDS, P.O. BOX 68760

1 - STATE REGISTRAR

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

HEGISTHAH				CENTIF	ICAL	E OF	DEAL		FIL	EG. NO.		
1. DECEDENT'S NAME (First, Mic		(u/k)	411	Weaver	_				2. DATE OF D MONTH	DAY	199 E	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER		SEX		s. lest birthday)	-	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF B			THPLACE (State or Foreign
215-32-8233	1	□ M 2 🔀 F	82	YAS.	MONTHS	DAYS	HOURS	MIN.	May 31	; Year)	Cou	rirginia
9a. FACILITY NAME (If not institu	tion, give street	t and number)			9 CIT	Y, TOWN	OR LOCATI	ON OF D	EATN	9c. COUNTY OF DEATH		
Union Hospi							Elk	ton		Cecil		
	b. COUNTY			10c. Cl	TY, TOWN	TOWN OR LOCATION 10d. INS						
Maryland		Cecil							Rising			1 YES 2 NO
10e. STREET AND NUMBER						10	H. ZIP COD			100	. CITIZEN O	F WHAT COUNTRY?
26 Mountair									911			JSA
11. MARITAL STATUS  1 Never Married 2 Me 3 Wildowed 4 Divorce	rried	2. WAS DECEDEN' FORCES? 1 IF YES, GIVE W	YES 2	<b>™</b> NO	13.	If yes, specify Cuben, Mexican, Puarto Rican, etc.)  1 ☐ YES 22 XNO Specify: Specify: Specify:						ACE — American Indian, sck, Whita, etc. socity: White
15 DECEDI	NT'S EDUCAT	TION	164	, DECEDENT'S	S HALLELL S	CCUPAT	ION		16b KIN	D OF BUSINES	S/INDUSTRY	
(Specify only his	phest grade cor	mpleted)		(Give kind of life. Do NOT u	work done	during m	ost of working	70	190, 1011	D OF BOSINES	3/11/0001111	
Elementary/Secondary (0-12)	'   '	College (1-4 or 5+		Seamst	ress				Se	ewing 1	Factor	ry
17. FATHER'S NAME (First, Middl	e, Last)						18. MOT	HER'S N	AME (First, Middle	, Maiden Sumi	me)	
John Wesl	ey Per	kins		- 2			I	Minn	ie (nm	n) Parl	ζS	
100. INFORMANT'S NAME (Type William E.									Route Number, C			
			T					Road	l, White			21160
20a, METHOD OF DISPOSITION 1 Denution 2 Cremation 4 Denution 5 Denution		al from State		ACEAND DATE				nc.	2/26/9	20c. LOCATION		ster, PA
21. SIGHATURE OF PURERAL S	EHVIDE FICEN	V11/1		,			ND ADDRE			II Fune	eral E	Home, P.A.
* XHOUY	1.11	11/12	121/1/2						y Road			
disesse or condition resulting in dasth)  Sequentially list condition		DUE TO	Diffice	Sto insequence ile /2	ok of: yeal	ion						7days
If any, leading to immedia cause. Enter UNDERLYINC CAUSE (Disease or injury that initiated events resulting in death) LAST		DUE TO	(OR AS A CO	NSEOUENCE (	OF):							
PART II. Other significant	conditions	contributing to	death but	not resulting	in the i	ınderivi	ng cause	alven li	Part I 24	. WAS AN AUT	DPSY :	24b. WERE AUTOPSY FINDIN
Alzhe	invers	disea			,					PERFORMED	?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
DID TOBACCO USE	CONTRI	BUTE TO CA	USE OF I	DEATH Y	ES 🗆	NO I	UNG	CERTA	IN 🗆 I			
25. WAS CASE REFERRED TO I				PLACE OF DE	ATH (Chec	k only one						
EXAMINER?		HOSPITAL:	EB/Outpatia	ert 3 🗆 DOA	OTHE		me 5 🗆 R	asidance	6 Other (Sp	nacihe)		
27. MANNER OF DEATN  1 Netural 5 Pe		28a. DATE OF (Month, E	INJURY	28b. Ti	IME OF NJURY	28c. IP	JURY AT			BE HOW INJUI	Y OCCURED	
2 Accident Inv	eatigation uid not be		of INJURY — etc. (Specify)	At home, farm	, street, fa		YES 2	_ NO		N (Street and I	lumber or Ru	ral Route Number,
200 CERTIFIER	ermined							_				
(Check only		AN: To the best of On the basis of s										se(s) and manner as stated
296. SIGNATURE AND TITLE O	lugha	- S &	ach de	V			29c. Lio	RENSE NI	UMBER 322	29	A DATE SIGN	NED (Month, Day, Year) 3/9-6
Sheelmoha	erson who	SACH!	SE OF DEATH	M.D		1/8	Nor	44	St I	EIKto	n M	ld 2192
31. DATE FILED (Month, Day, Ye	1996	32. REGISTRA	AR'S SIGNATU	Rardall					,			

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed writting how are in the death certificate be executed writting and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

6	•	FOR STATE REGISTR	AF
Ī	1. D	ECEDENT'S	N/

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First	, Middle, Lest)									OF DEATH		WEAR	3. TIME OF DEATH		
Cha	rles Ph	nillip	Wirth				February 24, 1996						4:30 AM		
4. SOCIAL SECURITY NUME		5. SEX	B. AGE (In yrs. Is	st birthday)	IF UNDER		IF UNDER			OF BIRTH , Day, Year)		8. BIRTH Country	PLACE (State or Foreign		
212-01-2983		1 🔀 M 2 🗌 F	81	YRS.	MONTHS	DAYS	HOURS	MIN.		2, 1	914		ryland		
9e. FACILITY NAME (If not in	stitution, give str	reet and number)			9b. CITY	TOWN	OR LOCATIO	ON OF D				ITY OF D	EATH		
2408 Plai	nfield	Drive				F	alls	ton				Ha	arford		
10a. STATE	10b. COUNTY		-	10c. CIT	Y, TOWN C	R LOCA	TION						10d. INSIDE CITY		
Maryland	100	Harfor	rd.				म	'a11	ston				LIMITS?		
10e. STREET AND NUMBER		1202101			_	10	r. ZIP CODI		50011		10g. CITE	ZEN OF W	F WHAT COUNTRY?		
2408 Plai	nfield	Drive						210	047				USA		
11. MARITAL STATUS	I	12. WAS DECEDED	NT EVER IN U.S. A	RMED	13.	MAS DEC	CENDENT C	E MICOA	NIC OBIGIN	? (Specify Ye	or No —		- American Indian,		
1 Never Married 2 2 3 November 1 Never Married 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			YES 2 X	NO		1 yes, sp	ecify Cuba 2 X NO	n, Mexico Specia	an, Puerto F	tican, atc.)		Black, White, etc. Specify: White			
	EDENT'S EDUC			ECEDENT'S					16b.	KIND OF BU	SINESS/IND	USTRY	111111111111111111111111111111111111111		
Elementary/Secondary (	-	College (1-4 or 5	+)	le. Do NOT u	se retired.)	Juning Tik	ASE OF WORKER	·v							
12				Machi	nist					Aeron	autic	al M	anufacturi		
17. FATHER'S NAME (First, A										Aiddle, Maiden					
Fred	erick	(u/k)	Wirth				Ju	lia	Emma	Marti	ino				
19a. INFORMANT'S NAME (	Type/Print)		1	96. MAILING	ADDRESS	(Street	and Number	or Rural	Route Numb	er, City or Tov	vn, State, Zip	Code)			
Madeline J	ennie	Wirth		2408	Plai	nfie	eld D	rive	e, Fa	llsto	a, Ma	ryla	nd 21047		
10a. METHOD OF DISPOSIT	ION			EANDDATE					OATI	/96 J	CATION -				
IMMEDIATE CAUSE (FI disease or condition resulting in dasth)  Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or in) that initiated events resulting in death) LAS	tions, delate in in in in in in in in in in in in in	OUE TO	O (OR AS A COMS		36°j:	of derlylr	De De	given in	pa se	24e. WAS AI PERFO	RMED?	24b	WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH		
									_				1 YES 2 NO		
DID TOBACCO U	ISE CONTE	RIBLITE TO CA	AUSE OF DE	АТН У	ES 🖂	NO F	THNO	ERTAI	NΠ						
25. WAS CASE REFERRED				ACE DF DE											
EXAMINER?		HOSPITAL:	☐ ER/Outpatient		OTHE	A:				. 60					
27. MANNER OF DEATH		28a. DATE D		3 U DOA			JURY AT	esidence	6 Othe	r (Specify)	INJETEN OO	CHRED			
1	Pending Investigation		Day, Year)		JURY M		ORK?	□ NO	200. DES	JUNIOE NUW	HOURT OC	OUNED			
• 🗆 • • • • • • •	Could not be determined	28e. PLACE building	OF INJURY — At I	home, farm,	street, fac	lory, offi	Ce .			ATION (Street or Town, State		or Rural I	Route Number,		
one) 2 MED	DICAL EXAMINE						death occu		e time, date		nd due to ti	ne cause(e	s) and manner so stated.		
296. SIGNATURE AND TITL	K (	COMPLETED CAN	USE OF DEATH (IT	מערו (דיון אויון) (מער	e, Print)		1	) /	56	73	<b>▶</b> .	eb	26, 199		
JOSEN	# 1	28M	BARA	9-	20	25	14	scl	( )	ppn	v9	K	No.		
DATE PEEB 204	1996	732 HEGISTI	AR SIGNATURE	dall							)				

Item #4, g-733, 3/29/96eh
Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Deta of Death 3. Time of Deeth Dev **Physician** Month Year ERWIN WENDT 26,1996 4:40 P.M. FEB. /Medical 4e. Fecllity Nema (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** 5112 DUVALL DRIVE BETHESDA MONT. If Under 24 Hrs. If Undar 1 Yaar 5. Social Security Number 7. Aga (In yrs. lest birthday) 8. Dete of Birth (Month, Day, Year) Birthplaca (Stata or Foreign Country) **Funeral** Days Hours 335-07-8254 1∭ M 2□ F 81 Yrs. Director APR. 7, 1914 ILLINOIS Usual Residence of Decedant 10a, State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or flems 23s or 28s-1 shot traumatic avant, the Medical Examiner must be not hed as MD MONT. BETHESDA 1 ☐ Yas 2 ☐ No Director 10e. Street end Number 10f. Zlp Code 10g. Citizen of What Country? 5112 DUVALL DRIVE 20816 Funeral U.S.A. Wes Decedent of Hispanic Origin? (Specify Yas or No-if Yas, apecify Cuban, Mexicen, Puarto Rican, atc.) 12. Wes Decedent Ever In U,S. Armed Forcas? 14. Race - American Indian Black, Whita filed within 72 hours after 1 Yes 2 No If Yes, Giva Yaer or Dates: 1 Never Merried 2 Merried WHITE 1□ Yes 2 No Specify: þ Specify: 3 Widowed 4 □ Divorced Completed Decedent's Usuel Occupetion
 (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede comp 16b. Kind of Business/Industry I Hygiene. Elamentery/Secondery (0-12) College (1-4or 5+) 12 **OFFICIAL** DEPT OF STATE 17. Fether's Neme (First, Middla, Last) 18. Mother's Neme (First, Middla, Melden Sumama) Be Pages 1 and 2 should be facilities of Heeith and Mentel Int: If item 27 is marked of UNKNOWN UNKNOWN 19a. Informent's Name/Ralationship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Department of Heelth as Important: If item 27 is any injury or other trac once. ROBERT KANODE, BROTHER IN LAW 4529 PINEY GROVE RD., REISTERTOWN, MD. 21136 20b. Plece of Disposition (Nema of cematery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Steta 1 🗆 Burial Cremation 3 Removal from Stete 4 □ Donation 5 □ Other (Specify) COMFORT CREMATORY 2/28 ALEXANDRIA, VA. 21. Signature of Funeral Service Licensee 22. Name and Address of Fecility JOS GAWLERS SONS INC. 5130 WI AVE NW WASHINGTON, D.C. 20016 23a. Part1. Enter the diseese, or sent shock, or heert feilure. List only calleds thet caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, or use on each line. Approximete Interval Batwa Onset and Deeth **Physician** Immediate Cause (Finel disease or condition resulting in deeth) /Medical a CARDIORESPIRATORY ARREST **Examiner** Due to (or as a consequence of) PULMONARY EDEMA 2 DAYS The law requires that the death certificate be executed Sequentially list conditions, if any, leeding to immediate cause. Enter Undarlying Cause (Disease or Injury that initiated events resulting in death) Lest use as the burial-trar Due to (or as a consequence of): pu CONGESTIVE HEART FAILURE ettending physicien Physician/Medical Dua to (or as e consequence of): ate has been signed by the e page 2 should be detached t Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown þ Completed 24b. Were autopsy findings available prior to 24e. Wes en autopsy performed? completion of cause of deeth? certificate has 1 🗆 Yaa 27 No 1 ☐ Yas 2 ☐ No Attending Physician: Be 25. Wes case refarred to medical 26. Place of Death (Check only one) Other: 4 Nursing Homa 5 Residence 8 Other (Specify) 2 1 X Yaa 2 □ No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA spital or Attending Physhours after deeth.
neral Director: After this y filled in by the funeral di After this 27. Menner of Deeth 28a. Dete of Injury (Month, Day Year) Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Netural 5 Pending Investigation 1 Yes 2 No 2 Accident 6 Could not be datermined 3 Sulcide Plece of Injury - At homa, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 4 Homicide To the Hospital within 24 hours a To the Funeral C completely filled Hospital 624 hours a Medical 10 Certifying Physician: To the best of my knowledge, daath occurred at the time, dete end plece, end due to the cause(s) and manner es stated.
2 Madical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, dete and pleca, and due to the cause(s) end menner stated. 29e. Certifier 29b. Signature end title of certific 29c. License number 29d. Dete signed (Month, Day, Year) 16518 FEB. 27, 1996

State

Registrar

Baltimore, Maryland 21215-0020

MEO RELEASED

Records, P.O.

Division of Vital

31. Dete filed (Month, Day, Year)

FEB 2 9 1996

30. Neme and address of person who completed cause of deeth (Item 23a) (Type, Print)



which the section .

State of Maryland / Department of Health and Mental Hygiene

07391

										Cert	ifica	te of	Death			Reg. No	· .		01031
	-1	Physic	ian	1. Decedent's Na											2. Date of I	-	av .	Yaar	3. Tima of Death
		/Medi		GRA		SPR			ATERS						FEB.	22,1		- 122	6:45 AM
	7	Exami	ner	4e. Fecility Nama 5516	WILSON	I LAI		nber)					b. City, Town BETHI	ESD	A			of Death MONT	
		Funeral		5. Sociel Security		6. Sex 1 ☐ M	2 <b>∏</b> F		In yrs. last bil 93	rthdey)_ Yrs.	If Unde Months	Days	If Under 24 Hours	Hrs. Min.	8. Data of I	Birth Day, Year,	)	9. Birth	olece (Stata or Foreign
	ı.	Director		457 03 (			-IX .		7.3	TIS.					July :	23,19	902_		ucky
		Para Man		10a. State	10b. County			1	Oc. City, Tow	vn or Loca	ation					_		T	10d. Insida City Limits
		the Marylar 28a-f show notified at	ō	TX	DALI	DA.			DA	LLAS									1 X Yas 2 No
		or 28s	Director	10e. Street and N		ULIO .			Dil		10f. Zi	p Coda			10g. Citizen of What				ntry?
		23a c		6704	BRAEBUI	RN						752	14				11 0	S.A.	
		ome arms	Funeral	11. Maritel Status		12.	Wes Dece Armed For	dent Eve	er in U,S.	13. W	es Dece	Decedent of Hispenic Origin? (Specify Yes or specify Cuban, Maxican, Puerto Rican, atc.)			ecify Yes or I	No-	14. Red		can Indian,
	20	illed within 72 hours atter Hygiene. ther than "netural", or the mt, the Medical Examin	by Fu	- 1	rried 2 Man	rled	1 ☐ Yas 2 ☑ No If Yas, Give 1 ☐			☐ Yas 2 1 No Specify:					Specif				
	8	hour Mark	D	3 X widowed	4 Divorced		Yeer or Da	atas:	160	1						400 1		WII	
	10	in 72 nedic	Be Completed		15. Deceden ecify only highe	st grada co	mpleted)		Toa	(Giva ki	nd of wi O NOT i	ual Occup ork done a use retired	ation during most of d)	f worki	ing	16D. F	Vina or B	usinass/in	dustry
	212	factor of the Man	E	Elamantary/Sec	condary (0-12)		Collega (1	-4or 5+) 4	To	Journalist/Teacher						In	urna	11 cm	/Education
	P	0 - 0 -	S S	17. Fathar's Nama	a (First, Middla,				JULIN	1110	C/16	18. Mothar's	Nama	(First, Midd					
	/lai	should be nd Mental marked o amatic eve	To	Geor	ge T. S	Sprau							unkno	own					
,1996	Maryland 21215-0020	2 sho and is ma		19a. Intormant's N			,			_			and Number o					,	
1	, e	and marth her tr			WATERS	<u> </u>	SON					ON L.	ANE BI	ETH	ESDA,	-			814
22	101	20 M P P P P P P P P P P P P P P P P P P		20a. Mathod of Di 1 D Burial 2	Crametion	3 ⊠Ram	oval trom 5		20b. Plece o cemata	of Disposi ury, crema	tion (Na tory or	ma of othar plac	(e)	İ	Data	20c. L	ocation -	- City or To	own, Stata
В.									2/2	26/96 DALLAS, TEXAS									
PEB	Ba	Depa mpo mpo mny li		21. Signature of E	-uneral Sarvice	Licensaa	1.								SEPH C	SAWLE	RS S	ONS :	INC.
123				Le	inn	ر ل	Di	my	rens	MARKET.			AVE N.				ON,	D.C.	20016
MAYLE				23a. Part 1 Enter shock, or he	the disaasa, or ert tailura. List	only ona c	eusa on a	ach line.	e death. Do	not antar	tha mo	de ot dyln	g, such as car	rdiac o	or raspiratory	errest,		- 1	Approximete Interval Between Onset and Death
₹(		Physician /Medical		Immediata Cause	(Final			1	0	- 1			10						
DR		Examiner	200	disaasa or conditi rasulting in daath)	lon )	Θ		10	upi	w	7	-/	ville	~					weeks
BY	L		je L					0	o togor as a	consequ	ance or)	1	elle	,	2.6	7		i	weeks
		executed	Examiner	Sequantially list o	onditions,	b. —		Du	e to (or as a	consequ	ance of)	:	45	L	) Cue				
SE	90,		Ě	Sequantially list of any, laading to I cause. Entar Und Cause (Disease of	lmmadiata derlying														
RELEASED	68760,	ertificate be executioning physician end	Medical	that initiated evan rasulting in death)	15	· · ·		Dua	a to (or as a	consequa	ince of):							1	
RE	×	ě ÷ 8	/Me			d													
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E.0	P.O.	that the de ed by the deteched	by Physician	Pert II. Other eign			uting to de	ath but n	ot rasulting i	n the und	artying	causa giv	en in Pert I.				. /		o the cause of death?
Ä.		es that igned be det	y P	orle	rauch	utes									110	☐ Yee 2	No	3∐ Pro	bably 4 🗆 Unknown
	rd	requires been sign should be	9 P												24a. Wa	as an auto	pay		era autopsy findings
	000	- D 00	piet												pe	rformed?		00	allable prior to implation of cause daath?
	A.	0 - 5	Completed												10	Yas 2	X No	10	□Yas 2□No
	Division of Vital Records,	delen: The	Be C	25. Wes casa reta axaminar?	arred to medical								26. Place of	Daath		10.000			
	> \	Physician: this certific	2	1 ∑ Yas 2 □		Hosp	1 🗆 Ir	patiant	2□ ER/O	utpatient	3 D	OA Oth	ar: 4□ Nursir	ng Ho	me 5∭2 Re	sidence	6 Oth	er (Specil	<b>'y</b> )
	no O	After t	iio	27. Mannar ot Dea 1	5 Pendin		8a. Dete o (Monti	f Injury n, Day Ye	28b.	Tima of Injury		28c. Injury World			28d. Dascrib	e how inju	iry occur	red	
1 Matural 5 Pending Investigation 2 Accident 2 Accident 3 Succession 3 Sulcida 6 Could not be determined									М		Yas 2□No	_	20/ 1	(0)					
	) i	5 2 4 6	Certification:	4 Homicida	determ	ined 2	buildin	ot Injury g, atc. (S	At homa, ta Specify)	ırm, straa	t, factor	y, office		1	City or T	own, Stati	n <i>o Numl</i> a)	oer or Hun	al Route Number,
	_	Hospital 24 hours Funeral riely filled		29a, Certifiar	1Ñ Certifvin	g Physicia	n: To the I	pest of m	v knowledge	daath c	ccurred	at the tim	na, date and p	laca s	and due to th	a causals	and m	annar ac c	tated
		Hou     24 h     Fur	edicai	(Check only one)	2 Medicai	Examiner:	On tha ba	sis ot exa	aminetion an	d/or Inva	stigation	in my o	olnion, daath o	occurr	ed at the time	e, date en	d plece,	and due to	tha causa(s)
		To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by	Me	29b. Signatura and	d titla ot certifier	- 0					29	c. License	number			29d. De	eta signe	d (Month,	Day, Year)
1				n	2.2	Ille	-	-	m.			KK	2996	54	29	FEI	BRUA	RY 22	2,1996
		20		30. Name and add	rass ot person	who compl	ated cause	ot daatt	(Item 23a)	(Type, Pr	int)	//	, 0						
		d			D. KENN						DRI	VR #4	410 BET	THE	SDA, MA	RYLA	ND	20817	7
		Sta		31. Deta filed (Mor	FR 9 9	1996	32 86	gistrar's	Signatura	1.11									
		Registr —	ar	ı	2000	1330	0	~~~											

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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

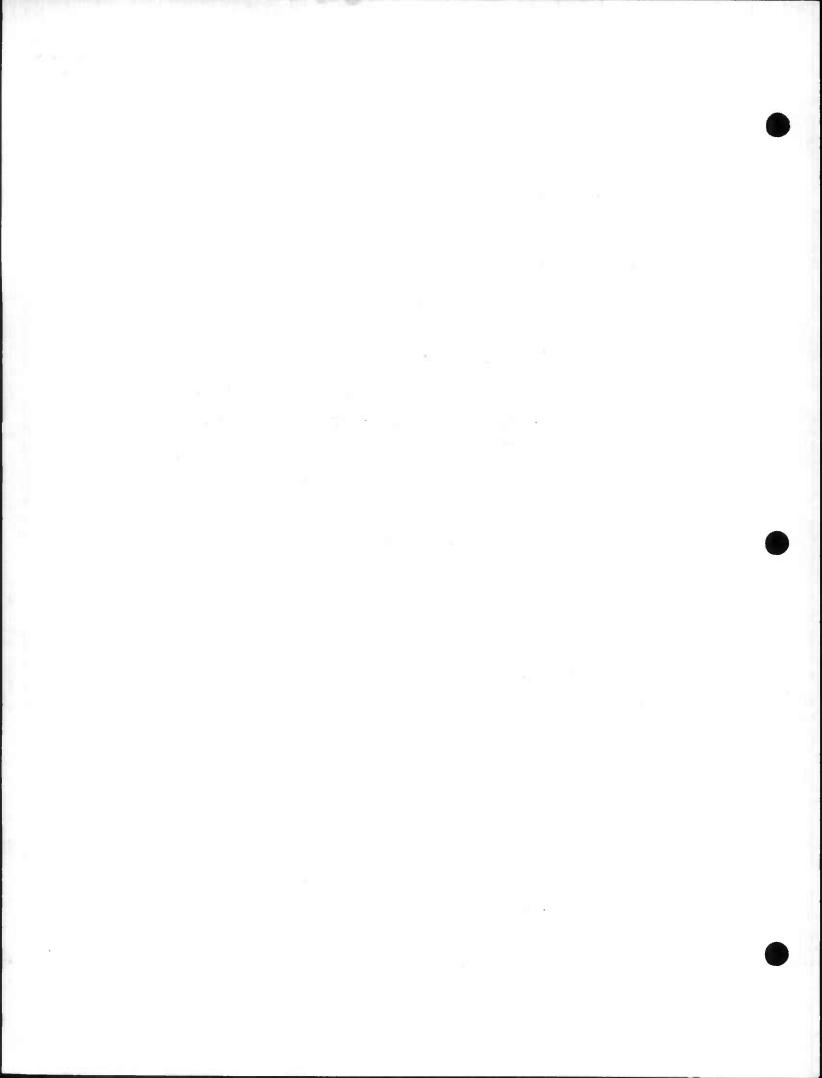
IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			3. TIME OF DEATH		
	Rose Eve	erett Will	Liamson			February	22, 1	YEAR QQ6	5:50 A M		
	4. SOCIAL SECURITY NUMBER		GE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTH	IPLACE (State or Foreign		
	578-18-2631 9e. FACILITY NAME (If not institution, give	1 □ M 2 ☒ F 9	4 YRS.	ONTHS DAYS	HOURS MIN.	Feb. 26,			Nebraska		
œ	Carriage Hill No				OR LOCATION OF DI	EATH		NTY OF DE			
DIRECTOR	RESIDENCE OF DECEDENT	itsing cente	r	Silver	Spring		M	ontgo	omery		
HE	10a. STATE 10b. COUNT	ſΥ		TOWN OR LOCA					10d, INSIDE CITY		
			Dist	rict of	Columbi	a			LIMITS?		
FUNERAL	10a. STREET AND NUMBER 927 Quincy Stre	et, N.W.		101	20011				WHAT COUNTRY? States		
S	11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPAI	NIC ORIGIN? (Specify			- American Indian,		
	1 Never Married 2 Married	Never Married 2 Merried FORCES? 1 YES 2 NO If yes, specify Cuben, Mexican, Puerto Rican, etc.) Black, White, etc.									
ЭВУ	No Black										
F	16. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  Teacher  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  Teacher  16b. KIND OF BUSINESS/INDUSTRY  Public Schools  17. FATHER'S NAME (First, Middle, Last)  16b. KIND OF BUSINESS/INDUSTRY  16b. KIND OF BUSINESS/INDUSTRY  16b. KIND OF BUSINESS/INDUSTRY  16b. KIND OF BUSINESS/INDUSTRY  16b. KIND OF BUSINESS/INDUSTRY  16b. KIND OF BUSINESS/INDUSTRY  16b. KIND OF BUSINESS/INDUSTRY  16c. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  17. FATHER'S NAME (First, Middle, Last)										
7	Elementary/Secondary (0-12) College (1-4 or 5+)  Teacher  Public Schools										
N	5+ Teacher Public Schools  17. FATHER'S NAME (First, Middle, Last)										
ö	Virgil Walter Everett  16. MOTHER'S NAME (First, Middle, Melden Surname)  Anna										
B	10- INFORMANTS NAME CO. CO.										
임	Yolande W. Ford					Silver S			20904		
	20a, METHOD OF DISPOSITION		20h PLACE AND DATE OF	DISPOSITION /A/	me of	DATE 200	LOCATION	Ott T-	1000		
	1 🖾 Burial 2 🗆 Cremation 3 🗆 Ren 4 🗆 Donation 5 🗆 Other (Specify)	noval from State	cemetery, cremetory or othe Lincoln M	<sup>r place)</sup> emorial	Cemeter	v 3/28 SI	itlano	d. Ma	arvland		
	1 & Burlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) Lincoln Memorial Cemetery 28 Suitland, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY McGuire Funeral Service, Inc.										
	Limne (2)	mos	nice	7400 Washi	Georgia	Ave., N. W. C. 2001	3				
	23. PART I. Enter the diseases, or	complications that cou	sed the desth. Do no	t enter the mo	de of dying, suc	h as cardiac or re	spiratory arr	rest.	Approximats		
	shock, or heert failure.  IMMEDIATE CAUSE (Final	List only one ceuse or	n esch line.						Interval Between Onest and Death		
	disease or condition										
	Tooland III Gooding	DUE TO (OR A	S A CONSEQUENCE OF):	LIEST					Sudden		
Z	Sequentially list conditions,		ory Insuff						Day		
AŢ	If sny, leading to immediate cause. Enter UNDERLYING		S A CONSEQUENCE OF):								
윤	CAUSE (Disease or Injury that Initiated events	Sepsis	S A CONSEQUENCE OF):						Days		
CERTIFICATION	resulting in death) LAST	a. Dehydrat									
	DART II. Other cleaning and the								Days		
A I	PART II. Other significant condition Cerebrovascular		h but not resulting in	the underlying	ceuse given in	Part I. 24a. WAS PERF	AN AUTOPSY ORMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
ğ	ociebiovasculai	Accident	-			1 _ YES	2 🙀 NO		OF DEATH?		
Σ	DID TOPACCO LISE CONT	DIRLITE TO CALICE	OF DEATH VEC						1 TYES 2 NO		
AN	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL	KIBUTE TO CAUSE	26. PLACE OF DEATH		UNCERTAIN	N IN					
SIC	EXAMINER?  1 YES 2 NO	HOSPITAL:		THER:		10.000.000					
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	28a. DATE OF INJUR	Y 285, TIME	OF 28c. INJ	JRY AT	6 Other (Specify) 28d. DESCRIBE HOT	V INJURY OCC	CURED			
ВУ Р	1 Natural 5 Pending	(Month, Day, Yea	(r) INJUF		RK? ES 2 NO						
	2 Accident Investigation 3 Suicide 6 Could not be	28e, PLACE OF INJU- building, etc. (S	JRY — At home, farm, str	set, factory, office		28f. LOCATION (Stree	et and Number	or Rural Ro	oute Number,		
COMPLETED	4 Homicide determined	bulling, etc. (3	феспу			City or Town, Sta	ite)				
P	29a. CERTIFIER (Check only 1 X CERTIFYING PHYS	ICIAN: To the best of my kn	owledge, death occurred	et the time, date	and place, and due	to the cause(a) and r	nanner sa stati	ed.			
ŏ O	one) 2 MEDICAL EXAMIN	ER: On the beels of examine	ition and/or investigation,	in my opinion, d	eath occured et the	time, deta and place,	and due to th	e ceuse(a)	and manner as steled.		
BE C	29b. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NUN	ABER	29d. DATE	SIGNED	(Month, Day, Year)		
TO B	1 mgrups	(			D-32332				2, 1996		
-	30. NAME AND ADDRESS OF PERSON WE										
	S.K. Gupta, MD	9801 Geor	gia Avenue	#220 S	ilver Sp	ring, Md.	20902	2			
	FEB 26 19	32. REGISTRAR'S SI	GNATURE Wilson Ravolati								
	· LD & U  J	30 /200 2000	wider orandary								

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DIVIS	

	1 - STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIEN	E					
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATN			TIME OF DEATN			
	Edna S. Woodrum				FEBRUARY DA		YEAR 996	150 AM			
П	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (h	n yrs. last birthday) IF U	INDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	T,	8. BIRTNPLA	CE (State or Foreign			
	241-16-6504 1 M 2 R F	76 YRS. MONT	THE DAYS	HOURS MIN.	(Month, Day, Year) Nov. 8, 1919	, ,	Country)	Carolina			
	9e. FACILITY NAME (If not institution, give street end number)		CITY, TOWN O	LOCATION OF DE			ITY OF DEAT				
200	Greater Laurel Hospital		Lau	rel		Pri	nce G	eorges			
3	10e. STATE 10b. COUNTY	10c. CITY, TO	WN OR LOCATI	ON			104	I, INSIDE CITY			
	Maryland Montgomery	C + 1	er Spri				1 1	LIMITS?			
ا پ	100. STREET AND NUMBER			ZIP CODE		10g. CITIZ	ZEN OF WHA	**			
	10000 Brunswick Avenue			20910		TI	.S.A.				
	11. MARITAL STATUS 12. WAS DECEDENT EVER IN			NDENT OF NISPAN	IIC ORIGIN? (Specify Yes		14. RACE -	Americen Indian,			
-	1										
	3 K Widowed 4 □ Divorced White										
	II (Specify only nighest grade completed) It sive kind of work done during most of working										
ן צ	Elementary/Secondery (0-12) College (1-4 or 5+)										
	2	Clerk			Medical		rumen	ts			
3	17. FATHER'S NAME (First, Middle, Lost)				ME (First, Middle, Maiden	Surname)					
	John H. Stanley  190. INFORMANT'S NAME (Typo/Print)				E. Glancy						
2	A CONTRACTOR OF THE PARTY OF TH				Route Number, City or Town						
	Grace S. Gottenkieny  200. METHOD OF DISPOSITION	PLACE AND DATE OF DIS			Ville, Vir		224 City or Town.				
	1 Buriel 2 G-Cremation 3 Removal from State	stery crematory or other n	dacal		l .						
	4 Donation Crematory 2/26/96 Alexandria Virginia  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Francis J. Collins Funeral Home, Inc.										
	16 16		Franci	s J. Co	llins Funer	ral H	lome,	Inc.			
_	Olym Trond				y Blvd.,W.			MD 20901			
	23. PART i. Enter the diseases, or complications that caused shock, or heart fellure. List only one cause on ea	the deeth. Do not e och iine.	inter the mod	le of dying, suc	h aa cardlac or reapi	ratory arm	est,	Approximate interval Between			
	IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  GASTRIC AND DNOTTENAL ULCERS WITH UPPER INTESTINAL BLEEDING DAYS										
	Tooditing in death)	CONSEQUENCE OF:	L ULCET	es with al	PER INTESTALIA	Bitte	DING	DAYS			
	DUE TO (OH AS A	CONSEQUENCE OF):									
	Sequentially list conditions, DUE TO (OR AS A	CONSEQUENCE OF):				_					
ξ	t any, leading to immediate cause. Enter UNDERLYING							İ			
	CAUSE (Disease or Injury that initieted events DUE TO (OR AS A	CONSEQUENCE OF):									
2	resulting in death) LAST										
3	DART II Oshoo olerillaant anadisinee asatshutta ta desta b						Talle and				
ξ	PART II. Other significant conditions contributing to deeth be ATLIAC FIBLICATION, CAREB			ceuse given in	Part I. 24s. WAS AN PERFOR		AWA	RE AUTOPSY FINDINGS AILABLE PRIOR TO			
MED C			cc/		1 🗆 YES 2	NO		MPLETION OF CAUSE DEATH?			
	PERIPHERAL VASCULAR DISE			11) 10707411	- Immy		1 [	YES 2 4 NO			
<u> </u>	DID TOBACCO USE CONTRIBUTE TO CAUSE O	F DEATH YES L		UNCERTAIL	N LL						
SICIAIN.	EXAMINER? HOSPITAL:	ОТ	HER:								
	t YES 2 NO 1 Inpetient 2 ER/Outp	28b, TIME OF			6 ☐ Other (Specify)  28d. DESCRIBE HOW II	N HIRV OCC	CURED				
	1 Natural 5 Pending (Month, Day, Year)	INJURY	WO	ES 2 NO	200. DESCRIBE NOW II	130111 000	JONED				
5	2 Accident Investigation 3 Suicide 6 Could not be 28e. PLACE OF INJURY	— At home, term, street			28f. LOCATION (Street e	and Number	or Rural Rout	e Number.			
3	3 Suicide 6 Could not be building, etc. (Spec	ify)			City or Town, Stete)						
9	290. CERTIFIER	A CALL OF THE REAL PROPERTY.		Survey Course	# 10 To Table 10 T						
L A	29e. CERTIFIER (Check only one)  1 CERTIFYING PNYSICIAN: To the best of my knowl one)  2 MEDICAL EXAMINER: On the bests of examination							od manner en alabed			
3			Thy opinion, a								
u a	29b. SIGNATURE AND TITLE OF CERTIFIER	<i>&gt;</i>		29c. LICENSE NUI			2 25/	onth, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	TH (ITEM 27) /5 0	4)	82499			123/	76			
	Luis A. CASAS MD	8317 CH	enny	LANE L	AUREL M	D 2	0707				
	31. DATE FILED (Month, Day, Your) S2. APPGISTRAS'S SIGN. F EB 26 1996 Julia d'auxele										
	FEB 26 1996 Julia d'avel	or hardall									
_								DHMH-16 Rev 1/89			



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. A hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

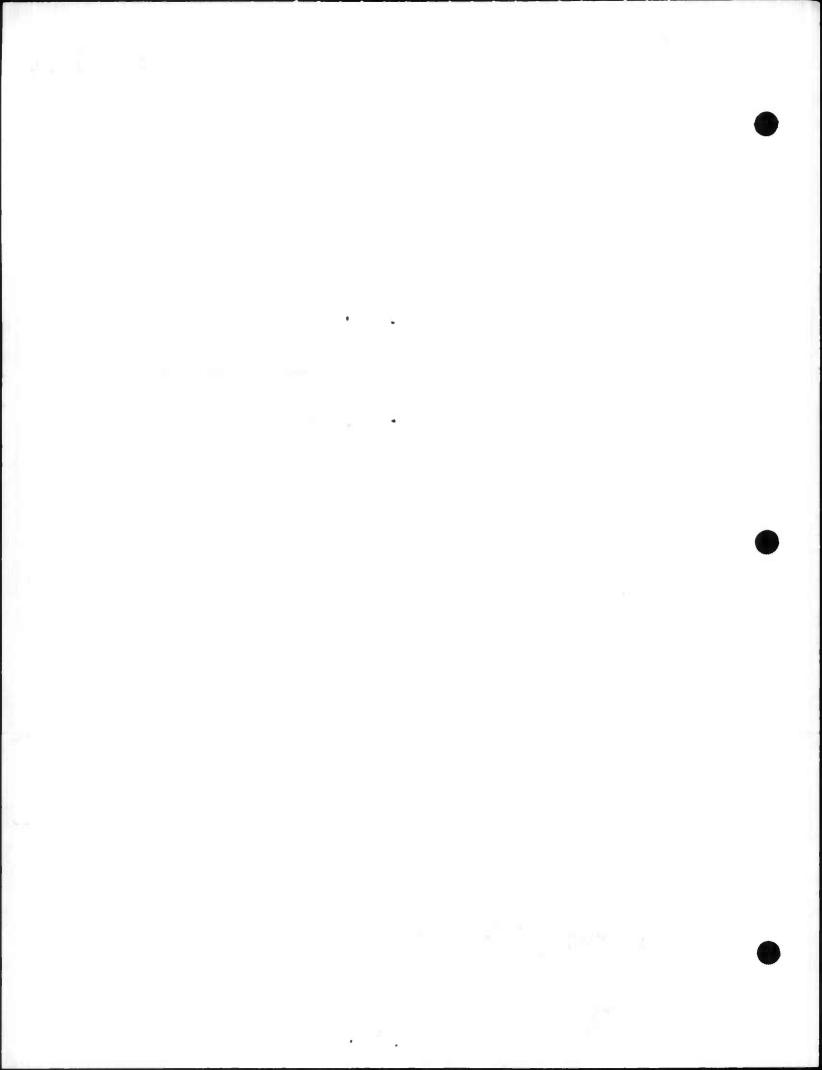
IMPORTANT: If tem 28 is marked, or item 23 shows any liniury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

1 - STATE

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAN		CE	HILL	ICATE	OF D	EAIR	REG. NO	0.		
	1. DECEDENT'S NAME (First, Middle, Last  Laurence Jo  4. SOCIAL SECURITY NUMBER	hn Zi	mer		RES	S	R.	MARCH 2,	1996	YEAR	9:55 A M
	212-05 -6352	1 X M 2 - F	6. AGE (In yrs. les	YRS.	MONTHS		UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) SEPT. 19,1	912	Country)	LACE (State or Foreign
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, 1	OWN OR L	OCATION OF D		9c. COUNTY OF DEATH		
DIRECTOR	BROOKE GROVE NU	RSING HOME	-			NEY		S-5111		NTGOME	
5	RESIDENCE OF DECEDENT  10e. STATE 10b. COUN	TV		40. 017							
<u><u><u></u><u><u></u></u></u></u>					Y, TOWN OR					1.1	IOd. INSIDE CITY
	10e. STREET AND NUMBER	NTGOMERY		<u> </u>	ROCKV						YES 2 NO
ERAL						10f. ZIF	CODE		10g. CIT	FIZEN OF WH	IAT COUNTRY?
l E	11307 HOUNDS WAY	<del></del>						0852		TED S	TATES
FUN											- American Indian, White, stc.
B	3 M Wildowed 4 □ Divorced IF YES, GIVE WAR OR DATES 1 □ YES 2 MNO Specify: WHITE										WHITE
E C	15. DECEDENT'S EDUCATION 168. DECEDENT'S USUAL OCCUPATION 186 KIND OF BUSINESS VINDUSTRY										
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Illa.	Do NOT ut	se retired.)						
COMPL	12	0	RECO	RDS	CUST0			GAS AN		CTRIC	
8											
B	LUUIS GEORGE ZIMMERMAN   MARY VONDDACEV										
2	LAURENCE J. ZIMM	ERMAN SO									
	20a. METHOD OF DISPOSITION	LINIMI 30						VILLE, MAR			
	1 Burlel 2 Cremation 3 Re	moval from State	20b. PLACE A	POT	TAN C	ON (Neme o RFM∆T	" "NRV	3/3/96 A	EVAN	City or Town	NTDCTNTA
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	,	. 021	22 N	ME AND A	DODESS OF EA	CILITY			VIRGINIA
	P.O. BOX 5038 LAYTONSVILLE, MARYLAND										20882 RYLAND
	23. PART i. Enter the diseases, or shock, or heart failure	Complications that	ceused the de	eth. Do r	not enter th	e mode o	of dying, suc	ch se cerdiac or res	iratory sr	rest,	Approximats
	IMMEDIATE CAUSE (Final										interval Between Onset and Death
	disease or condition resulting in death)  a. CONGESTIVE NEART FAILURE  3 HOURS  DUE TO (OR AS A CONSCOUENCE OF):										
CERTIFICATION	Sequentially list conditions,	b. ART-	OR AS A CONSEC	CLE	NO 77	C	HEARI	DIFE	Tre		5 yems
Ā	if any, lasding to immediate cause. Enter UNDERLYING		M e e		,						į į
Ĕ	CAUSE (Disease or Injury that initiated events	OUE TO (	OR AS A CONSEC	UENCE O	F):						1
FE	resulting in desth) LAST	d									! !
	PART II. Other significent condition	na contributing to d	leath but not re	aulting !	n the und	elulea es	usa aluan In	Post I as una si		T	
EDICAL	mITRA L				are and	mying ce	use given in		RMED?	A	PERE AUTOPSY FINDINGS
0					0.43			1 TYES	2 <b>X</b> NO	0	OMPLETION OF CAUSE IF DEATH?
Σ	DID TOPACCO LISE CONT					2 F7 4	IN LOCEDIA II			1	☐ YES 2 ☐ NO
PHYSICIAN:	DID TOBACCO USE CON' 25. WAS CASE REFERRED TO MEDICAL	T T CAL			H (Check on		UNCERTAI	ишј			
SC	EXAMINER?	HOSPITAL:			OTHER:		/_ DOO!!!				
ΗĂ	27. MANNER OF OEATH	26a. OATE OF II		28b. TIM		g Home 5 Sc. INJURY		6 Other (Specify) 28d. DESCRIBE HOW	IN HIM OC	CHRED	
	1 Natural 5 Pending	(Month, Day	r, Year)		URY	WORK?	2 NO	200. DESCRIBE NOW	INJUNT OC	COMED	
Э ВУ	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF	INJURY — At hor	ne, term, s				26t, LOCATION (Street		r or Rural Rou	ite Number,
COMPLETED	4 Homicide determined	ounding, a	tc. (Specify)					City or Town, State	)		
7	29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of m	ny knowledge, des	ith occum	ed at the time	, data and	place, end due	to the cause(a) and ma	noer as sta	rted.	
OM								time, data and place, a			nd manner as stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFI						. LICENSE NUI				fonth, Day, Year)
0	James a	Roos	i mo					4543			2, 1996
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETEO CAUSE	OF DEATH (ITEM	27) (Type,	Print)						
	JAMES A. ROSSI MP				Work	BLV	0., 51	LUCK SPR	ing	mp	20906
	31. DATE FILED (Month, Day, Year) MAR 1 3 1996	July a kur	S SIGNATURE	4							



#### Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 07395

						Certifi	cate of	Death		В	eg. No.	0	U	000	
	Physic		Decedent'a Name (First, Middle, La.	Bruce R.	Zembowe	er				2. Date of Dear Month Februar	th	1996		e of Deeth	
P	/Medi Exami		4a. Facility Name (If not institution, giv. 7811 Powhatan	d state of the state of				4b. City, To New Car		cation of Death	4c. County Prin	y of Death CE GEO	rge's		
	Funeral Director		214-30-0200	ex 7. Age	(In yrs. lest birt		Under 1 Year onths Days		24 Hrs. Min.	8. Date of Birth July 11,	1937	9. Birthp Coun Mary	lace (Ste	nte or Foreign	
	Maryland a-f show	tor	Usual Residence of Decedent  10a. State Maryland Prince Ge	orge's	10c. City, Town New Car.							1		e City Limits	
	th with the 23e or 28	Funeral Director	10e. Street and Number 7811 Powhatan Stree	t		10	20784			1	_	og. Citizen of What Country? United States			
020	3 Widowed 4 Divorced If Yes, Give Year or Dates:						Decedent of specify Culton (es 2)		gin? (Spe , Puerto	ecify Yes or No- Rican, etc.)	14. Race - American Indian, Black, White, etc. Specify: White				
21215-0020	s within 72 hours liene. r than "natural", the Medical Exa	Completed	15. Decedent's Ec (Specify only highest gra Elementary/Secondary (0-12)	ighest grade completed)  (Give kind of work done during most o life. DO NOT use retired)											
Maryland 21	Hygi at	To Be Cor	12   17. Father's Name (First, Middle, Last) Cromwell C. Ze	mbower		(First, Middle, I	-	Gove	mment						
	2 9 9 9		19a. Informant's Name/Relationship ( Margaret A. Zemb				as #1		er or Rura	al Route Number	r, City or Town	, Stete, Zip	Code)		
Baltimore,	10 to 10 to		20a. Method of Disposition  1XX Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify	(Specify) Hillcrest Cemetery Feb.							te 20c. Location - City or Town, State 1996 Cumberland, Maryland				
Balt	permit. Pag Department Important: It any Injury o		21. Signature of Funeral Service Licen	Borgavan	olt.	Dona!	ld V. B	ess of Facilit orgward Mill R	t Fun	eral Home eltsville	, P.A. , Maryla	nd 20	705		
)	Physician /Medical Examiner	er	23a. Part1. Enter the disease, or conshock, or heart failure. List only immediate Cause (Final disease or condition resulting in death)	· Mela	the death. Do re.	- 1	Leva	/		or respiratory arr		P	Approxi Interval Onset a	mate Between nd Death	
68760,	certificate be executed nding physician end use as the buriel-trensit	edical Examiner	Sequentially list conditions, if any, leading to Immediate ceuse. Enter Underlying Cause (Disease or Injury that Initieted events resulting in death) Last	c		(or as a consequence of):									
Box (	atte	2	•	d											
, P.O.	the d y the	by Physician/	Part II. Other eignificant conditions of	ontributing to death bu	t not resulting in	the underly	ying ceuse g	iven in Part i	•		es XX No				
ecords	law requires thet as been signed to 2 should be deta	Completed b								24a. Was a perfor		80	ailable pr	esy findings ior to of cause	
of Vital Records,	Physician: The la this certificate ha ral director, page	Be Com	25. Wes cese referred to medical examiner?					26. Place	of Death	1 □ Y		10	Yes	XX No	
1	ysic dire	2	1 ☐ Yes XX No	Hospital: 1 ☐ Inpatier	nt 2 ER/Ou	tpatient 3	DOA O	ther: 4 🗆 Nu	rsing Ho	me XX Resid	ence 6 🗆 Ot	her (Specif	y)		
iono	ing After une		27. Manner of Death    \text{\tinx}\text{\tinx}\text{\ti}\text{\texi\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi}\text{\text{\text{\text{\text{\texit{\text{\texi{\text{\texi{\texi{\texi{\texi}\text{\texi{\text{\text{\texi{\text{\texi{\texi{\texi{\texi{\texi{\texi{\te	28a. Dete of Injun (Month, Dey		ime of njury N	28c. Inje W	uryat ork? ⊒Yes <b>2√0X</b>		28d. Describe h	ow injury occu	rred			
Division	를 들는	Certification:	3 Suicide 6 Could not be 4 Homlclde determined	28e. Place of Inju building, etc.	ry - At home, fai . (Specify)	rm, street, f	actory, office			28f. Location (S City or Tow	treet and Num n, Stete)	ber or Rurs	Il Route I	Vum <i>ber</i> ,	
	To the Hospital or At within 24 hours efter of To the Funeral Direct completely filled in by	edical	29e. Certifier (Check only one) XX Certifying Physics (Check only one) Medical Example (Check only one)	ysicien: To the best of alner: On the basis of and manner stat	examination end	, death occi	urred et the t gation, in my	ime, dete en oplnion, dee	d plece, o	end due to the c ed et the time, d	euse(s) end m late and plece,	enner es s and due to	tated. the cau	se(s)	
	To the within 2 To the comple	Σ	29b. Signature and title of confider	seuan			29c. Licer	975	4	2	2 2 2 L	Month,	Dey, Yee	or)	
	12		I HOWAS A. BEN	complete ceuse of de	752			WAY	CIR	Dr. 61	reste	17 MI	120	770	
	Sta Registi		FEB 2 8 19		r's Signature	_		T							
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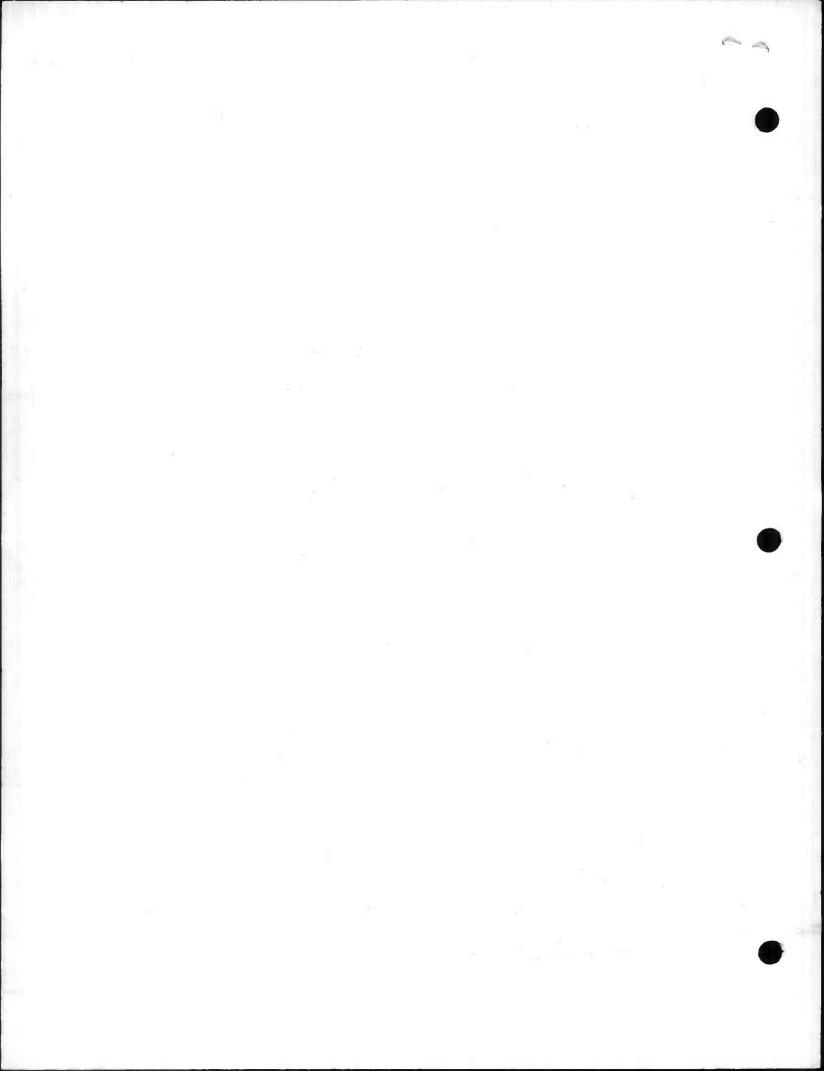


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	DOTAL OF ATTENDIAL PRINCIPAL THE PRINCIPAL OF THE PRINCIP

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) PATE OF DEATH enepack Zewdie e mari 4. SOCIAL SECURITY NUMBER 5. SFX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH MRTNPLACE (State or Foreign Month, Day, Yes 1 M 2 TF HOURS 578-19-4880 50 Feb. .1946 Ethiopia 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH Pages 1, 2, 3 DIRECTOR 5615 Fargo Avenue Oxon Hill Prince Georges RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Prince Georges Maryland Oxon Hill 1 X YES 2 NO permit. 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5615 Fargo Avenue funeral director, page 5 should be detached for use as the burial-transit 20745 Ethiopia 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If was, accelfy Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, etc. If yes, apecify Cuban, Mexican, Puerto Ri 1 Never Married 2 Married BY 3 Widowed 4 Divorced Specify: Black 16a. DECEDENT'S USUAL OCCUPATION ED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY ET (Give kind of work done durin life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Never Employeed COMPL N/A 12 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) To Zewdie Woldekidan BE Bogalech Woldemariam notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Melaku Tekle 6425 - 85th Place, New Carrollton, Md. 20784 must be 20s. METHOD OF DISPOSITION
1 Burlel 2 Cremation 3 N Rem 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Addis Ababa 4 Donation 5 Other (Specify) 2/27/96 Ethiopia examiner 21. SIGNATURE OF-FUNERAL SERVICE LICENSEI 22. NAME AND ADDRESS OF FACILITY McGuire Funeral Service, Inc. 7400 Georgia Ave. N.W., Washington, nuse ipletely filled in by the cremation, or removal. D.C. the medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, Dr heert failure. List only one cause on each line. Interval Between cremation, or IMMEDIATE CAUSE (Final **Onset and Death** disease or condition resulting in death) Degened in minodos curs syndiano event, DUE TO (OR AS A CONSEQUENCE OF) and con burial, c traumatic CERTIFICATION Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING 10 DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST 9 the atter PART ii. Other aignificent conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL and by signed the 1 TYES 2 19-110 OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one) certificate the State EXAMINER? HOSPITAL OTHER:
4 □ Nursing Nome 5 ☐ Residence 8 □ Other (Specify) Inpetient 2 ER/Outpetient 3 DOA 9 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED this c marked, 1 Weturel 5 Pending 1 YES 2 NO BY After 2 Accident DIRECTOR: Aff hours after de: item 28 is n 3 Suicide 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Nomicide TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTE DE filed within 72 hours at IMPORTANT: It item 2: 29e. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. (Check only one) 2 X MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIE 29d. JOSTE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE dryugin D21230 te Muary 22 2 ID ADDRESS OF PERSON WHO COMPLETED CAUSIL OF PEATN (ITEM 27) (Type, Print) Augusto P. Rodriguez, M.D. 5009 Rayburn Ct., Camp Springs, MD 20748 31. DATE FILED (Month, Day, Year)

Julia Skudson Randall

FEB 26 1996



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Item: 17, per F.H. G-833 3/14/96 reb 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Deeth MARCH 10", 1996" ASKIN 7:10pm 4e. Fecility Neme (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death OLD COURT NURSING HOME RANDALLSTOWN BALTIMORE 5. Social Security Number 7. Age (In yrs. lest birthday) If Under 1 Year 8. Dete of Birth (Month, Day, Year) Birthplece (State or Foreign Country) Months Deys Hours 1 □ M 2 🛛 F 216-44-0650 98 DEC. 29, 1897 MARYLAND Usual Residence of Deceden 10e. Stete 10c. City, Town or Location 10d. Inside City Limits BALTIMORE 1 Yes 2 No MARYLAND N/A 10e. Street and Number 10f. Zlp Code 10g. Citizen of What Country? 21215 2500 W. BELVEDERE AVE. USA Wes Decedent Ever in U,S. Armed Forces? 11. Marltei Stetus Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian. Bleck, White, etc. 1 Never Merried 2 Merried 1 ☐ Yes 2 No 1 ☐ Yes 2 No Specify Yes, Give 3√2 Widowed 4 □ Divorced Yeer or Detes: WHITE 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usuel Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use ratired) Elementary/Secondary (0-12) College (1-4or 5+) HOUSEWIFE OWN HOME 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Sumame) UNKNOWN GOODMAN IDA UNKNOWN MORRIS 19a. Informent's Neme/Reletionship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) MRS. HARRIET DUBOW (DAUGHTER) 3726 BRENTFORD ROAD RANDALLSTOWN, MD 21133 20b. Pleca of Disposition (Name of cametery, crematory or other pleca) 20a, Method of Disposition 20c. Location - City or Town, Stete 1 Denovel from Stete POSVOHLER FRIENDLY SOCIETY - 3+12-1996- BALTIMORE, MD 4 □ Donetion 5 □ Other (Specify) 22. Name and Address of Facility & BROS., INC. 6010 REISTERSTOWN ROAD BALTIMORE, MD 21215 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximete Interval Between Onset and Death Immediate Ceuse (Finel disease or condition resulting In deeth) Due to (or as e Due to (or es e consequence of) 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of deeth? 24e. Wes en eutopsy performed? 1 Yes € No 1 ☐ Yes 2 ☐ No. 26. Plece of Deeth (Check only one)

Examiner physician and the buriel-transit Sequentielly list conditions, if eny, leeding to immediate causa. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last Physician/Medical 80 for use es

**Physician** 

/Medical

Examiner

**Funeral** 

Director

r than "natural", or itema 23a or 28a-f show the Medical Examiner must be redified at

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Funeral

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Completed

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filed within 72 hours efter Hygiene.

permit. Peges 1 end 2 should be filled wi.
Department of Heelth and Mental Hygien
Important: If them 27 Is marked other thy,
any Injury or other traumatic event, the,

**Physician** 

The law requires that the deeth certificate be executed

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certificate

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Vitalia 2 Toth

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Attending Physician:

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Certification: To

Medical

Division of Vital Records, P.O. Box 68760,

/Medical Examiner

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

My

25. Wes case referred to medical exeminer? Hospitel: Other: 4 Nursing Home 5 Residence 8 Other (Specify) 250 1 ☐ Yes 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28b. Time of

28e. Dete of Injury (Month, Day Year) 27. Menner of Death 28c. Injury et Work? 28d. Describe how Injury occurred 1 Meturel 5 Pending 2 🗆 No 1 ☐ Yes 2 Accident Investigetion

6 Could not be 3 Sulcide 28e. Pleca of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) 4 Homicide

28f. Location (Street end Number or Rural Route Number, City or Town, State) 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

29a. Certifier (Check only one) 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end menner stated.

29d, Date signed (Mogth, Dey, Year) 17-16090

(Hem 23e) (App. Print) / LKESVI L/e 30. Neme and eddress of perso Old 31. Dete filed (Month, Day, Year) 132 Registrar's Signeture Fund Day don Angless MAR 4

State Registrar

#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 3. Time of Death 2. Data of Death Month Dey **Physician** larence PruxiEr 7:35 p.m 1996 MARCH 13 /Medical 4e. Fecility Neme (If not institution, giva streat and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Arunoel Hospital Glen Anne North Burnie Arunvel CO. 5 Sociel Security Number If Under 1 Yaar | If Undar 24 Hrs. 6 Sex 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Dey, Year) Birthpteca (Steta or Foreign
Country) **Funeral** 1\0 M 2□ F Months Deys Hours Min Yrs Director 233-20-5301 KENTUCKY 80 6/21 Usuet Residence of Decedent filed within 72 hours efter death with the Maryland Hygiene. 10a Stata v 28a-f show 10h County 10c. City. Town or Location 10d. Inside City Limits 1 Yas 2 No Director MARYLAND ANNE ARUNDEL GLEN BURNIE 10e Street and Number 10f. Zip Code 10g. Citizan of What Country? me 23a or U.S.A. 400 O STREET 21061 Funeral "natural", or items Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puarto Rican, etc.) 14. Race - American Indien. 11. Maritai Stetus Wes Decedent Ever in U,S. Armed Forcas? Bieck, White, etc. 1 XYas 2 No If Yes, Give 1 ☐ Never Merriad 2 ☐ Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: þ Specify: 3 Widowed 4 □ Divorced Yaar or Datas: WWII WHITE Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) the Medical 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementery/Secondary (0-12) Coilege (1-4or 5+) SIMMONS KITCHEN UNKNOWN N/A CABINET WORKER MANUFACTURING 7 is marked other traumatic event. 17. Fether's Neme (First, Middle, Last) 18. Mother's Nama (First, Middle, Meiden Sumeme) Be Pages 1 end 2 should be 1 nent of Health and Mental I ROHDA McCORY LAFE AUXIER 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Health s RUBY MAE MORGAN 406 O STREET, GLEN BURNIE, MARYLAND or other 1 20b. Pieca of Disposition (Name of camatery, crametory or other plece) 20s. Method of Disposition 20c. Location - City or Town, State 1 ☑ Buriai 2 ☐ Cremetion 3 ☐ Removal from Stata Department of Important: If any injury or once. GLEN HAVEN MEMORIAL PARK 3/16/96 GLEN BURNIE, MARYLAND 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licansee 22. Nama and Address of Facility SINGLETON FUNERAL HOME 1 SECOND AVENUE S.W., GLEN BURNIE, MD 21061 editiesse, or complications that caused tha death. Do not enter the mode of dying, such as cardiac or respiretory arrast, millure. List only one ceuse on each line. Approximete tnterval Between Onset and Death **Physician** /Medical Immediate Cause (Finet ASPIRATION 2 DAYS PNEUMONIA disaesa or condition resulting in death) Examiner Due to (or es e consequence of). Examiner COAL MINERY PNEUMOCONIOSIS physician and the buriel-transit that the death certificete be executed Sequentially list conditions, if eny, leeding to immediate causa. Entar Underlying Cause (Diseese or injury that initieted events resulting in deeth) Last Due to (or es e consequence of): P.O. Box 68760 Physician/Medical Due to (or ss e consequence of): ettending pl for use as i signed by the eld be detached for Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown CEREBROYASCULAR ACCIDENTS Records, by 24b. Were autopsy findings sveilable prior to completion of cause of death? Completed 24s. Wes an eutopsy page 2 s 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No certificate Division of Vital or anending Physician: director. Be 25. Was casa referred to medical examiner? 26. Piece of Deeth (Check only one) Other: 4 Nursing Homa 5 Rasidence 6 Other (Specify) ပ္ 1 Yas 2 No 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA After this funeral Certification: 27. Menner of Deeth 28b. Time of 28a. Deta of injury (Month, Dey Year) 28c. Injury st Work? 28d. Describe how injury occurred 1 Netursi 5 Pending 1 ☐ Yas 2 ☐ No investigation 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Pleca of Injury - At home, ferm, street, factory, offica building, etc. (Specify) 4 Homicide To the Mospital or within 24 hours after To the Funiter Dire completely lilled in 1 Cortifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner ss ststed.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) 29e. Cartifier edical (Check only one) end mannar stated. 29b. Signeture and title of certifian 29c. License number 29d. Dete signed (Month, Day, Year) HOUSE PHYSICIAN D45455 MARCH 13, 1996 30. Nema end sddress of person who completed cause of death (item 23a) (Type, Print) JOSHUA IMPERIO HOSPITAL DRIVE, GLEN BURNIC, MO 21061-5898 301 32. Registrar's Symieture State Registrar

### Please Type or Print In Black Indelible Ink. Assure Ali Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 07399

						Cer	tificate of	Death		Re	g. No.		0 7 0	00
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			30. Name and address of person who o		aath (Item 23	a) (Type, P	rint) KHIN	-4478	No U,	ND				
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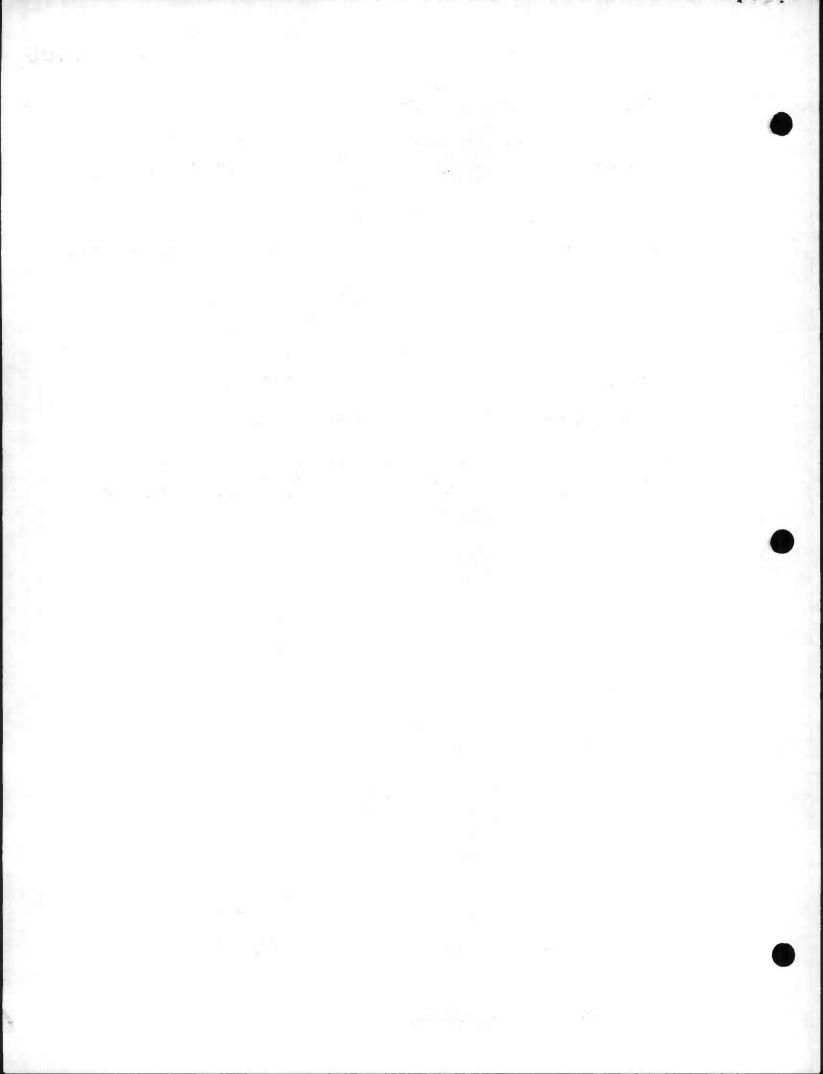
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State of Maryland / Department of Health and Mental Hygiene

07400

						Cer	tificate of	Death	,	Reg. No.		01400
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Baltimore,	permit. Pages 1 an Department of Heal Important: If item 2 any Injury or other once.		20a. Mathod of Disposition  1 Burial 2 Cramation  4 Donation 5 Other (Sp. 21. Smoother of Funeral Service L.)	ecify)	Stete	emetery, crem	Neme end Add	ETERY	Data 3-16	LANSDO	WNE,	
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	Physician /Medical Examiner	Jer	Immediate Cause (Final disease or condition rasulting in death)	a. He	PATIC	ENCE as a consequ	PHALOP				TATION	intarvat Batween Onset and Deeth  6 day
Box 68760,	The law requires that the death certificate be executed ate has been signed by the attending physician and page 2 should be deteched for use as the bunet-transit	n/Medical Examiner	Sequentielly llst conditions, if any, leeding to immadiata cause. Enter Underlying Cause (Diseasa or trijury that Initiated events rasulting in death) Last	c	Due to (or UEUMC	es a consequ	SETTIC	Emi/A				9 days.
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ivision of Vital Records,	s been sign	Completed by	COLONIC CAR		ANEMI	A, DIA	BETES A	PELITUS	24a. Was	s an autopsy ormed?	av co	ara autopsy findings alleble prior to impletion of cause death?
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	# # W	- 1	296. SIGNATURE AND TITLE	OF CENTIFIER	0	100	90				29c. LICE	NSE NUN	IBER	29d. DAT	E SIGNED (M	orith, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	7 27 E		Icultur	(140)	men	u	1			]	D	5/5	75	D 1	Mara	48, 1996
		-	30. NAME AND ADDRESS OF			SE OF DE	ATH (ITEM	27) (Type,				0	110	11.	# 1	am A

BALTIMORE, MARYLAND 21215-0020

TO THE POSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNETAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Ilem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE
REGISTRAR
1. DECEDENT'S NAI
4. SOCIAL SECURIT
079-22-8
90. FACILITY NAME
LEVINDAL
RESIDENCE O
10e. STATE
MARYLAND
10e. STREET AND N
2500 W.
11. MARITAL STATUS
1 Never Married
3 Widowed 4

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

					_,,,,,,,		_ 0.	D-1		HEG. NO	•		
	1. DECEDENT'S NAME (First	, Middle, Lest)	C00	PER						2. DATE OF DEATH MONTH D.	17-1	996	3. TIME OF DEATH
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (in yrs. in	st birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH		8. BIRTHE	PLACE (State or Foreign
	079-22-8584		1 🗆 M 2 💢 F	91	YRS.	MONTHS	DAYS	HOURS	MIN.	DEC. 20, 1		RUSS	
œ		istitution, give si	treet and number)					OR LOCATI		АТН		INTY OF DE	ATH
DIRECTOR	LEVINDALE	CEDENT					ALTI	MORE	,		N/A	<u>.                                    </u>	
E E	10e. STATE	10b. COUNTY	1		10c. CIT	Y, TOWN (	OR LOCAT	TION					10d. INSIDE CITY
	MARYLAND	N	I/A			Е	ALT	MORE	3				1 X YES 2 NO
FUNERAL	10s. STREET AND NUMBER			Dm 011			101	. ZIP COD		3035	10g. CIT	IZEN OF WI	HAT COUNTRY?
W.	2500 W. BEL	VEDERE	AVE., A							21215	<u> </u>		USA
	1 Never Married 2	Merried	FORCES? 1	YES 2	NO		It yes, sp	ecify Cube	n, Mexicar	IC ORIGIN? (Specify Yes	or No—	14. RACE Black,	- American Indian, White, etc.
B	3 Widowed 4 🗆 Divo	rced	IF YES, GIVE Y	AN ON DATES			1   YES	2 NO	Specify	;;		Specify	WHITE
	15. DEC (Specify only	EDENT'S EDUC y highest grade	CATION completed)	(0	CEOENT'S	work done	CCUPATIO	ON st of working	20	16b. KIND OF BUS	SINESS/INI	DUSTRY	
COMPLETED	Elementary/Secondary (0	1-12)	College (1-4 or 5	·) ///	HOUSE	se retired.)				OWN HON	Æ		
S O	17. FATHER'S NAME (First, M	iddle, Last)						18. MOT	HER'S NAI	ME (First, Middle, Malden			
BEC	UNKNOWN			CHODORKO	FF				SARA			ODORK	OFF
2	19a. INFORMANT'S NAME (7		np (cox)	19						loute Number, City or Tow.			
	MR. STANLEY			20b. PLACE		_		_	ER C	COLUMBIA, N			
ł	20a METHOD OF DISPOSITI	n 3   Ramo (Specify)	oval from State	COM NEW	MONI	EFIC	RE -	me or	3	3-13-1996-			L.I., N.Y
	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE	P -				D ADDRE			F) 10		
	1 Joe	21	y O	eur	0					& BROS., I		TMORI	E, MD 21215
	23. PART I. Enter the di	seeses, or c	omplications the List only one ceu	t coused the de	eth. Do r	not enter	the mo	de of dy	ing, auch	as cerdiec or respi	ratory an	rest,	Approximate
	IMMEDIATE CAUSE (FIR	el	_			0	_						Interval Between Onset and Death
	disease or condition	<b>→</b> ,	ASP1	RATIO	N	1/1	EUI	702	H11				12440URS
_						n: )EM	~ ~	2.0					
8	Sequentially list conditi		-	CULAR OR AS A CONSE			FIN	1 (1)					
RTIFICATION	if any, leading to immed cause. Enter UNDERLY!	NG				,							i l
Ĕ	CAUSE (Diseese or Inju that initiated eventa		DUE TO	(OR AS A CONSE	OUENCE OF	F):							
шШ	resulting in deeth) LAS	T C	1										11111
O	PART II. Other algolitica	nt conditions	a contributing to	deeth but not i	resulting	n the un	derlylnr	COURD	alven In I	Part I. 24a, WAS AN	ALITORRY	1 245 1	
Sel Sel	HYPER	TENS!	on, AT	1220901	IPO	ic	CAR	DIG	A.Cc.	PERFOR	MED?	1	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
	DISEASE	CON	GERTIVE	LEART	PAII	HRE		910		1 TYES 2	Ø NO	(	OF DEATH?
2	DID TOBACCO U							LINC	FDTAIN			'	1 PYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO				E OF DEAT			0140	LKIAII				
SIC	EXAMINER?		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER	R: Na Hom	5 □ Re	sidence I	B Other (Specify)			
Ė	27. MANNER OF DEATH		28a. DATE OF (Month, D	INJURY	28b. TIM		28c. INJ	JRY AT		28d. DESCRIBE HOW II	JURY OC	CURED	
2		Pending investigation	(Moral, D	ny, 100/	1143	M		RK? 'ES 2 [	NO				
	3 Suicide 6	Could not be	28e. PLACE O building,	FINJURY — At ho atc. (Specify)	me, term, a	treet, fact	ory, office			28t. LOCATION (Street e City or Town, State)	nd Number	or Rural Ro	ute Number,
COMPLETED	290. CERTIFIER					-	_						
<u> </u>	(Check only	CAL EXAMINE	CIAN: To the best of	my knowledge, de	eth occurre	d at the ti	lme, date	end place,	and due t	to the cause(e) end men	ner se stat	led.	
3	AND CONTACTION AND TIME	OR CARRING	Con the basis or a:	ammundon end/or	investigatio	n, in my o	pinion, d	eath occur	ed at the t	lime, data and place, en	d due to th	ie cause(e) i	and menner ee stated.
监	AND TITLE	OF CERTIFIER	18.60	একর	END	ING		29c. LICE	NSE NUM	BER			Month, Day, Year)
2 ⊩	29b. SIGNATURE AND TITLE  30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CALL	E OF DEATH (ITE	HYS	Print	7	11 4	y 15	610	L.	IHKC	H 12. 1996
	LEMINDAL	E 2	43/1 1-	L. R.FI.	I P ?	EDA	2 E 1	H,	IWA	BALTIM	350	600	21215
H	31. DATE FILED (Monty, Day, MAR 1 4 19	bar)	# 32. PERISTRA	R'S SIGNATURE				YEL	ANK	DUTILL	UNE	(41)	21215
	MAR 1 4 19	Sp c	Tela-Viriads	on-Aandel	2								1

### Please Type or Print in Black indelible ink. Assure Ali Copies Are Legible.

	an	Items: 19a,b per F.H.  1. Decadant's Nama (First, Middla, Las	. G-733 3/14/96	reb Certific	ent of Health a ate of Death		th Dev	year 3. Tima of Death
Physici /Medic Examin	al	4a. Fecility Neme (If not Institution, give	(D/7e in street and number)		4b. City, Tow	m, or Location of Deeth	4c. County	34 12461
Funeral Director		210-00-1431		rs. last birthday) If Ur 59 Yrs. Moni	hs Days Hours	Min. (Month, Day	4 /3 a (Year) 1926	9. Birthplaca (State or Foreig Country) MARYLAND
and w		Usual Rasidance of Decedant  10a. Stata 10b. County	10c.	City, Town or Location				10d. Insida City Limits
the Marylan 28a-f show notified at	tor	MARYLAND BALT			BALTIMORE			1 ☐ Yes 2√ No
	Director	10e. Street end Number		10f.	Zip Coda	1	log. Citizan of V	Vhat Country?
5 23		1323 CHURCHHILL DE	RIVE		212	208	USA	
or its	by Funeral	11. Merilel Sielus  1 🕅 Navar Married 2 🗆 Married  3 🗆 Widowed 4 🗀 Divorced	12. Wes Decedant Evar in Armed Forcas? 1 ☐ Yes 2 🌣 No If Yas, Giva Yeer or Detas:	If Yas,	ecedant of Hispenic Origing Specify Cuben, Mexican, so 2 🔯 No Specify:	in? (Specify Yas or No- Puerto Rican, etc.)		e - American Indian, sk, Whita, atc.
natural',		15. Decedant's Edu (Specify only highast grad	cation	16a. Dacedeni's L	isuel Occupation	of working	16b. Kind of Bu	usinass/industry
r than The Mex	Completed	Elamentary/Secondary (0-12)	Collaga (1-4or 5+)	lifa. DO NO	T usa ratired)			
- N		17. Fathar's Nama (First, Middla, Last)			NON 18 Mother	S Nama (First, Middle, .	Maidan Sumam	NONE
and Mental H Is marked of rsumatic eva	To Be	RUBEN		COHEN		LARA	SCHI	
of Health Item 27 other t		20a. Mathod of Disposition	OUSIN J	611 (	Tass (Street and Number ENTRAL AVE. GHI SI., SUITE Nama of or offiar place)	TOWSON, M	21204	Stata, Zip Coda)  21202 City or Town, Stata
ant: If		1 Deuriel 2 □ Cramation 3 □ F 4 □ Donation 5 □ Other (Specify)			RE HEBREW -	3-13-1996	BALTTM	ORE, MD
Department of important: If any injury or once.		21. Signeture di funarai Service Licens	Cutth	22. Nemo	end Addrass of Facility SOL LEVINSO REISTERSTOW	N & BROS.,	INC.	
hysician //Medical e attending physician and put tase as the prinel-transit  doc use as the prinel-transit	Examiner	Immediate Causa (Final disease or condition resulting in death)  Sequentially list conditions, if any leading to immediate	o. ————	(or as a consequence				Onsat and Deeth
ttending physician and for use as the buriel-transit	Physician/Medical E	Sequentially list conditions, if any, leading to immediate cause. Enter Undarlying Cause (Disease or Injury that initiated events resulting in death) Last	Dua to	(or as e consequanca	of):			
signed by the attending I d be detached for use as	by Physic	Part II. Other significant conditions con		asulting in the undarlying			es 2 No	antribute to the cause of death
s been 2 shoul	Completed b	Sitture			•	24a. Wes a perform	in eutopsy med?	24b. Wara autopsy findings available prior to compiation of causa of daath?
page	Com					1 🗆 Y	es 20 No	1 ☐ Yes 2 ☐ No
s certificate hes director, page 2	Be	25. Was casa raferred to medical examinar?				of Death (Check only or	na)	
al din	2	1 Yas 2 No				sing Homa 5 Raside		
death. ctor: Aller this certific y the funeral director,	Certification:	1 Natural 5 ☐ Panding 2 Accident invastigation 3 ☐ Sulcida 6 ☐ Could not be	28a. Data of Injury (Month, Day Year) 28a. Placa of Injury - Ai	М	28c. Injury ai Work? 1 Yes 2 No			er or Rural Routa Number,
within 24 hours after of To the Funeral Direct completely filled in by		4 Homicida datamined  29a. Certifiar 1 Certifying Physics	building, atc. (Spe	cify)	2.00	City or Town	n, Stata)	
within 24 To the Fu	edical	(Check only one) 2 Medical Examt	ner: On the basis of axami end mennar stated.	nation and/or invastigat	tion, in my opinion, death	occurred at tha time, d	ata and place,	and due to the causa(s)
2 4 5	-	29b. Signature end title of certifiar	1		29c. Licanse number	2	9d. Data signed	d (Month, Dey, Year)
To Loo	- 1					7 2 1 1		
within 24 To the Fu completes	-	30. Name and addrass of person who or	mplated causa of death (it	am 23a) (Type, Print)	H43/	141	nes of	11,76

DHMH 16 Rev 6/95

DHMH-18 Rev 1/89

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DIVISION OF	DHYCICI
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Ŋ,	t. DECEDENT'S NAME (First, Middle, La					OF DEA		REG. NO			TIME OF OEATH
Ü			h Ceres					March 10,			1120A
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (in yrs. le	sst birthday) YRS.	MONTHS D	EAR IF UNDER	R 24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)		Country)	ACE (State or Foreign
	212-36-2254  9s. FACILITY NAME (If not institution, given		57	THS.	AL OUTY TO	WN OR LOCAT	1011 05 05	April 4,	1938	Mary TY OF DEAT	land
œ	1702 Holaview		R-1			ndalk	ION OF DE	ATH			
CTOR	RESIDENCE OF DECEDENT	Nouu Apa.	D-4		να	nauck				Balti	morle
DIRE	10e. STATE 10b. COU			10c. CIT	Y, TOWN OR	OCATION					d. INSIDE CITY LIMITS?
	Maryland 100. STREET AND NUMBER	Baltimor	2			101. ZIP COC		dalk	la amu		YES ZX NO
FUNERAL	1702 Holaview	Page Ant	R1				1222				C + a + o 4
S	tt. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. A		13. WA			IIC ORIGIN? (Specify Ye			American Indian, mile, stc.
	1 Never Married 2 Merried	FORCES? 1 [		NO		s, specify Cub		n, Puerto Rican, atc.)		Black, V Specify:	
р ву	3 Widowed 4 VDIvorced					,,,					White
ETED	15. DECEDENT'S E (Specify only highest gr	ade completed)			VOCAL OCCI vork done duri	IPATION ng most of work	ing	16b. KIND OF BU	SINESS/INDI	USTRY	
PLE	Elementary/Secondary (0-12) 12 Years	College (1-4 or 5+)		Mecho	,			Amari	can C	an Tu	dustry
COMPL	17. FATHER'S NAME (First, Middle, Last)			MECHO	trace	18. MOT	THER'S NA	ME (First, Middle, Maiden		an in	ausveg
ш	Joseph Cerenze	Sr.					T	heresa Che	rry		
TO B	19e. INFORMANT'S NAME (Type/Print)		1					Route Number, City or Tow			
-	Kimberly A. Ce	renze					oad	Baltimore			
	20s. METHOD OF DISPOSITION 1 Burlel 2 CyCremetion 3 R	lemoval from State	cemetery, c	EAND DATE	OF DISPOSITI	ON (Name of	21	DATE 20c. LC	CATION —	City or Town	, State
	4 Donation 8 Other (Specify) _ 21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	HUU	cop s	22. NA	ME AND ADDR	ESS OF FA	13/1996 T			
	1	$\sim$			Du	da-Ruc	k Fw	neral Home			
		gara	~					e. Dundal			
		re. Liet pnly one ceus	e on eech lir	ne.					_		Approximate Interval Betwee Onset and Day
	iMMEDIATE CAUSE (Finel disease or condition	(har	ric U	o che	mic.	mande	caro	dial dr	leas	R	7 year
	reaulting in death)	DUE TO	OR AS A CONS	EOUENCE O	F):	0					1 7000
N	Sequentially list conditions,	b									
ATIC	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (	OR AS A CONS	EOUENCE O	F):						
N C	CAUSE (Disease or Injury that Initiated events	c. DUE TO (	OR AS A CONS	EOUENCE O	F):						-
CERTIFICATION	resulting in death) LAST	d.									
_	PART II. Other algnificant condi	tions contributing to	leath but not	reculting	In the und	rhdaa sawaa	alves la	Part I. 24s. WAS AN	LAUTOROV	T 445 W	
CAL	Chrone de			100	wes	riying ceuse	given in	PERFO		Al	ERE AUTOPSY FINDIN MILABLE PRIOR TO OMPLETION OF CAUSE
MEDI		1001111	V LIA		WW.			1 TYES	2 110	0	F DEATH?
	DID TOBACCO USE COI	NTRIBUTE TO CAL	JSE OF DE	ATH Y	SXN	o □ un	CERTAII	NO		'	YES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	L			TH (Check on						
=	1 ES 2 NO	HOSPITAL: 1   Inpetient   2	ER/Outpetlant	3 🗆 DOA	OTHER:	g Home 5	<b>S</b> sidence	8 Other (Specify)			
SICI,			NJURY	28b. TIN	IE OF 2	c. INJURY AT WORK?		20d. DESCRIBE HOW	INJURY OCC	CURED	
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF (Month, Da				A T MEG A	DIA.				
PHY	1 Natural 5 Pending Investigati	(Month, Da	y, Year)		M	1 YES 2	_ NO				
ED BY PHY	Netural 5 Pending	on 28e. PLACE Of building,			street, tector			281. LOCATION (Street City or Town, State	and Number	or Rural Rou	te Number,
ETED BY PHY	1 Naturel 5 Pending Investigati 3 Suicide 8 Could not 4 Homicide detarmine	on 28e. PLACE Of building, i	y, Year)  INJURY — At Intc. (Specify)	home, term,		, offica		City or Town, State	)		te Number,
ETED BY PHY	1 Natural 5 Pending Investigate 3 Suicide 8 Could not detarmine 29e. CERTIFIER (Check only)	on 28e. PLACE Of building, of the best of	y, Year)  INJURY — At I ric. (Specify)  my knowledge,	home, term,	ed at the tim	, offica	e, and due	City or Town, State	nner as state	ed.	
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BE COMPLETED BY PHY	1 Natural 5 Pending Investigate 3 Suicide 4 Homicide 8 Could not detarmine (Check only one) 2 MEDICAL EXAM	MONTH, De (MONTH, De de la complete	injury — At I	death occurr or investigation	ed at the tim	o, office	ce, and due ured at the CENSE NUI	to the cause(e) end ma	nner as state	ed. e cause(e) e	nd menner ee stated
BE COMPLETED BY PHY	1 Neturel 5 Pending Investigation 2 Accident 3 Suicide 8 Could not detarmine.  29e. CERTIFIER (Check only one) PEDICAL EXAIT 29b. SIGNATURE AND TITLE OF CERTIFIC COUNTY ON THE COUNTY O	MONTH, De (MONTH, De de la complete	INJURY — At I	death occurr or investigation	ed at the time on, in my opli	o, office	ce, and due ured at the CENSE NUI	o to the cause(e) end ma time, date end placa, a	nner as state	ed. e cause(e) e	nd menner ee stetee Honth, Day, Year)

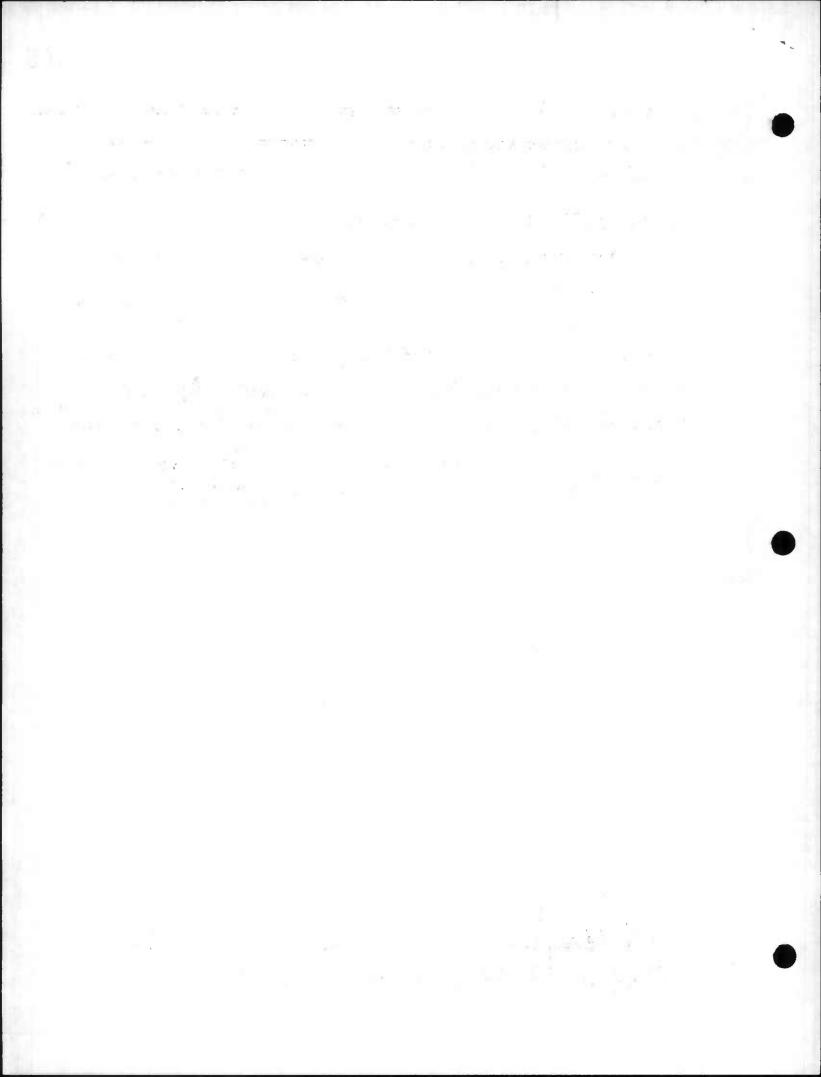
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State of Maryland / Department of Health and Mental Hygiene

96

\$ 4H	_						Cer	tificate o	t Death			Reg. No.		
BENTLAMIN   Part of relativities, pive sever enforcements    B. Cyr, Town, or Location Called and Location of Date   Corp. of Country of Date   Corp. of C	г	Dhamin		1. Decedent's Name (First, Midd	e, Last)								Vaas	3. Time of Death
## Part Notes of Part Individual Control of Death   Security Part   Security P				RENTAMTN	H	C	HRTS	TOPHER						8:00PM
CREATER BATTINGS MEDICAL CRIVES BATTINGS MEDICAL CRIVE					n, give street and nu		142 (11 12 )	OI IIII	4b. City, Tov					
Social Social	44			CDEATED DATE	TMODE MET	TCAT CENT	FD		RAT.TT	MORE		Tre	DWSON	
Decree of the final part of the control of the cont	Н	Euparal						If Under 1 Yes					1	nniace (State or Foreig
Use all sections of Decoders   100. City Town of Location   100. State   100. County   100. City Town of Location   100. State   100. State   100. City Town of Location   100. State   100. State   100. City Town of Location   100. State   100. State   100. City Town of Mindred   100. State   100. Stat				214 03 4229	( <b>2</b> S) M 2□ F			Months Dey	s Hours	Min.			COL	intry)
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Physician Middleal Examinor    Part II. Other alignificant conditions of a series of the series of t				23a. Pert1. Enter the diseese, or shock, or heert fellure. List	complications that only one cause on a	aused the deeth. Do	not ente	r the mode of d	ying, such as o	cardiac or	respiretory e	rrest,		Approximate Interval Between
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1 Neturel 1 Neturel 2 Accident 3 Sulcide 4 Homicide 6 Could not be determined 9 See. Pleas of Injury - At home, term, street, fectory, office 28f. Location (Street and Number or Rural Route Number, City or Town, Stefe)  29a. Certifier (Check only one) 1 Certifying Physician: To the basis of exeminetion and/or investigation, in my opinion, deeth occurred at the time, dete and place, and due to the cause(s) end menner as stated. On the basis of exeminetion and/or investigation, in my opinion, deeth occurred at the time, dete and place, and due to the cause(s) end manner steted.  29b. Signisture and title of certifler 29c. License number 29d. Date signed (Month, Day, Year)  30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)  31. Deterfiled (Month, Day, Year) 32. Registrar's Signeture		The eta l	Son								10	Yes 2 No	1	☐ Yes 2☐ No
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State 31. Dete filed (Month, Day, Year) 32. Registrar's Signeture		10		30. Name and address of person	ythe completed caus	o of deeth (Item 23a)			67	MI	7			
MAD 1 1 1006 Gulla Maria. 70. 1. 20				(1) 110 0	0 -4 01	20-1 1	1		017	v - ( (	<u> </u>			
				31. Dete filed (Month, Dey, Year)	Lilia Jaz. R	egistrar's Signeture								



## Please Type or Print in Black Indelible Ink. Assure All Copies Are LegIble.

State of Maryland / Department of Health and Mental Hygiene

		Decedent's Neme (First, Middle, Last)	ate of Warylan		tificate of		Re	g. No.	0110	
Phys	ician	EDWARD L.		CADIC	ONT		2. Date of Death Month	Dey Ye	3. Time of Dea	III
	dical			CARLS	OIN	4 67 7	MARCH 1	1	0200	
Exan	niner	4e. Facility Name (If not institution, give street CALVERT MEMORIAL HOSI				4b. City, Town, or L PRINCE FR		4c. County of D		
Funera Directo		5. Social Security Number  220-18-7765  Usuel Residence of Decedent	7. Age (In yrs. I	ast birthday) Yrs.	If Under 1 Yee Months Days		8. Dete of Birth (Month, Day, Mar 2, 1	Y 087)	Birthplace (State or For Country) aryland	reign
/land		10a. State 10b. County	10c. City	, Town or Lo	cation				10d. Inside City Li	imits
Man a-f at	tor	Maryland Calvert	Lus	sby					1 ☐ Yes 2 🛭	No No
다 다 20 20	Director	10e. Street and Number			10f. Zip Code		10	g. Citizen of What	Country?	
ath w	, a	11730 Hilltop Rd. H	30x 635		20657			USA		
aryland 21215-0020 should be filled within 72 hours after death with the Manyland and Mental Hygiene. marked other than "natural", or hems 23s or 28s-f show imatic event, the Medical Examiner must be notified at	by Funeral	3 ☐ Widowed 4 ☐ Divorced Y	les Decedent Ever In U, med Forces? XYes 2 ☐ No Yes, Give eer or Dates: WW2		Vas Decedent of t Yes, specify Cul I□ Yes 2⊠ No	Hispanic Origin? (Sp ban, Mexican, Puerto Specify:	ecify Yes or No- Rican, etc.)	Bleck, V	merican Indian, /hite, etc. White	
5-0 72 hor	ted	15. Decedent's Education (Specify only highest grade com-	1	16a. Deced	lent's Usual Occu	pation	1	6b. Kind of Busine		
id 21215-0020 filed within 72 hours aft Hygiene. other than "natural", or ent, tre Medical Exam	Completed	Elementery/Secondary (0-12) C	ollege (1-4or 5+)	life. L	OO NOT use retin	e during most of work ed)	ang	Law		
Hygiene Company	Be	17. Fether's Name (First, Middle, Last)		ALLO	Iney	18. Mother's Nam	e (First, Middle, M			
Maryland d 2 should be file th and Mental Hy 7 is marked othe treumatic event,	ToB	Christopher J. Car	lson			Cecili	a Hender	son		
Aaryla 2 should and Men is marke sumatic	1	19e. Intormant's Name/Reletionship (Type, P.	*			et and Number or Rur		City or Town, Stat	e, Zip Code)	
e, N 1 and Health Health Health Health ther tr		Mary Anne Carlson	(Wife)			Rd. Box		sby, MD	20657	
Battimore, Maryle permit. Pages 1 and 2 should Depertment of Health and Men Important: If item 27 is marke any injury or other treumstic		20a. Method of Disposition  1 ☑ Burlal 2 ☐ Cremation 3 ☐ Remov  4 ☐ Donetion 5 ☐ Other (Specify)	al trom State	metery, cren	sition (Name of natory or other pla Veterans	1		Oc. Location - City  Garrison		
Baltil permit. P Depertment Importan any injur	8	21. Signature of Funeral Service Licenses	0 1	22	Name and Addr	ess of Facility				
m ale		Mohm K An	LUL			ers Funera rty Rd. F			21133	
		23a Pan . Enter the disease, or complication	ns that caused the death						Approximete Interval Between	n
Physician /Medica Examine	il r	Immediate Cause (Final disease or condition resulting in death)	Metaste Due to (or	as a conseq		inuma	Evoja	agns	Onset and Death	
icate be executed physician and s the burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause, (Disease or Injury c.	Due to (or	as a conseq	uence of):					
68760, ifficate be executed g physician and as the burial-transit	ledical	Cause (Disease or Injury that initiated events resulting in death) Last	Due to (or	as e consequ	uence of):					
HOX lath cert attendin for use	an/N	d								
O. F.	Physician/N	Part It. Other significant conditions contributi	ng to death but not resu	iting In the ur	nderlying cause g	iven In Pert I.	23b. Did tot	secco use contrib	uts to the cause of de	eth?
ords, P.O. BOX metairs that the death cer een signed by the attendin hould be detached for use	by Phy	Aspiration Kr	emm	J	CHI		17/10	8 2□No 3□	Probably 4 Unk	nown
28 1 8	Completed t	1				1000	24a. Was an perform		b. Were autopsy findin aveilable prior to completion of cause of death?	
- 18	E O						1 ☐ Yes	s No	1 Yes 2 No	
s certification of director, p	Be	25. Was case reterred to medical examiner?				28. Place of Deat	h (Check only one			
Of Of Ohysic this c	10	1 ☐ Yes 2D No Hospite	1 Nopatient 2 L	ER/Outpetien	3LI DOA		me 5 Resider	,	(pecify)	
Affer funer	tout	1 Natural 5 Pending	1. Date of Injury (Month, Day Year)	28b. Time of Injury	28c. Inju Wo M 1	ork?	28d. Describe how	w injury occurred		
UIVISION OT V To the Hospital or Attending Physici within 24 hours after death. To the Funeral Director: After this ce completely filled in by the funeral direc	Certification:	3 Sulcide 6 Could not be	e. Place of Injury - At hos building, etc. (Specify	me, term, stre			28t. Location (Str. City or Town,	eet and Number of State)	Rural Route Number,	
Hospita 24 hours Funera	edicai (	29a. Certifier (Check only one) 1 Certifying Physician: 2 Medical Examiner: 0	To the best ot my known the basis of examinating manner stated.	riedge, deeth on end/or inv	occurred at the trestigetion, in my	ime, dete and placa, opinion, deeth occur	and due to the car red et the time, de	use(s) end manne te and placa, and	as stated. due to the cause(s)	
To the within To the	Me	29b. Signeture and title of certitier	marrier stated.		29c. Licen	se number	29	d. Dete signed (M	onth, Day, Year)	
-350		1 Jelm s	mm	}	D2	7189		3/13	196	
		30. Name and address of person who complete	ed cause of death (Item)	£3a) (Type, i				_	-	
		ZAMIN YOUSAK,	MD, 100	Hos	PITAL	Kd, P	rince	treo	levick	
S Regis	tate	31. Dete tiled (Month, Par Gear)	<b>通過數學學的</b>	100	V .	/			,	

DHMH 16 Rev 6/95

Registrar

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Jtem1 4-18-96 FilmG734 W.H.Per f/H. Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 07407 Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Deta of Death 3. Time of Death **Physician** March 11, 1996 Inez Ines Casagrande 11:30 a /Medical 4b. City, Town, or Location of Death 4a. Facility Name (if not institution, give street end number) 4c. County of Deeth Examiner Hillside House; 5502 Harris Farm Road Clarksville Howard County Hours Min. Applied of Birth Min. Applied Pay, Year900 5. Social Sacurity Number 059-01-0301 7. Age (In yrs. iest birthday). 95 Yrs. If Under 1 Yaar 9. Birthplace (State or Foreign **Funeral** Days 1 DM 200 Director Usual Residence of Decadent the Maryland 10a. State 10b County 10c. City, Town or Location 10d. Inside City Limits show or 28a-f show Florida Citrus Director Lecanto 1 ☐ Yes 2 ☐ (1)0 10f. Zip Code 10g. Citizen of What Country? 7 is marked other than "natural", or items 23a or traumatic event, the Medical Examination must be 2730 W. Mark Knighton Court 34461 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuben, Maxican, Puarto Rican, atc.) 14. Race - American Indian, Black, Whita, atc. 72 hours after 1 ☐ Yas 2☐ No If Yas, Give Yaar or Dates: 1 Nevar Married 2 Married permit. Pagas 1 and 2 should be filed within 72 hours aft Department of Health and Mental Hygiens in Important: if them 27 is marked other than "naturel", or any injury or other traumatic avant Baltimore, Maryland 21215-0020 1 ☐ Yes 2 TNO Specify: Š Specify: 3 XWidowad 4 Divorced white Completed Decedant's Usual Occupetion (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4or 5+) accountant telephone company 17. Fether's Name (First, Middle, Last) 18. Mothar's Nama (First, Middle, Meiden Sumeme) Be Francis Cristofoli Domenica Signafori 19a. Informant's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Ms. Gloria Dolloff/daughter P.O. Box 961, Inverness, Florida 34451 20b. Plece of Disposition (Name of cematary, cramatory or other place) 20e. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 XX amation 3 ☐ Removal from State Baltimore-Washington Crematory 3-13-96 4 □ Donation 5 □ Other (Specify) Laurel, Maryland 22. Nama and Address of Facility Slack Funeral Home, P.A. M00535 Ellicott City, Maryland 21043 man, of implications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, and only one cause on each line. Approximate Interval Batw Onsat and Death **Physician** /Medical immediate Ceusa (Final disease or condition rasulting in deeth) 2 phrs 9 EHYDRATION Examiner Examiner burial-transit that the death certificate be axecuted Sequentielly list conditions, if any, leeding to immadiate cause. Enter Underlying Cause (Diseasa or Injury that initioled avents resulting in deeth) Last and Due to (or as e consequence of): physiclan a the bunial Box 68760. Physician/Medical Dua to (or es a consequance of): Part It. Other eignificant conditions contributing to death but not resulting in the underlying causa given in Part I. Records, P.O. 23b. Did tobacco use contribute to the cause of death? tha signed by t 1 | Yee 2 | No 3 | Probably 4 | Unknown SACRA DENBITUS VUER P 24b. Were autopsy findings available prior to completion of ceuse of death? 24a. Was an autopsy performed? Completed peed CHENNIC URINAM TRACT TOFFERON page 2 s 1 ☐ Yes 2 No 1 ☐ Yes 2 No this cartificate **Division of Vital** 25. Was case referred to medical Be 28. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA P 1 Yas 2 No To the Hospital or Attending Pr within 24 hours after death. To the Funeral Director: After th complately filled in by the funeral 27. Mennar of Death 28a. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Certification: 5 Pending investigation 1 Naturel 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 8 Could not be 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28a. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 29e. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete end place, and due to the cause(s) and manner as stated. Medical 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, end due to the ceusa(s) and menner stated. 29b. Signetura and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) D25947 March 12, 1996 30. Nama and address of person who complated ceuse of deeth (Itam 23a) (Type, Print) Evelyn Jackson, MD 5540 Ten Oaks Road, Clarksville, Maryland 21029

Registrar **DHMH 16 Rev 6/95** 

31. Date filed (Month, Day, Year)

MAR 1 4 1996

32. Registrar's Signeture

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96-1273-005 Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. CMK ITEMS: 28b,e,f, PER MEO FILM State of Maryland / Department of Health and Mental Hygiene 07408 G-734 4/18/96 t.t Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month Dey **Physician** JOSEPH ANTHONY CONTI 10,1996 MARCH 0130AM /Medical 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner 1700 EAST JOPPA ROAD TOWSON BALTIMORE COUNTY if Undar 24 Hrs. Hours Min. If Under 1 Yaar 5. Social Security Number 7. Age (In yrs. last birthdey) Birthplaca (Stete or Foreign Country) 8. Dete of Birth (Month, Dev. Year) **Funeral** Deys Months Yrs 25 Director 217113568 MARYLAND Usuel Rasidenca of Decedent d 2 should be filed within 72 hours after death with the Maryland and Mental Hylgene.
7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Element must be notified at 10a, Stata 10c. City, Town or Location 10d. Inside City Limits MD BALTIMORE 1 Yas 2 No Director MIDDLE RIVER 10e Street and Number 10f. Zip Coda 10g. Citizen of Whet Country? 4 COSMOS LANE 21220 Funeral USA 11 Maritai Status 12. Was Decedant Evar In U.S. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - American Indian. Armed Forces?

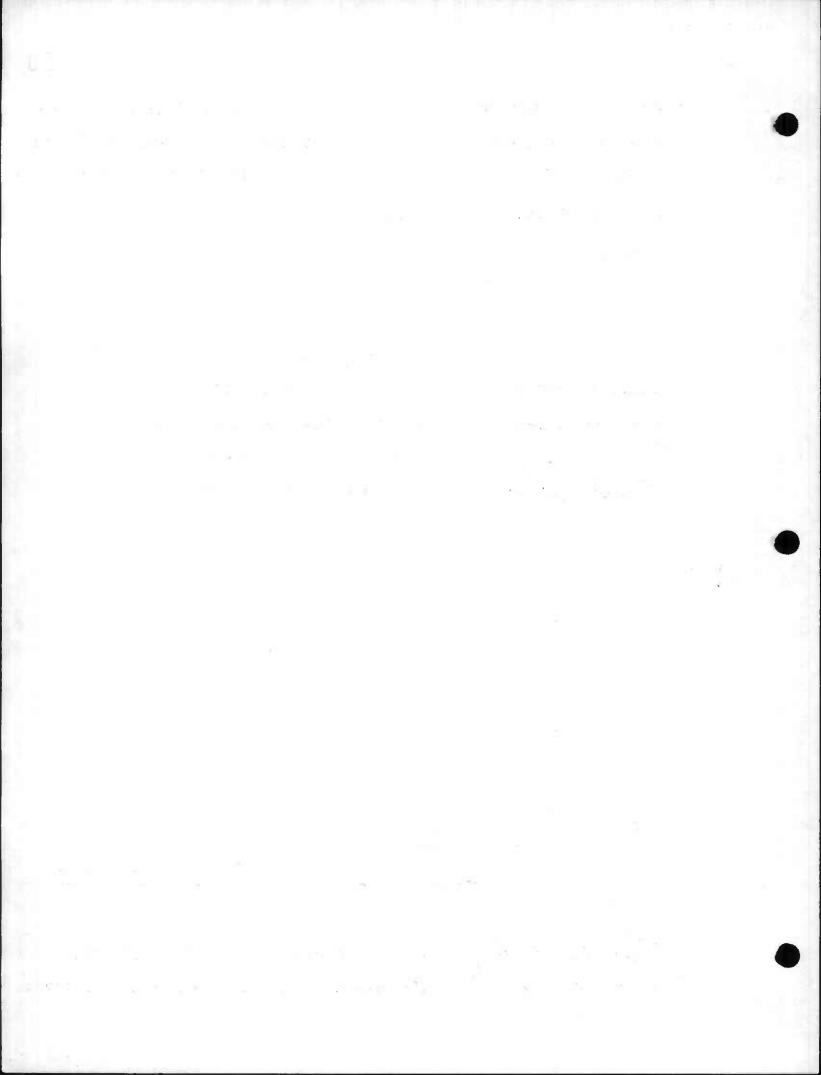
1 Yes XX No
If Yes, Give
Yaar or Dates: Bieck, Whita, atc. 1 Never Merried 2 Merried 21215-0020 1 ☐ Yes 2 ☑ No Specify: þ Specify: 3 ☐ Widowed 4 ☐ Divorced WHITE Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuai Occupation (Giva kind of work done during most of working life. DO NOT use retired) 16b Kind of Business/Industry Elementery/Secondery (0-12) Coilege (1-4or 5+) CONSTRUCTION LABORER 7  $\Omega$ Baltimore, Maryland 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumema) . Peges 1 and 2 should be tilt ment of Heelth and Mental H lant: If tem 27 is marked oth jury or other traumatic evsn Be 2 JOSEPH A. CONTI SR JOANNE BRAUN 19e. informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stata, Zip Code) LISA J. CLARK / SISTER 1052 STEIGER WAY BALTIMORE, MD 21205 20b. Pleca of Disposition (Name of camatary, cremetory or other pleca) 20e. Method of Disposition Dete 20c. Location - City or Town, State 1X Buriai 2 ☐ Crametion 3 ☐ Removei from Stata permit. Pege Department of Important: If any Injury or once. HOLY REDEEMER 4 Donetion 5 Other (Specify) 3/14/96 BALTIMORE, MD 21. Signature of Funaral Service Licensaa 22. Name end Address of Fecility CVACH/ROSEDALE FUNERAL HOME 1211 CHESACO AVE 21237 23a. Part1. End the disease, or complications that caused the deeth. Do not antar tha mode of dylng, such as cardiac or raspiratory errest, shock, or heart feilure. List only one ceuse on aech lina. Approximete Intarvai Between Onsat and Deeth **Physician** /Medical immediate Cause (Fine) disaase or condition resulting in deeth) Examiner Due to (or es a consequence of): Examiner The law requires that the death certificate be executed burial-transit Sequentielly list conditions, if eny, leeding to immediate causa. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest and Due to (or es e consequence of) Box 68760, physician a Physician/Medical Due to (or es e consequança of): 88 signed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? ivision of Vital Records, P.O. 4 Unknown 1 Yes 2 No 3 Probably by 24b. Were autopsy findings available prior to completion of cause of death? 24e. Wes en eutopsy performed? Completed has certificate 2 No 2 No. Yas Mending Physicien: 25. Wes case referred to medical examiner? Be 26. Place of Death (Check only one) Hospitel: 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 1 ¥Yes 2 □ No 2 5 Residence 6 MOther (Specify) AT SCENE this uneral 27. Menner of Deeth 28e. Date of injury (Month, Day Year) 28b. Time of OUNDiury 8:05 28d. Describe how injury occurred Certification: 28c. injury at Work? Affar 1 Neturei 5 Pending Sulas 1 ☐ Yes 2 No deeth. investigetion ourd 8(9/96 2005 PM 0 5 ctor: 2 Accident 10 MOHRS, 3 Suicide 6 Could not be determined 28e. Piece of Injury - At home, ferm, streat, fectory, offica building, etc. (Specify) LANE afte is all HOUSE 4 Hours 100 1 Certifying Physician: To the best of my knowledge, deeth occurred at the tima, date and pieca, and due to the cause(s) and menner as stated.

2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and pieca, and due to the cause(s) and menner stated. edical 29a, Certifle (Check only one) 29b. Signatura and title of certifian 29c. License number 29d. Date signed (Month, Day, Year) To To ul O.C.M.E. MARCH 10, 1996 and address of person who completed cause of earth (Item 294) (Type, Print)

State Registrar 31. Dete filed (Month, Day, Year)

MAR 1 4 1996

111 Penn Street, Baltimore, Maryland 21201



96-1353-510

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

ITEM: 28a, PER MEO FILM G-734 State of Maryland / Department of Health and Mental Hygiene

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or	-	214-08-8045	1⊠M 2□F	26	Yrs.	Months [	Days	Hours	Min.	8. Data of E (Month, I March	31,1	969	Ma	ryla	nd
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O.C.M.E.

30. Nama end eddress of person who completed causa of daath (Item 23e) (Type, Print)

Owid R Fowler 111 Penn Street, Baltimore, Maryland 21201

MARCH 13, 1996

State

#### Please Type or Print In Black indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

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			Cei	rtificate o	f Death		Reg. No.			
DI.	1. Decedent's Nama (First, Middla, I	Last)				2. Date of Dea			Time of Death	
Physician /Medical	James (	Collins				March	Day 1	996 9	:00 AM	
Examiner	4a. Facility Nama (If not institution,	riva street and number)			4b. City, Town, or L	ocation of Death	4c. County	of Death		
	Johns Hopkins	s Bayview	M.C.		Baltimo	re	N/A			
uneral	5. Social Security Number 6	. Sex 7. Ag	a (in yrs. last birthday)	If Under 1 Yas Months Day		8. Data of Birt (Month, Day	h v Year)	9. Birthplaca Country)	(State or Foreign	
Director	236-28-1338	183M 2LIF	71 Yrs.	Monning Buy	110010	Jan 1,		W. Vi	rginia	
	Usual Residence of Decedent  10a. State 10b. County		10c. City, Town or Lo	ention				404.1	1-1	
ahow sdar				Cation					nside City Limits ☐ Yes 2X No	
notfled	Md Baltimore N/A									
디	10a. Street and Number			10f. Zip Code			10g. Citizen of \	What Country?		
la la	3443 Dunhaven			212			USA			
ary or tisms 23a or 28ed s character must be notified by Funeral Director	11. Marital Status  1 Never Married 2 Married  3 Widowed 4 Divorced	12. Was Decedent Armed Forcas? 1 X Yes 2 If Yes, Give Year or Dates:	Vo	Was Decedent of f Yes, apecify Cu 1 □ Yes 2© N	f Hispanic Origin? (Spuban, Maxican, Puarto o Specify:	pecify Yes or No- Pican, atc.)	Specify	e - American Inck, White, etc.  Whi		
nt, the Medical Exit.  Completed by	15. Decedent's	Education	18a. Deced	dent's Usual Occ	upation	t to a	16b. Kind of B	usiness/industr		
vent, the Med	15. Decedent's Education (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4or 5+)  18a. Decedent's Usual Occupation (Give kind of work done during most of wo					king				
Maria Omo	8			1 work	er		Beth	- Stee	1	
Be (	17. Fathar's Name (First, Middle, La	st)			18. Mother's Nam	e (First, Middle,	Maiden Suman	ne)		
7 is marked othe traumatic event, To Be C	James W. Coll	lins			Cora E	llen S	heets			
anma	19a. informant'a Name/Relationship	(Type, Print)	19b. Mallir	ng Address (Stre	et a <i>nd Number</i> or Ru	ral Route Numbe	er, City or Town,	State, Zip Cod	(0)	
<u>b</u>	Cheryl Mac El	lwee /dau	ghter 344	3 Dunh	aven Rd	Baltin	more,	Md 212	22	
ry or other	20a. Method of Disposition  1 ☑ Buriai 2 ☐ Cremation 3  4 ☐ Donation 5 ☐ Other (Special Contents)		20b. Placa of Disponsion Cametery, crem	natory or othar p		Date /15/96	20c. Location -	City or Town, s		
eny injury or other	21. Signature of Funeral Sarvice Lic	ansee A	11 11		y Funera					
	23a. Part1. Entar the diseasa, or co shock, or heart failure. List on	molications that caused			llers Po		2122		roximate rvai Between	
sician edical miner	Immediate Cause (Final disease or condition resulting in death)	a	Due to (or as a consec	lusery quenca of):	maloj	de	ise	- 1	et and Death	
or physician and stress the bunel-transit edical Examiner	Sequentially list conditions, if any, leading to Immadiate cause. Enter Underlying Cause (Disease or Injury	0	Due to (or as a conseq	uenca of):	HF					
Or W	that initiated evants resulting in death) Last	0.	Dua to (or as a conseq	uence of):	000					
for use		d								
the etten hed for u ysiclan	Part II. Other significant conditions	contributing to death b	ut not resulting in the u	nderlying cause	given In Part I.	23b. Did t	obacco use co	ntribute to the	cause of death?	
o detac						1 🗆 '	Yes 2 No	3 Probably	4 Unknown	
2 should						24a. Was perfo	an a <i>u</i> topsy rmed?	availabl	utopsy findings e prior to tion of cause 1?	
rector, page 2						101	res 2 No	1 🗆 Yes	s 2 No	
director,	25. Was case refarred to medical examiner?				26. Place of Dea	th (Check only o	ne)			
	1 Yes 2 10	Hospitat:	ont 2 Er/Outpatier	t 3 DOA	Other: 4 Nursing H	ome 5 Resid	dence 6 Oth	er (Specify)		
funera tlon:	27. Manner of Death  1 Matural 5 Pending 2 Accident investigat 3 Suicida 6 Could not	be	y Year) Injury	M 1	☐ Yes 2☐ No					
ed in by the	3 Suicida 6 Could not determine	28e. Place of Inj building, et	ury - At home, farm, str c. (Specify)	eet, factory, offic	a	28f. Location (S City or Tox	Street and Numb vn, State)	per or Rural Ros	ute Numbar,	
dical	29a. Certifier  (Check only one)  1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.  2 Medicat Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.									
Me	29b. Signature and title of certifier	-			nsa number		29d. Date signe	d (Month, Day,	Year)	
-	Gergen. Ka	gen. Karlar MD -			D16189			3-11-1986		

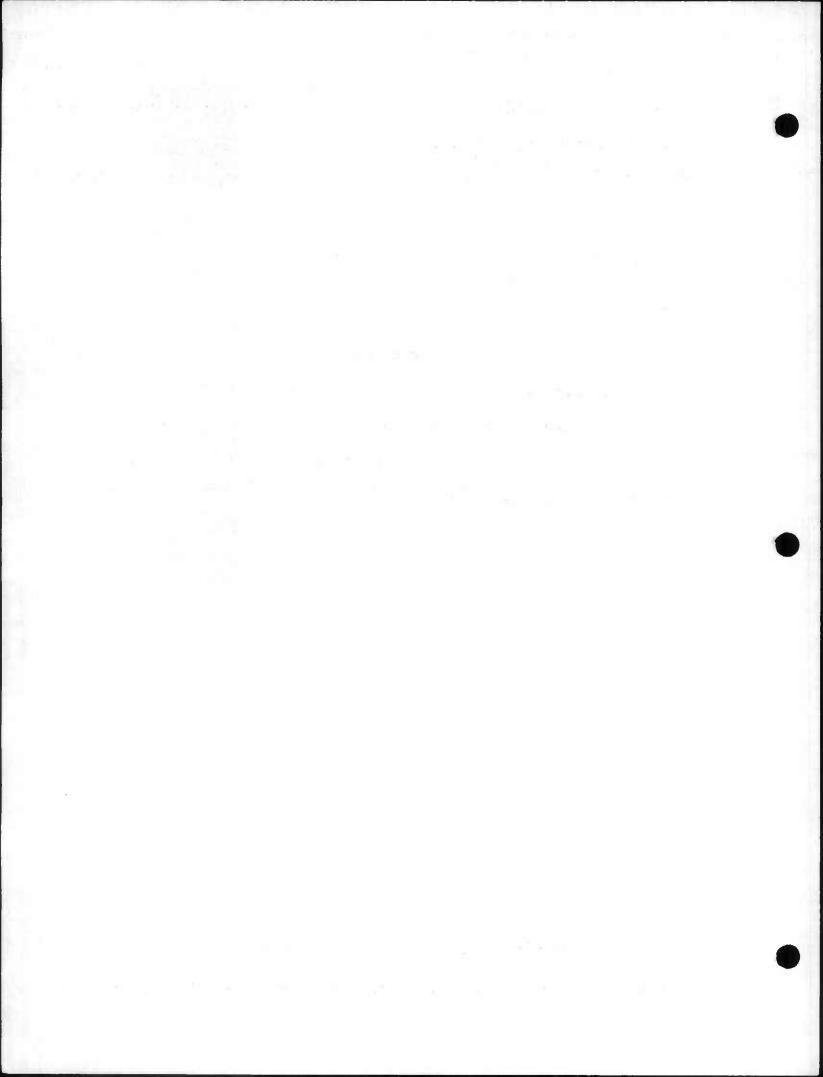
State Registrar

George N. KarKar, M.D. 1107 North Point Blvd Baltimore, Md 21224

31. Date filed (Month, Day, Year)

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

DHMH 16 Rev 6/95



#### Please Type or Print in Biack Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Desedant's Nama (First, Middla, Last) 2. Data of Death **Physician** /Medical 4a Facility Nama (If not Institutiop, giv cation of Daath 4c. County of Death Examiner VEW A if Undar 1 Yaar If Undar 24 Hrs. 8. Data of Birth (Hooth, Day, 5. Social Sacurity Numbe 7. Aga (In yrs. last birthday) Birthplaca (State or Foraign Country) **Funeral** Months Days Hours 07 03 Director Md Usual Rasidance of Decedant 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits N. A Balto Md Yas 2 No Director 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 3004 21216 4.5 Funeral 14. Race - Amarican Indian, 13. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 11. Marital Status 12. Was Decedant Evar in U,S. Black, Whita, atc. Armed Forcas 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas: 1 Navar Marriad 20 Married 1 ☐ Yas 2 No Specify: þ Black 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Stevedor LONgohoreman 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maldan Surnama) Be ele. erson DOUGLAS CARRIE MC 2 Name/Ralationship (Type, Print) 19b. Meiling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 3004 Balto. md 20b. Placa of Disposition (Name of camatary, crematory or other place) OVELL 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 Buriai 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 Donation 5 Other (Specify) mem 21. Signature of Funaral Sarvice Licenses dock Part. Enter the disease, or complications that caused the death. Do not enter the shock, or heart failure. List only one cause on each line. Physician Immediata Causa (Final disaasa or condition rasulting in death) /Medical Examiner Examiner hysician and the burief-transit The law requires that the death certificate be executed Sequentially list conditions, if any, laeding to immediata causa. Enter Undartying Causa (Disaase or injury that initieted evants rasulting in death) Last Division of Vital Records, P.O. Box 68760, physician Physician/Medical 68 esn for signed by the a Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by 2 No 3 Probably 4 Unknown 1 Yes þ 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Wes en autopsy performed? page 2 certificate has 1 TYAS 1 🗆 Yas Atlending Physician: funeral director, 25. Wes casa refarred to medical axaminar? Be 26. Place of Deeth (Check only one) Other: 4 Nursing Homa 2 1 Yas 2 No Rasidance 6 Othar (Specify) 1 Inpatiant 2 ER/Outpatient 3 DOA After this 27. Menner of Daath 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28b. Time of 28d. Dascribe how injury occurred Certification: 1 Natural 2 Accidant 5 Panding invastigation 1 Yas 2 No I Director: 6 Could not be datarmined 3 Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) To the Hospital or A within 24 hours after To the Funeral Direct 4 Homicide

State Registrar

Medicai

29a. Certifier

(Check only one)

11. Data filed (Month, Day, Year)

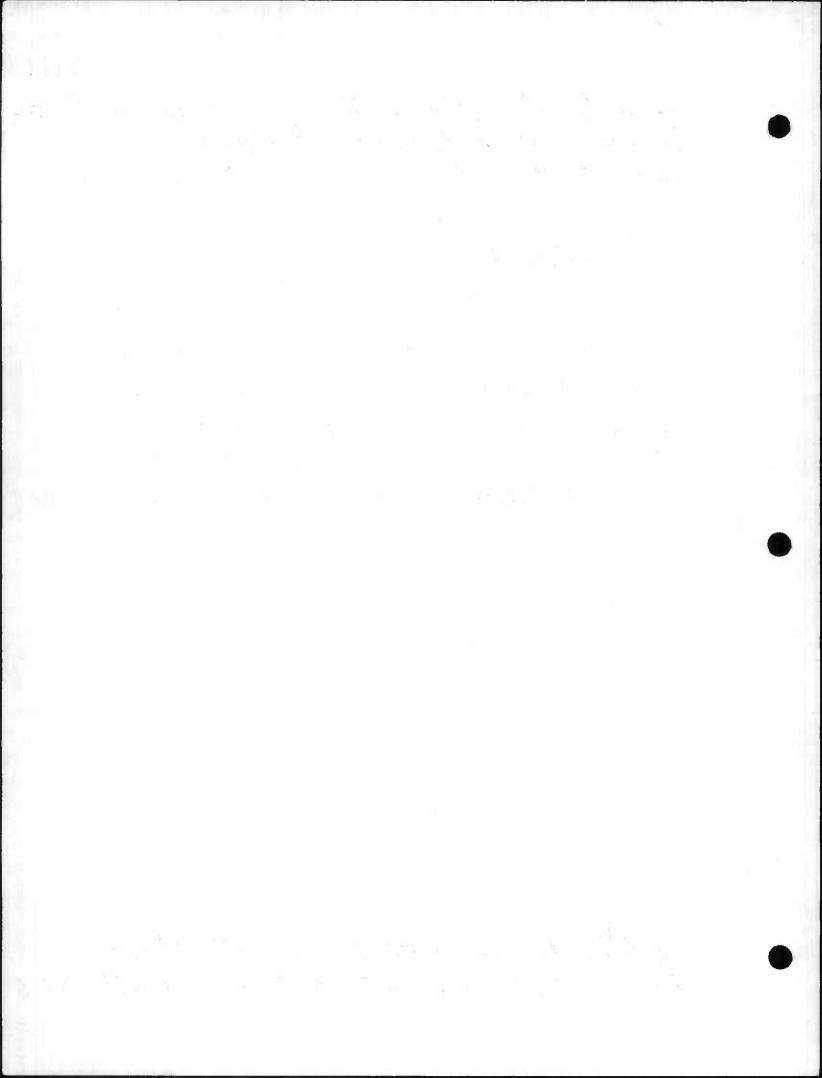
32. Registrar's Signatura Willia Navidson-Randelle

Certifying Phyeician: To the best of my knowledge, death occurred at tha time, data and place, and dua to the causa(s) and manner as stated.

| Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and dua to the cause(s) and manner stated.

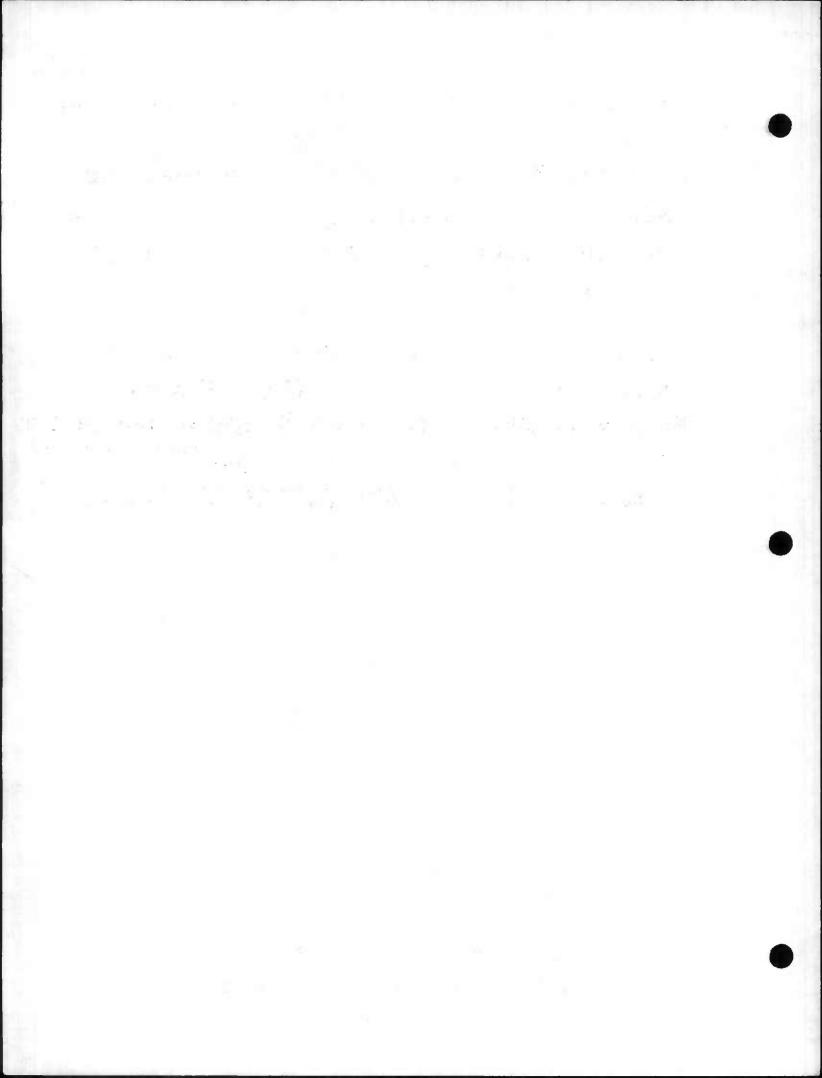
29d. Date-signed (Month, Day, Year)

DHMH 16 Rev 6/95



## Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

	Film	G7:	33 item 24a, 25,29d per	State of Marylai Hosp. 3/14/96			nd Mental H	ygiene 9	6 07412							
	Physic		1. Decedent's Neme (First, Middle, Last, James M. Ellis				2. Dete of D Month March	Dey	Yeer 3. Time of Death 12:30 PM							
	/Medi Examii		4a. Facility Neme (If not institution, give				n, or Location of Dec									
	Funeral Director		217 40-1363		. last birthdey) If Un Month	BALT] der 1 Yeer If Under 24 ns Days Hours	Hrs. 8. Dete of B	irth Dey, Year) 23 - 1929	Birthplece (State or Foreign Country)							
	r 28a-f show	tor	Usuel Residence of Decedent  10a. State 10b. County	10c. C	Bout 1 m	ore			10d. Inside City Limits  Yes 2□ No							
	th with the 23s or 28s	Funeral Director	10e. Street end Number 2105 Westw	ood Aven		ZIp Code 21216		10g. Citizen of V	Vhat Country?							
020	or items	by Funer		12. Wes Decedent Ever in U Armed Forces? 1 ⊠ Yes 2 □ No If Yes, Give Yeer or Detes: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	If Yes, s	cedent of Hispanic Origination of Compectify Cuban, Mexican, Specify:	n? (Specify Yes or N Puerto Rican, etc.)		a - American Indian, ck, White, etc.							
21215-0020	"na"	Completed	15. Decedent's Edu (Specify only highest gred Elementery/Secondery (0-12)	cation	16a. Decedent's U (Give kind of life. DO NO	work done during most of	of working		dealers							
Maryland 2	s 1 and 2 should be filed withing Hygiene. If Heelth end Mental Hygiene. Item 27 is marked other than other traumatic event, the M	To Be C	17. Father's Neme (First, Middle, Last)  Jomes Ellis			18. Mother	s Name (First, Midd	de, Meiden Sumern	rd .							
nore,	age anto		19e. Informant's Name/Reletionship (Ty  NS + + + + + + + + + + + + + + + + + + +	EIIIS  20b.  demovel from Stete	6632 S Plece of Disposition (I cametery, cremetory of	ess (Street and Number Sheete Dy Neme of or other piece)	A 1	202, Bo	City or Town, Stete A 27							
Balti	permit. Page Department of Important: If any Injury or once.		21. Signature of Funerel Service License	Russ (dep)	22. Name Joseph		is Funer	al Hom	e, 2222 W. D 21216							
	Physician /Medical Examiner		23a. Part. Enter the disease, or compliance, or heart failure. List only or timmediate Cause (Final disease or condition resulting in death)	Chronic Obs		ulmonary Di		arrest,	Approximete Interval Between Onset and Deeth							
	cate be executed physician and s the buriel-transit	Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause, (Disease or Injury	Respiratory Due to (	or es e consequence											
9	certificate be nding physicia use as the bur	edicai	Cause (Disease or Injury that Initiated events resulting In death) Last	Due to (	or es a consequence o											
Box	death certifi he attending hed for use as	Physician/M	Pert II. Other eignificant conditions con	tributing to death but not re-	sulting in the underlyin	g cause given in Pert I.	23b. DI	d tobacco use co	ntribute to the cause of death?							
0	signed by the atter be detached for u	by	History of Atria	l Fibrillatio	n		1)	Y•• 2□ No	3 Probably 4 Unknown							
Records,	has been ge 2 shoul			Completed										per	s an autopsy formed?	24b. Were autopsy findings aveileble prior to completion of cause of death?
=	ilcian: The li certificate ha rector, page	Be Co	25. Wes case referred to medical			28. Place o	of Deeth (Check only	Yes 2/17 No	1 Yes 2 No							
o	ing Phys After this funeral di	2	2	exeminer?  NQ Yes 2 No  27. Manner of Death  1 Neturel 5 Pending 2 Accident investigation	lospitel: 1 ☐ Inpetient 24 28a. Date of Injury (Month, Dey Year)	28b. Time of Injury	DOA Other: 4 Nurs  28c. Injury at Work? 1 Yes 2 No		sidence 6 Other							
5	To the Hospital or Attending within 24 hours after death.  To the Funeral Director: After completely filled in by the fune	Certification:	3 Suicide 8 Could not be determined	28e. Pleca of Injury - At h building, etc. (Speci	ome, farm, street, fect fy)		28f. Location	28f. Location (Street end Number or Rural Route Number, City or Town, Stele)								
	To the Hospital within 24 hours a To the Funeral I completely filled	edical	29e, Certifier (Check only one)  1  Certifying Physical Continuous	ician: To the best of my knower: On the besis of examination and manner stated.	owiedge, death occurre ation end/or investigati	ed et the time, dete and ion, in my opinion, death	plece, and due to th occurred at the time	e cause(s) and ma e, dete and place,	nnar as steted. and due to the cause(s)							
	To th withir To th comp	Me	29b. Signeture and the of cartifier		29c. License number P07763			29d. Date signed (Month, Day, Year)  March 8, 1996								
	-		30. Name end eddress of person who co			D 1	N. 04655									
	Sta Registr	_	S. Shah, M.D., 22 31. Dete filed (Moeth, Par, Year), 4 190	32. Broistrar 9 900	e Street, ajure doon-Randell	paltimore,	MD 21201									



Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 Film G733 item 8.9 per F.H. 3-14-96 rja Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3 Time of Death Month **Physician** FIFER SR NORMAN MARCH /Medical 4e. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner NULSING + REHABILITATION CENTER BEL AIR

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Armed Forcas?

1 \*\*M\*\* es 2 \*\*D No
If Yes, Give
Yaar or Dates: 14. Race - American Indien, Black, White, etc. 7 is marked other than "natural", or flams traumetic avant, the Medical Examiner m 11. Meritai Status Was Decedant of Hispanic Origin? (Specify Yas or No-ff Yes, specify Cuban, Mexican, Puarto Rican, etc.) filed within 72 hours after 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☑ No Specify: ğ Specify: WHITE 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupation (Giva kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedant's Education (Specify only highest grada completed) Elementary/Secondery (0-12) College (1-4or 5+) Hygiene. MECHANIC 12 YRS BALTO. COUNTY POLICE Pages 1 and 2 should be filed vent of Heelth and Mental Hygie int: If itam 27 is marked other i 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumame) Be IHEODORE FIFER ROSE LABEL 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Department of Heelth a important: If itam 27 is any injury or other training. CIRCLE THEODORE BENTLY BELAIR FIFER 21015 20b. Place of Disposition (Neme of cemetery, cremetery or other place) 20a. Method of Disposition 20c. Location - City or Town, State USBurial 2 ☐ Cremetion 3 ☐ Ramovei from Stata PARKWOOD MARKUILLE 4 ☐ Donetion 5 ☐ Other (Specify) CEM. 21. Signature of Funeral Sequice License 22. Name and Address of Facility
EVANS FUNERAL CHAPEL 21234 8800 HARFORD. RD. 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not entar tha mode of dying, such as cardiec or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximate Interval Between Onset and Death Physician /Medical tmmedlete Cause (Fine) all Cancer - Lung Vear disaasa or condition resulting in deeth) **Examiner** Examiner physician and the burief-transit Sequantially list conditions, if eny, leading to immediate cause. Enter Undarlying Couse (Diseese or Injury that initiated events rasulting in death) Lest Due to (or es e consequence of) Physician/Medical Due to (or es a consequance of): 80 esn signed by the a d be detached f Pert fi. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings evailable prior to completion of cause of death? 24a. Wes an autopsy performed? Completed has page 2 2 No 1 ☐ Yes 2 No certificate 25. Wes case referred to medical Be 28. Place of Death (Check only one) Hospitel: 1 ☐ inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2√ No funeral 27. Menner of Deeth 28a. Dete of Injury (Month, Dey Year) 28b. Tima of 28c. Injury et Work? 28d. Dascribe how injury occurred 1 Naturel 5 Pending 1 ☐ Yes 2 ☐ No investigetion 2 Accidant 6 Could not be determined 3 ☐ Suicide 28f. Location (Street end Number or Rural Routa Number, City or Town, Stete) 4 Homicide

Records, P.O. Box 68760. Division of Vital Hospital or Attanding Physician:
 24 hours after death.
 Funeral Director: After this certifica To the Hosp within 24 ho To the Fune completely f

28e. Pieca of Injury - At home, ferm, streat, factory, offica building, etc. (Specify) Tertifying Physicfan: To the best of my knowledge, deeth occurred et the time, deta and plece, and due to the cause(s) end menner es stated.

2 Madicaf Examiner: On the basis of axamination and/or invastigetion, in my opinion, death occurred et the time, date and pleca, end dua to the cause(s) end manner stated. 29a. Certifler (Check only one) 29b. Signature end title of certifier 29c. License number

ND

29d. Deta signed (Month, Dey, Year)

D3465 2

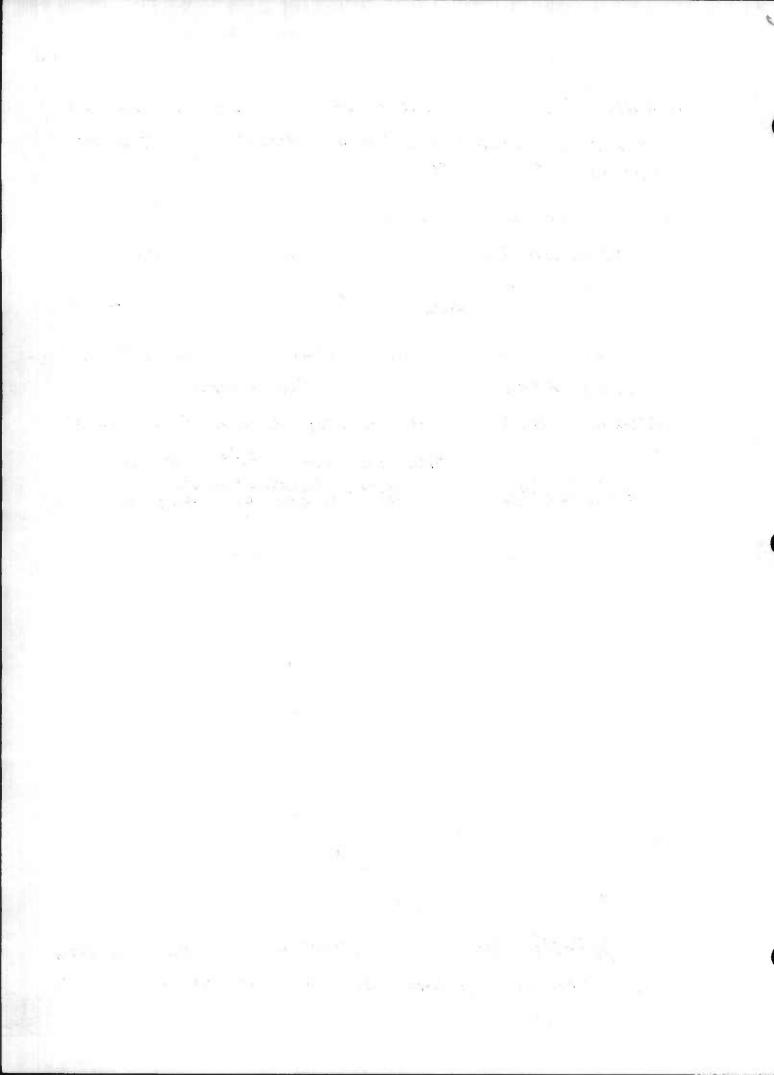
30. Neme and address of person who completed cause of deeth (Item 23a) (Type, Print)

HASWELL BEL AIR MARYLAND 21014 32. Ragistrar's Signeture NORTH AVE SCOTT 31. Dete filed (Month, Day, Year)

State Registrar

Medicai





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				State of N	narylanu	•	tificate of	Death	wentai ny	Reg. No.		01414							
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-	/Medi Examir	cal	4a. Fecility Neme (If not institution, g					March Location of Dee											
7	<b>Examin</b>	ier	Manor Care He	ritage Nur	sing Ho	me			dalk	Baltimore									
	Funeral Director		5. Social Security Number 212-52-7637	Sex 7. A 1 □ M 2 1 F	ige (In yrs. lasi 90	birthdey) Yrs.	if Under 1 Yeer Months Deys	if Under 24 Hrs Hours Min.		rth ay, Year) -06	9. Birthp Coun	elece (Stete or Foreign etry) Austria							
Marylan	show	ō	Usuel Residence of Decedent  10e. State 10b. County  MD	Baltimore	10c. City, T	own or Loc					1	0d. Inside City Limits 1 ☐ Yes 2 No							
	h with tha h	i Direct	10e. Street end Number 1507 Chapel I	Hill Dr.			10f. Zip Code 212	237		10g. Citizen of US		try?							
	ours after death with the Merylan et', or Items 23a or 28e-f show Examiner evest be notified at	by Funeral Director	11. Meritel Status  1 Never Married 2 Married 3 XWidowed 4 Divorced	12. Wes Deceden Armed Forces 1 Yes 27 if Yes, Give Yeer or Detes	? ] No		Ves Decedent of H Yes, specify Cub	dispanic Origin? (Sen, Mexican, Puer Specify:	specify Yes or Note Rican, etc.)	o- 14. Re Ble Speci	ce - Americ eck, White, fy: wh								
		Completed	15. Decedent's (Specify only highest g Elementery/Secondery (0-12)	Education rade completed) College (1-4or		(Give I life. D	ent's Usuel Occup kind of work done OO NOT use retire nemaker	pation during most of wo d)	rking	16b. Kind of E	Business/ind								
	permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiera. Important: If fem 27 is marked other than any Injury or other traumatic event, tra Ma once.	To Be C	17. Father's Neme (First, Middle, La. Alois Sommer			Hon	ICIIIAKEL	18. Mother's Ne Agnes	me (First, Middle Hutter	, Meiden Sume		me							
	1 and 2 should Health and Men em 27 is marker other traumatic		19e. Informant's Neme/Reletionship Lillian McQuist		nter			and Number or Ri Hill Dr.			o, State, Zip 21237	Code)							
Baltimore,	permit. Pagas 1 and Department of Health Important: if Nem 27 any Injury or other tr once.		20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremetion 3 4 ☐ Donetion 5 ☐ Other (Spec	Removel from Stet	cem	etery, crem	sition (Name of netory or other ple of Faith	ce)	Dete 3-13-96	20c. Location Baltin									
Balt	Departi Importi any Inj		21. Signature of Funeral Services Le	finsee )		22. C 1	Name end Addre Cvach/Ros 211 Ches	ess of Fecility Sedale Fusaco Ave.	neral H Baltim	ome ore, MD	2123	37							
			23a. Part1. Enter the disease, or or shock, or heart failure. List on	plications thet cause one ceuse on each	ed the deeth. I							Approximete Intervel Between Onset end Deeth							
15	Physician /Medical Examiner		Immediate Cause (Final disease or condition resulting in death)	. Co	nograd	Tue	Heare	t faulu	10			Criser end Deem							
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	be executed ician and burial-transi	Examiner	Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	5.	Due to (or es	a consequ	uence of):												
-	g phys	edical	cause. Enter Underlying Cause (Disease or injury that initieted events resulting in deeth) Lest	ones Due			Due to (or es e consequence of):												
Вох	attendin for use	lan/		d															
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I Re	ant: The law tificate has tor, page 2:									10	Yes 2 No		Yes 2 No						
of Vital	ician: certific rector,		25. Wes case referred to medical examiner?	Hospitel:			Ott		eth (Check only	_									
o	Property of the control of the contr	n: To	1 ☐ Yes 2 No 27. Menner of Deeth	28a. Dete of In	lury 28	Outpetlent b. Time of	3□ DOA Ou 28c. Inju	4 pt Nursing I	T	ldence 6 □Ot how injury occu		1)							
Division Pending	1 2 2 3	catio	2 Accident investigetion M					Work? 1  Yes 2 No											
	and a series	Certification:	3 ☐ Sulcide 6 ☐ Could not 4 ☐ Homicide determine	d 286. Piece of in	njury - At home etc. (Specify)	, ferm, stre	et, fectory, office			(Street and Num wn, Stete)	ber or Rura	il Route Number,							
	n 24 hour n 24 hour he Fubers pletely (iii	edical	29e. Certifier (Check only one)	thysician: To the besi miner: On the besis end menner s	of exemination	dge, deeth end/or inv	occurred at the tire estigation, in my o	me, dete end piece opinion, deeth occu	a, end due to the erred et the time	cause(s) end m	enner es si , end due to	eted. the cause(s)							
	To the within 2 To the comple	Σ	29b. Signeture and titla of certifier				29c. Licens	se number		29d. Date sign	ed (Month,	Dey, Year)							
0	6		30. Neme and eddress of person who	completed cause of	death (Item 00	a) /Tuna	WZ	11646		8/9	196	2							
	,		DR. W. EDWARDS	1005		ENT R	-	STPOINT,	MD 212	224									
	Sta Registr		31. Dete filed (Month, Dey, Year) MAR 1 4 1996	July David	trer's Signature	100			. 3 2/										

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Deeth Month **Physician** DORIS FORD A. 12, 1996 4:15 P.M. March /Medical 4a. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Towson Stella Maris Nursing Home Baltimore 5. Sociel Security Number If Under 1 Yeer If Under 24 Hrs. 8. Date of Birth
Jan. 21, 1922 9. Birthplece (State or Foreign Mary Land 6. Sex 7. Age (In yrs. last birthday) **Funeral** 1 M 2 KF Months Deys Hours Min 74 Yrs. 217-12-8245 Director Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at 1 Yes 2 No Directo Maryland City Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? death with 417 Fawcett Street 21211 U.S.A. Funeral 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☐ No 14. Raca - American Indian Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marltal Stetus Bleck, White, etc. 72 hours efter 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: If Yes, Give Year or Dates: Specify: by 3 Midowed 4 ☐ Divorced White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) other than Housewife Homemaker 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) 12 should be fi nend Mentel I is marked of 8 William Anderson Uhler Zenobia Heise 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) permit. Pages 1 end 2: Department of Health er important: If item 27 is any injury or other trau Patricia A. Renald - Daughter 3250 Murray Rd. Finksburg, Md. 21048 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition
1 ☑ Burlel 2 ☐ Cremation 3 ☐ Removal from State 20c. Location - City or Town, Stete Loudon Park Cem. March 15, 1996 Baltimore, Md. 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Name and Address of Fecility
Eckhardt Funeral Chapel 11605 Reisterstown Rd. Owings Mills, Md. 21117 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heert lailure. List only one cause on each line. Approximete Interval Between Onset and Death Physician /Medical Immediate Cause (Final • PANCREATIC CANCER disease or condition resulting in deeth) 2 mo. Examiner Due to (or es a consequenca ol): Examiner Iding physician and ise as the buriel-transit certificate be executed Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Last Due to (or es a consequença of): Box 68760. Physician/Medical Due to (or es e consequence of): USe as for u The law requires that the death P.O. I Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by 3 Probably 4 Unknown 1 Yes 2 No Records, p 2 24b. Were autopsy lindings aveilable prior to completion of cause of death? Completed 24a. Was an autopsy peed hes page 2 certificate 1 Yes 1 Yes Division of Vital Be 25. Was case referred to medical 28. Place of Death (Check only one) examiner Other: 4 Nursing Home 5 Residence 6 Other (Specify) HOSPICE 2 No 2 1 Yes 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA After this 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Certification: Hospital or Attending 5 Pending Investigation Natural 2 Accident Injury s after death.

i Director: After de in by the fundament 1 ☐ Yes 2 ☐ No 3 Sulcide 6 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Placa ol Injury - At home, ferm, street, factory, office bullding, etc. (Specify) To the Hospital or Att within 24 hours after d To the Funeral Direct completely filled in by 4 | Homicide Medicai 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, end due to the ceuse(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigetion, in my opinion, deeth occurred at the time, date and place, and due to the ceuse(s) and manner stated. 29a. Certifier (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) DR. KENDALL FAULKNER 2300 DULANEY VALLEY RD., TOWSON, MD 21204 22 Registrar's Signature 31. Dete liled (Month, Day, Year) State Registrar

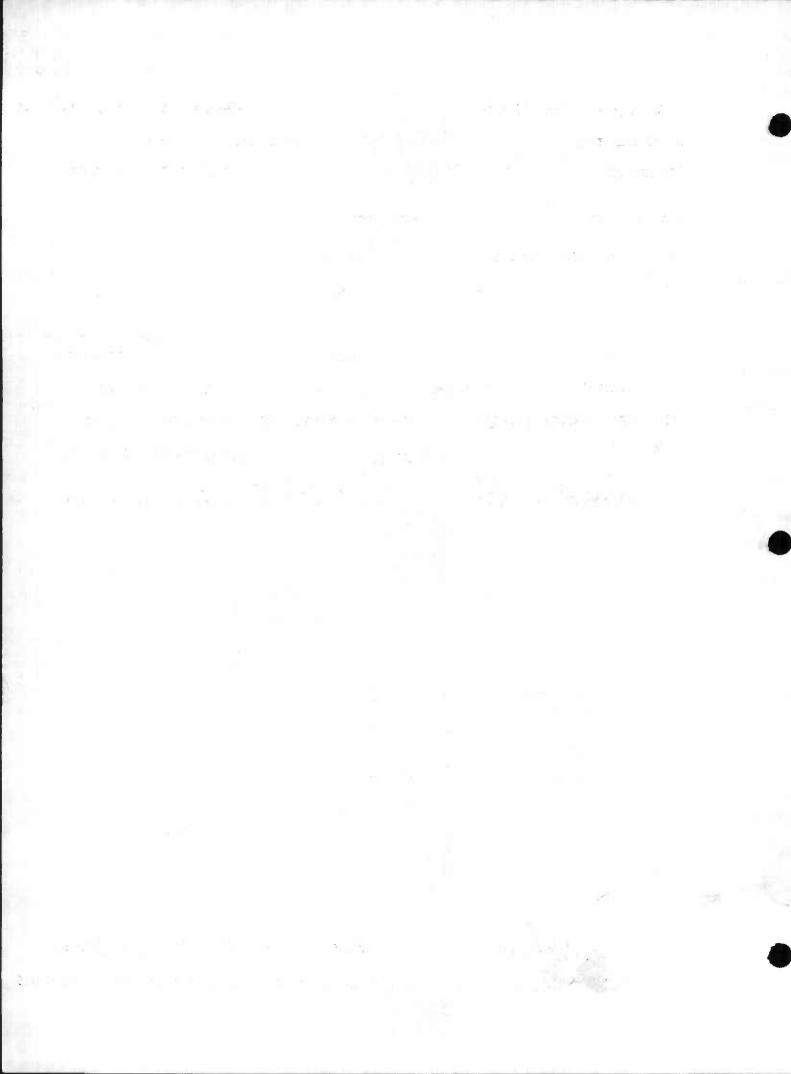
DHMH 16 Rev 6/95

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State of Maryland / Department of Health and Mental Hygiene 6 Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Data of Death 3. Time of Death Month **Physician** 425 PM Goldberg 1996 EUNICE March /Medical 4a. Facility Nama (If not institution, give street end number, 4b. City, Town, or Location of Death 4c. County of Death Examiner SINAI HOSPITAL BALTIMORE N/A 5. Sociel Security Number If Undar 1 Yeer If Undar 24 Hrs. MAY 5, 1909 6. Sex 7. Aga (In yrs. last birthday) 9. Birthplace (State or Foreign **Funeral** 10M 20 F Months Deys Hours MARYLAND 86 Yrs Director 214-03-6677 Usuel Rasidance of Dacedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or Items 23a or 28a-f show traumetic event, the Medical Examiner must be nothed at 1 Yas 2 No Director MARYLAND N/A BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 2908 TERRY DRIVE, APT. C 21209 USA Funerai deeth 12. Was Decedent Ever In U,S. Armed Forcas? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Maxican, Puarto Rican, atc.) 14. Rece - American Indian, Black, Whita, atc. e filed within 72 hours after all Hyglene.
Other than "natural", or item 1 Never Merried 2 ☐ Married 1 ☐ Yes 2X No If Yes, Giva Yaar or Dates: Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: Specify: WHITE by 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) SOCIAL SECURITY Elemantary/Secondary (0-12) College (1-4or 5+) 12 CLERK **ADMINISTRATION** permit. Pages 1 and 2 should be file Department of Heelth and Mental Hy Important: If Item 27 is marked other or or other traumatic event. 17. Fathar's Nama (First, Middle, Last) 18. Mother's Nema (First, Middle, Maidan Sumama) Be **ABRAHAM GOLDBERG** MOLLTE HARRIS 19e. Informent's Name/Raiationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Steta, Zip Code) MRS. IRENE MINDELL (SISTER) 13 POMONA SOUTH, APT. 6 BALTIMORE, MD 21208 20b. Placa of Disposition (Nama of cematary, crematory or other place) 20e. Mathod of Disposition 20c. Location - City or Town, Stata 1 Buriai 2 Cramation 3 Ramoval from Stata 3-13-1996 OWINGS MILLS, MD 4 □ Donation 5 □ Other (Spacify) HAR SINAI 22. Nama and Address of Facility SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN ROAD BALTIMORE, MD 21215 23a. Part I. Entar the disaasa, or complications that caused tha daath. Do not enter the mode of dying, such as cardiac or raspiratory arrest, shock, or haart failura. List only one cause on aech lina. Approximate Interval Batw **Physician** Immedieta Causa (Final disaasa or condition rasuiting in daath) /Medical Sepsis **Examiner** Due to (or es e consequence of): Examiner Urinary Tract Infection ettending physician and for use as the buriel-transit Sequantielly list conditions, if any, leeding to immadiata causa. Enter Underlying Cause (Disaasa or injury that initiated avants resulting in deeth) Last Dua to (or as e consequence of): certificate be exec Box 68760. Physician/Medical Dua to (or as a consequence of): signed by the e P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown Records, by 24b. Wera autopsy findings available prior to completion of cause of death? Completed 24a. Wes an autopsy performed? peen certificate hes 1 Yas 2 No 1 ☐ Yes 2 ☐ No Division of Vital 25. Was casa rafarred to medical axaminer? Be 26. Placa of Death (Check only ona) Hospitai: Othar: 4 Nursing Home 5 Residence 6 Othar (Specify) 1 ☐ Yes 2 No 2 2 ER/Outpatient 3 DOA this funeral 27. Manner of Death after death. 28a. Date of Injury (Month, Dey Year) 28b. Time of Injury 28d. Dascribe how injury occurred 28c. Injury at Work? Certification: 5 Pending invastigation 1 ☐ Yas 2 ☐ No 2 ☐ Accident 6 Could not be datarminad 3 Suicide 28a. Piace of Injury - At homa, farm, straat, fectory, offica building, atc. (Specify) 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) 3 4 Homicide 8 To the Hospital within 24 hours a To the Funeral Completely filled Hospital 29a. Certifiar 12 Certifying Physician: To the bast of my knowledge, death occurred et the time, date and piece, and due to the ceuse(s) and manner as stated.

2 Medical Examiner: On the basis of examination end/or invastigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner steted. (Check only 29b. Signatura end titla of certifiar 29c. Licansa number 29d. Date signed (Month, Dey, Year) AS2402321-CG-9919 March 11,1996 30. Nama and address, peson who completed causa of death (Itam 23a) (Type, Print) 2401 West Belvedere Avenue Battimore, Maryland 21215 31. Pata filed (Mopte Day, Year) Julia David Registras Sprenza State

Registrar



TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE RINKEAR DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hourd after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

INTERMINE TITIEM 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR STATE REGISTRAR

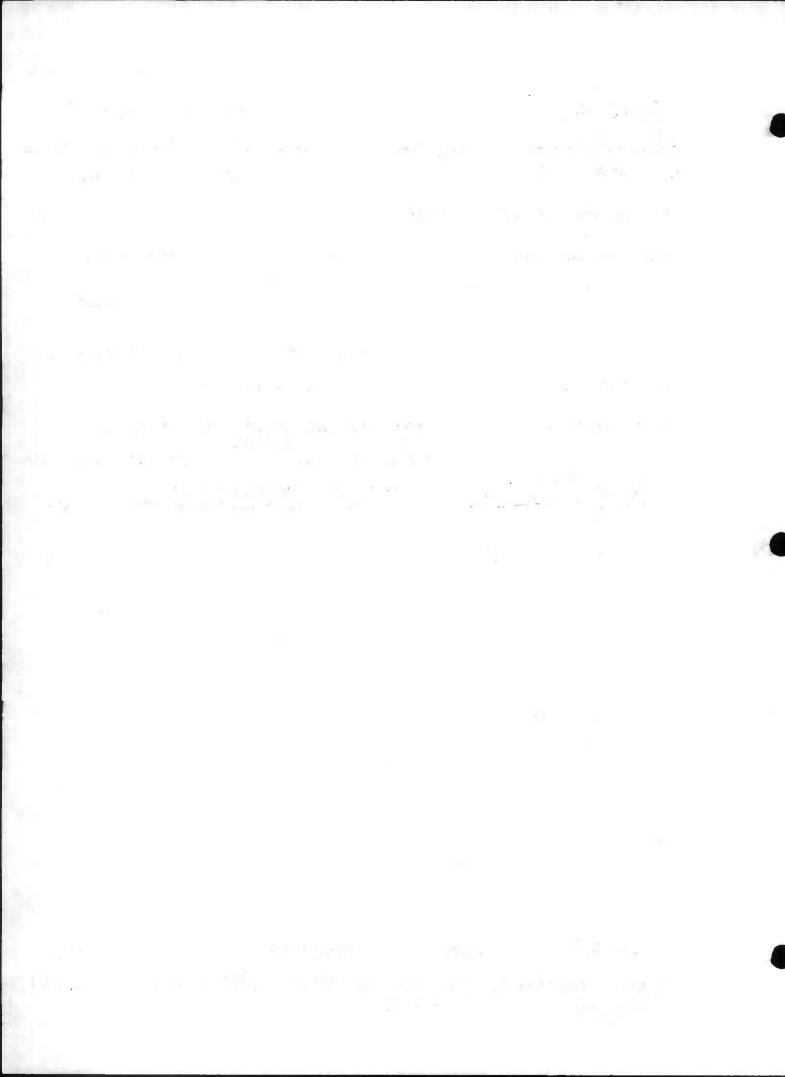
## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF OEATH  3. TIME OF OEATH														
	Olive M	. Gun	kel						_	MARCH	13	K	796 10	1.20 Am	
	4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER		IF UNDER		7. DATE OF BI		1	8. BIRTHPLACE	(State or Foreign	
1	212-34-69	15	1 🗌 M 2 🗶 F	90	YRS.	MONTHS	DAYS	HOURS	MIN.	December	23 1	905	Wiscons	sin	
	9a. FACILITY NAME (If not i						9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY C					TY OF DEATH			
P.	Union M		al Hosp	oital		В	alt	imor	e C	ity		N/I	N/A		
[[	RESIDENCE OF DE	10b. COUNT	Y		10c CITY	r. TOWN C	OR LOCAT	TION				104 MOIDE CITY			
DIRECTOR	Maryland	Balti	imore		Baltimore						10d. INSIDE CITY LIMITS? 1 YES 2 X NO				
FUNERAL	100. STREET AND NUMBER		nue		101. ZIP CODE 21210					10g. CITIZEN OF WHAT COUNT United States					
i .	11. MARITAL STATUS 1 Never Married 2			IT EVER IN U.S. ARI					, Puerto Ricen,	ecify Yes o	or No-	14. RACE — Ame Black, White Specify:			
D BY	3 Widowed 4 Div		1											White	
E	(Specify on	Y highest grade	CATION completed)	(Gh	DO NOT US	rock done i	CCUPATIO	ON ast of working	g	16b. KIND	OF BUSI	NESS/IND	USTRY		
COMPLETED	Elementary/Secondary (	0-12)	College (1-4 or 5-	+)	cse A		het	ist		Med	lical				
E CO	17. FATHER'S NAME (First, Middle, Last)  Simon Peter Richtmann  18. MOTHER'S NAME (First, Middle, Maiden Surrame)  Edith Juon														
TO BI	19a, INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)														
	Richard J. Gunkel  1115 Overbrook Road Baltimore, MD 2123  20e. METHOD OF DISPOSITION 1 Burlet 2 & Cremetion 3 Removal from State  20b. PLACE AND DATE DISPOSITION (Name of competent, crimetory or other place)  20c. LOCATION — City or 1														
	1 Buriel 2 A Crematic	on 3 🗆 Rem r (Specify)	noval from State	cemetery, cren	natory or off	her place)				3/18					
	21. SIGNATURE OF FUNERAL SERVICE LIGHBEE  22. NAME AND ADDRESS OF FACILITY  Mitchell—Wiedefeld Home, Inc.												Jacard		
	► Ju	1.	***			65	000	York	Road	l Balti	moré	. Ma	rvland	21212	
	23. PART I. Enter the dahock, or h	liseases, or deart fellure.	complications the	t caused the dea	ith. Do n	ot enter	the mo	de of dyl	ng, such	aa cerdiac o	r reapira	tory arm	ent, 1 A	Approximata Interval Batween	
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Respiratory distress  a. Respiratory distress  Due to (or As A donsequence of):														
SATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d.														
ERTIFIC	resulting in death) LAS	т	d												
AL CERTIFICATION	PART II. Other eignifica		d	death but not re	eulting is	n the un	derlying	cause g	lven in F	Part I, 24a,	WAS AN AL			LUTOPSY FINDINGS	
			d	death but not re	euiting is	n the un	derlying	g cause g	ilven in F		WAS AN AL PERFORM YES 2	ED?	AWAJLAI	BLE PRIOR TO ETION OF CAUSE	
MEDICAL CERTIFIC	PART II. Other eignifica	ant condition	d					_	jiven in F		PERFORM	ED?	AWAILAI COMPL OF DEA	BLE PRIOR TO ETION OF CAUSE	
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State of Maryland / Department of Health and Mental Hygiene

					Certifica	ate of Death		Reg. No.	0 0/4/8				
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Physi /Med		OTTO J. G	Riebel				MARC		1996 12:38 AM				
Exam		4a. Fecility Neme (If not Institution, give	e street and number)			4b. City, Tov	vn, or Location of Dea						
			NDEL Hos	pito	.701	Gler	Burnie	ANNE	= AREWDEL				
Funera Directo		000-32-0733	Sex 7. Age (In yr 1 ☑ M 2 ☐ F 55		Yrs. If Unc	der 1 Yeer II Under 2 is Deys Hours	Min. 8. Dete of B (Month, I MAY 5,		Birthplace (State or Foreign Country)     NEW YORK				
Maryland f ahow	ior	Usuel Residence of Decadent  10a. Stete 10b. County  MARYLAND ANNE AR		City, Town	or Location				10d. Inside City Limits 1 ☐ Yaa 2∑ No				
150 the	Director	10e. Street end Number			106.	Zip Code		10g. Citizen of V	What Country?				
3a o		1400 PRIDE TREE C	CIRCLE			1144		UNITED	21 - 112 - 1				
21215-0020 d within 72 hours after death with the Maryland giene. In than "natural", or items 23s or 28s-f show in Medical Examiner man be notified at	by Funeral	11. Merifel Stetus  1 Never Merried 2 Married  3 Widowed 4 Divorced	12. Wea Decadent Ever in Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Yeer or Detes:	U,S.	If Yes, s	cedent of Hispenic Orig pecify Cuben, Mexican, 2 No Specify:	in? (Specify Yea or N Puerto Rican, etc.)	No- 14. Rec Blac Specify	ce - American Indian, ck, White, etc.				
2 ho	p	15. Decedent's E	ducation	16a.	Decedent's U	suel Occupation work done during most		16b. Kind of Br	usiness/Industry				
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C 2121 liled within Hygiene. ther than "	Son	12		CO	NTRACT	SPECIALIST		FEDERAL GOVERNMENT					
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arylan should be nd Mental marked o	P.	LUDWIG GRIEBEL				ADELF	HEID HAUCK	·					
Marylis 42 should h and Mer 7 is merke traumetic		19e. Informent's Neme/Reletionship (	Type, Print)			ess (Street and Number							
		NANCY B. GRIEBEL  20e. Method of Disposition				DE TREE CIP							
0 80 = 2		cemetery, cremetory or other place) MARCH 116, 4 Donetion 5 Other (Specify)    Commetery or other place) MARCH 116,											
Demit. Pag Department Important: H any injury o	MINE	21. Signet in of Fine all Services and the services of Fecility KIRKLEY-RUDDICK FUNERAL HOME 421 CRAIN HWY., S.E., GLEN BURNIE, MD 2106											
Physiciar		23a. Pert1. Enter the disease, or com shock, or heart feilure. List only	plications thet caused the de one cause on each line.	eth. Do n	ot enter the m	ode of dylng, such es d	cardiec or respiretory	errest,	Approximete intervat Between Onser and Deeth				
/Medica	I 📄	Immediate Cause (Final disease or condition	PNEU	~^n	II A				3 days				
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death certificate be executed death certificate be executed the attending physician and ad for use as the burlal-transit	Examiner	Sequentially list conditions,	Due to	(or as e c	onsequence o	f):							
cian a		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	C										
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that the de detached detached	Physician	Pert II. Other significant conditions o	ontributing to death but not re	esuiting in	the underlying	g cause given in Pert I.	23b. Di	d tobacco use co	ntribute to the cause of death?				
res that the signed by the lbe detache		A3THM.	4				10	Yee 2 No	3 Probably 4 Unknown				
requires been sign should be	Completed by						24e. We per	ea en autopsy formed?	24b. Were eutopsy findings aveilable prior to completion of cause				
The law ate has b page 2 s	mg							ach.	of death?				
Vitali ilclan: The certificate rector, pag		25. Was case referred to medical				OR Disease		Yes 20 No	1 ☐ Yes 2 ☐ No				
Physician: rthis certific rral director,	To Be	examiner?	Hospitel: 10 Inpatient 2	☐ ER/Out	tpetient 3 1	Other	of Deeth <i>(Check onl)</i> sing Home 5 ☐ Re		os (Engrifu)				
Phys eral d		27. Menner of Deeth	28e. Dete of Injury (Month, Dey Year)	28b. T	ime of	28c. Injury et Work?		show injury occur					
Attending in death.	atio	1 Neturel 5 ☐ Pending investigation		In	ijury M	Work? 1 ☐ Yes 2 ☐ N	lo						
2 4 4 5	Certification:	3 Suicide 6 Could not be determined		home, fer	m, street, fact	ory, office	28f. Location City or T	(Street end Numb own, Stete)	per or Rural Route Number,				
To the flooring of the External completely filled	edical C	29a. Certifier 1 Certifying Ph	ysician: To the best of my kr niner: On the besis of examir end menner steted.	nowiedge, netion end	deeth occurre	ed at the time, dete end on, in my opinion, deet	pleca, end due to the	e cause(a) and me e, dete end plece,	enner as steted. end due to the ceuse(s)				
dwo	Me	29b. Signeture end title of certifier		** * * * *	2	29c. Licenae number		29d. Dete signe	d (Month, Day, Year)				
1/		Agetin	MD			D43977	7	MARCH	12,1996 mp 2061				
10		30. Neme end eddress of person who	completed cause of deeth (If	. 0		00.1-	11-11						
		chipten GRE	TUNED 301	10	3DITAL	- DKWE	- GLEN &	MANIE	mo 21061				
Senie	tate	31. Dete MAR 1 4 1996	gund with the	La bertand	486								



Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Item 26,27, Film 733,per Dr.,dhb 1. Decedent's Nama (First, Middle, Last) 3. Time of Deeth 2 Date of Death Month **Physician** 36 Grun a duc 99 V 2 WILLIAM /Medical 4a. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Madonna Heritage House Jarrettsville Harford If Under 1 Yeer If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) 5. Social Security Number 6. Sex 7. Age (In yrs. lest birthdey) Birthplace (State or Foreign Country) **Funeral** 10 M 20 F Months Yrs. 214-03-7706 Director Oct. 28 1914 Maryland Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City. Town or Location 10d. Inside City Limits "natural", or items 23a or 28a-f show spicel Examiner must be notified at 1 ☐ Yes 2 ☐ No Director Maryland **Baltimore** Glencoe 10e. Sfreef end Number 10f. Zip Code 10g. Citizen of What Country? with 1801 Glencoe Rd. permit. Peges 1 and 2 should be filed within 72 hours efter deeth 1 Department of Heelth and Mental Hygene. Important: if item 27 is marked other than "natural", or items 23a any Injury or other traumatic avant, the Medical Examiner must once. 21152 Funeral USA 12. Wes Decedent Ever in U,S. Armed Forces? 1 Deceded to the State of Wes Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Reca - American Indian, Bleck, Whife, etc. 11. Marital Status Never Merried 2□ Merried Saltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐XNo Specify: Specify: White þ 3 ☐ Widowed 4 ☐ Divorced WW\_II Completed 15. Decedent's Education (Specify only highest grede completed) 18a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Collega (1-4or 5+) 12 Construction n/a Foreman 17. Father's Name (First, Middla, Last) 18. Mothar's Name (First, Middle, Meiden Sumeme) Be Harry E. Green M. Edna Schoelkopf 10 19a. tnformant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1801 Glencoe Rd., Glencoe, MD 21152 Milton J. Dance, Jr., P.O.A. 20b. Place of Disposition (Neme of cemetery, cremetory or other plece) 20a, Method of Disposition 20c. Location - City or Town, State 1 Burial 2 Ocemation 3 Plamoval from State 4 Donation 5 Other (Specify) Metro Crematory 3/1/96 Catonsville, MD 21. Signature of Fungral Service Libertses 22. Name end Address of Fecility Lemmon Funeral Home 23a. Part i. Enter-the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, MD 21093

Approximate shock, or heart tailura. List only one cause on each lina. Onset and Death **Physician** /Medical fmmediata Causa (Final PULMOUSAT DISGASE diseese or condition resulting in death) a CHAOUIC 10 YEARS OBSTOUCTIVE Examiner Due to (or as a consequanca of): Examiner attending physician and for use as the burial-transit The lew requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medicai Due to (or es a consequence of): Part II. Other significant conditions confributing to death but not resulting in the underlying cause given in Part I. signed by the a 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown DEMENTIA by been si 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed i certificate has b 1 Tyes 2 No 1 ☐ Yes 2 ☐ No Hospital or Attanding Physician:
 24 hours after death.
 Funeral Director: After this certifica director. 25. Was case referred to medical examinar? Be Gares 26. Placa of Death (Check only one) CROW P To Hospital: 1 Inpatient Other: 4 Nursing Home 5 Residence Monthler (Specify) 1 Yes 2 No 3□ DOA 28a. Data of Injury (Month, Dey Year) 27. Manner of Death 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? 1 Natural 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be detarmined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Steta) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) lilled in by 4 - Homicida 29a. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, daath occurred at the fime, date end place, end due to the cause(s) and manner as stated.

2 Madical Examiner: On the bests of examination end/or investigetion, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner stated. Medical To the Hosp within 24 ho To the Fune completely fi 29b. Signeture and fitte of certifier 29c. License number 29d. Date signed (Month, Day, Year) 011200 30. Name and addrass of person who completed causa of death (Item 23a) (Type, Print) 10+1

3346 Paper Mill Rd., Phoenix, MD 21131

State Registrar

Robert H. Wiedefeld,

Jr

M.D.

WELL IN THE TELEVISION OF THE PERSON OF THE 

# Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene O.C.

			State of Mary				Death	wientai ri	Reg. No.	b U	1420	
Physic /Medi		1. Decedent's Neme (First, Middle, Las.	ZVIN					2. Dete of D Month	eeth Dey	Yeer 3	Time of Death	
Exami		4e. Fecility Nama (If not Institution, give	_				4b. City, Town, or	Location of Dea	th 4c. County	of Death		
Funeral Director		219-30-4321		n yrs. last birthdej 81 Yrs.	y) If Und Months	er 1 Yaar Deys	Baltin If Under 24 Hrs Hours Min.	8. Dete of B	irth Pey, Year)	9. Birthplece Country) South	(State or Foreign	
and		Usuei Residence of Decedent  10e. Stete 10b. County	10	c. City, Town or I	Location					10d.	fnside City Limits	
Mary	tor	Maryland n	/a	Ва	altimo	ore					1 Nas 2 No	
with the Maryland a or 28a-f ahow be notified at	Director	10e. Street end Number			10f. Z	ip Code			10g. Citizen of V	What Country?		
agth w	erail	3814 Arbutus Avenu		1-110	144 - 5		21207		USA			
5-0020 72 hours after death with the Maryland natural; or items 23s or 28s-f show orest Examiner must be notified at	by Funeral	11. Meritel Status  1 □ Never Married 2 □ Married  3 □ Widowed 4 □ Divorced	12. Was Decedent Ever Armed Forcas? 1 ☐ Yes 2 ☐ No If Yes, Give Yaar or Detes:	r in U,S. 13	If Yas, sp		lispanic Origin? (S en, Mexicen, Puer Specify:	to Ricen, atc.)	Specify	e - American II k, White, atc.		
vithin 72 hours ans. then "natural",	Completed	15. Decedent's Edu (Specify only highest grad Elementery/Secondery (0-12)		16a. Dec (Giv life.	edant's Us 'e kind of w DO NOT	ual Occup ork done use retire	ation during most of wo	rking	16b. Kind of Bu			
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ire, Maryland 21215-0020 s 1 and 2 should be filed within 72 hours at If Health and Mental Hygiana. Item 27 is marked other than "natural", or other traumatic avent, the Medical Exam	To Be	12 Fether's Nema (First, Middle, Last)  Luke Magwood					Da	isy Gil	a, Meiden Sumam yard			
Mai d 2 st th and 7 is m traum		19e. Informent'e Neme/Reletionship (T) Frances Harvin	rpe, Print)				end Number or Ri Avenue		ber, City or Town,			
S = 2 5		20e. Mathod of Disposition  1 Burlel 2 Cremetton 3 4 Donetion 5 Other (Specify)	semover from Stete	20b. Place of Disposer cemetery, cri	oosition (Ne emetory or	oma of other ple	ce)	Data	Data 20c. Location - City or Town, Stete			
Balting permit. Pa Department Important: any Injury once.		21. Signature of Funerel Service Licens	0		22. Name 6	nd Addre	ss of Fecility Nu	itter Fu	neral Ho			
		23a. Pert1. Enter the A sease, or composhock, or heert Milure. List only of	lcations thet ceused the	deeth. Do not a			e, Maryla g, such as cardla			Inte	proximate erval Between sat and Death	
Physician /Medical Examiner	Immediate Couse (Final Jacobs Couse ( - )   He to a color of											
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IS, P.C.	by Phys									3 Probabl	-	
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Of Vital   Physician: The this cartificata ral director, page	Be	25. Wes casa referred to medicel examiner?	tospitel:			Oth Oth	26. Plece of Da					
Phys of	tion: To	27. Menner of Death Naturel 5 Pending 2 Accident Investigation	28e. Date of Injury (Month, Dey Ye	2 ☐ ER/Outpation 28b. Tima tnjury		28c. fnjur Wor	4 U Nursing F	1	how Injury occurr			
न अर्बते	Certification:	3 Sulcide 6 Could not ba determined	28e. Plece of Injury - building, etc. (S	At home, farm, sipecify)	street, fecto	ry, office			(Street and Number own, State)	er or Rurel Ro	ute Number,	
n 24 hours n 24 hours ne Fuheral	edical (	29a. Certifier (Check only 2 Medical Exami	sicten: To the best of my ner: On the bests of exa end manner steted.	minetion end/or l	th occurred	d et the tir n, In my o	ne, dete and place pinion, death occu	e, and due to the urred at the time	a ceuse(s) end me , date and piece, e	nner es stetec and due to the	i. ceuse(s)	
To the within 2 To the compla	Σ	29b. Signature and title of certifier			25	c. Licans	e number		29d. Deta signed	(Month, Day	Year)	
		30. Name and address of person who co	mojeted ceuse of deeth			V41:	76435A7	2018	3/1/9	6		
10		225. GREEN IT.	BALTEMUR	E,MO		212						
Sta Registr		31. Dete filed (Month, Dey, Year)	12. Registrers	Signature								

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH DOROTHY 6:10 GIBSON HOSHALI March 11 1996 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) BIRTNPLACE (State or Foreign Country) HOURS DAYS 1 M 2 F YRS. 218-32-9668 28,1907 Auo. Maryland 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Charlestown Retirement Community Catonsville Baltimore County 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore County Catonsville 1 - YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit oburial, cremation, or removal. 719 Maiden Choice Lane 21228 **USA** 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—II yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 THO 1 Never Married 2 Married BY Specify: 3 Widowed 4 Divorced White 16a. DECEDENT'S USUAL OCCUPATION
"Thin kind of work done during most of working COMPLETED 15. DECEOENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 4 yrs Homemaker Own Residence 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Meiden Sumame) notified at Walter Robert Tilyard BE Grace Gibson 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Carroll T. Hoshall Broadwater Road d Maryland 21012 20c. LOCATION - City or Town, State 9 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must cemetery, crematory or other place) Crematory 3/14 Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner Thurson Mitchell-Wiedefeld Home 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. 21212 Maryland medicai Approximata interval Batween IMMEDIATE CAUSE (Final **Onset and Death** the disease or condition Heart Failure months Congretive resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) the attending physician a Mental Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 10 PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a, WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO signed by the any COMPLETION OF CAUSE 1 TES 2 NO Shows 1 YES 2 NO been pt. of h DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN has be. Dept. PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) Hem certificate h **EXAMINER?** HOSPITAL: OTHER: 1 Dinpatient 2 ER/Outpatient 3 DOA 1 TYES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) the 0 27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) with t 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. OEŞCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending 1 YES 2 NO After th BY 2 Accident 26e. PLACE OF INJURY — At home, farm, atreet, lectory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) - 60 ETED 6 Could not be determined DIRECTOR: / 4 🔲 Nomicide 28 Hem 29a. CERTIFIER

(Check aniv Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and menner ee stated. COMPL FUNERAL ( 2 MEDICAL EXAMINER: On the bests of examination end/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(e) and menner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: 1 29b. SIGNATURE AND TIPLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE MD > Worth 15 180€ D47447 2

711 Maiden Choice Lane, Baltiore, Maryland 21228



30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

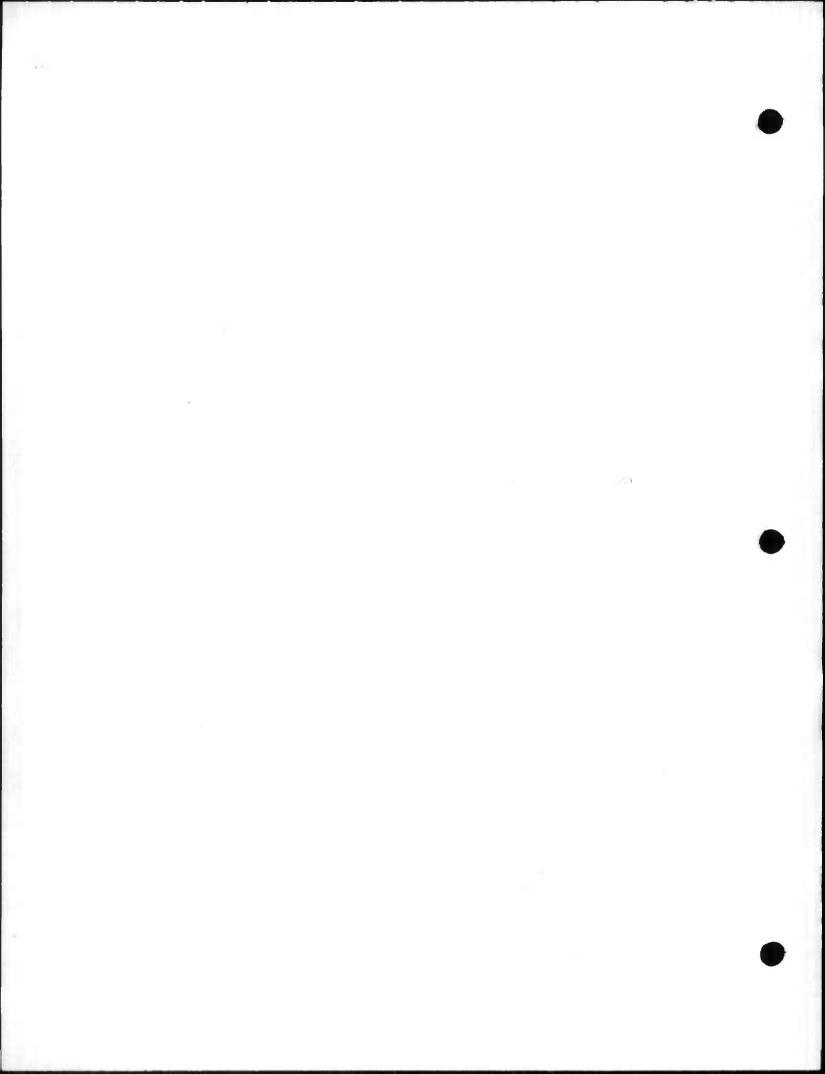
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32. REGISTRAR'S SIGNATURE tha Davidson-Randelle

Andrew Lazaris

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31. DATE FILED (Month, Day, Year)



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DIVISION OF VITAL RECORDS, P.O. BOX 68760 BALTIMORE, MARYLAND 21215-0020

TO THE HOSPIAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached hor use as the buntal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	* REGISTRAR CEF	TIFICA	IE OF	DEATE	1	REG. NO.			
	1. OECEDENT'S NAME (First, Michille, Leat) RUTH E. HODGKWS				1	DATE OF OEATH DAY	7 19	YEAR 3. TIME OF DEATH	
	4. BOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last b)	YRS. MONT			MIN.	Month, Day, Year)	7 HEF	BIRTHPLACE (State or Foreign Country)	
HOL	98. FACILITY NAME (If not institution, give street and number)  CHURCH HOME HOSPITAL  RESIDENCE OF DECEDENT	9b.	BALLINO RE					Y OF DEATH	
DIMECTOR		BA	VN OR LOCA				1	10d, INSIDE CITY LIMITS? YES 2 NO	
FUNEHAL	5103 WRIGHT AVE		10	ZIP CODE	205		10g. CITIZI	EN OF WHAT COUNTRY?	
BY FU	11. MARITAL STATUS  1 Never Married 2 Merried  Wildowed 4 Divorced  12. WAS DECEMENT EVER IN U.S. ARME FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	D	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea of If yea, specify Cuban, Maxican, Puerto Rican, etc.)  1  YES 2 NO Specify:					4. RACE — American Indian, Black, Whita, atc.	
COMPLETED	(Specify only highest grade completed) (Give	DENT'S USUA kind of work do NOT use retir	lone during mo	ON ist of working		16b, KIND OF BUS	INESS/INDU	STRY	
7	12785.	OK TI	me			Ho	USEV	VIFE	
5	17. FATHER'S NAME (First, Middle, Last)			18. MOTHE	R'S NAME	(First, Middle, Malden :	Surname)		
BEC	William B. FAMOUS			2	UPJ	42Mi =	SZI	anock	
00	19a. INFORMANT'S NAME (Type/Print) 19b. I	AAILING ADD	RESS (Street a	and Number o	r Rural Rout	Number, City or Town	, State, Zip C	(20de) 31636	
-	JOHO (). HOOGKINS, III 31	FALLS	also	URI	0.	MERRY H	ALL.	MARULAND	
	20s. METHOD OF DISPOSITION  Comparison S Gramation S Removal from State  20b. PLACE AN  Comparison S Gramation S Cother (Specify)			ZIAL F	ARK	DATE 200 LOG	CATION - C	ity or Town, Stata	
	21. SIGNATURE OF FUNERAL BERVICE-LICENSEE		22. NAME A EVA 8800	NO ADDRESS	OF FACILI	TO FME	no Ri	RKVIII	
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the deat shock, or heart feiture. List only one cause on each line.  IMMEDIATE CAUSE (Finei disease or condition resulting in death)  Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	WW' ENCE OF): IVEX	NEST	NA	٥١			et, Approximate interval Batween Onset and Death	
DICAL CE	PART II. Other algorificant conditions contributing to death but not res  AUTE REMOTE FAILME	uiting in th	e underiyin	g cause gi	ven in Pa	rt i. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN: MEC	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATI	H YES [	□ NO Þ	UNCE	RTAIN	- -		1 PES 2 NO	
N	20, 100 0.00 10.00	OF DEATH (C							
200	EXAMINER?  1 YES 2 NO  HOSPITAL:  1 Inpetient 2 ER/Outpetient 3		HER: Nursing Hor	ne 5 🗆 Resi	Idence 6 (	Other (Specify)	7 1 1		
BY PH	27. MANNER OF DEATH  1 Netural 5 Pending 1 Accident Investigation	28b. TIME OF INJURY		JURY AT ORK? YES 2		ed. DESCRIBE HOW I	NJURY OCC	URED	
9	3 Suicide 6 Could not be detarmined 28a. PLACE OF INJURY — At home building, atc. (Specify)	a, tarm, street	, factory, offi	ca .	26	8t. LOCATION (Street a City or Town, State)	and Number of	or Rural Route Number,	
COMPLET	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the best of my knowledge, destions)							The state of the s	
O BE C	29b. SIGNATURE AND TITLE OF CENTIFIEN (M) M)			29c. LICEN	513	5	≥ M	SIGNED (Month, Day, Year) ARCH 1, 1996.	
	30. Name and address of person who completed cause of death (ITEM PORTY OF SWIT MD			HZ	Hor	ne Has	PITP		
MAR 1 4 1996 Julia Lavidson-Randalle									

Le LTHER

ΔM

State of Maryland / Department of Health and Mental Hygiene

е	9	6	0	7	4	2	6.0
				_		_	-

		Physician /Medical Examiner								
		uneral irector		5						
20	s after death with the Marylend	, or items 23a or 28a-f show printer must be notified at	y Funeral Director	1 1						

Baltimore, Maryland 21215-0020
permit. Peges 1 end 2 should be filed within 72 hours after death with the I
Deperment of Health and Mentel Hygiene.
Important: If Item 27 ie marked other than "neturel", or Nems 23a or 28aeny Injury or other traumatic event, the Medical Examiner mant be notifi

Physician /Medical Examiner

To the Hospital or Attending Physician: The lew requires that the death certificate be executed within 24 flaurs after death.

To the Funeral orfector: After this certificate has been signed by the ettending physician end completely filled in by the funeral director, page 2 should be deteched for use as the buriel-transit

Box 68760

P.O.

Division of Vital Records,

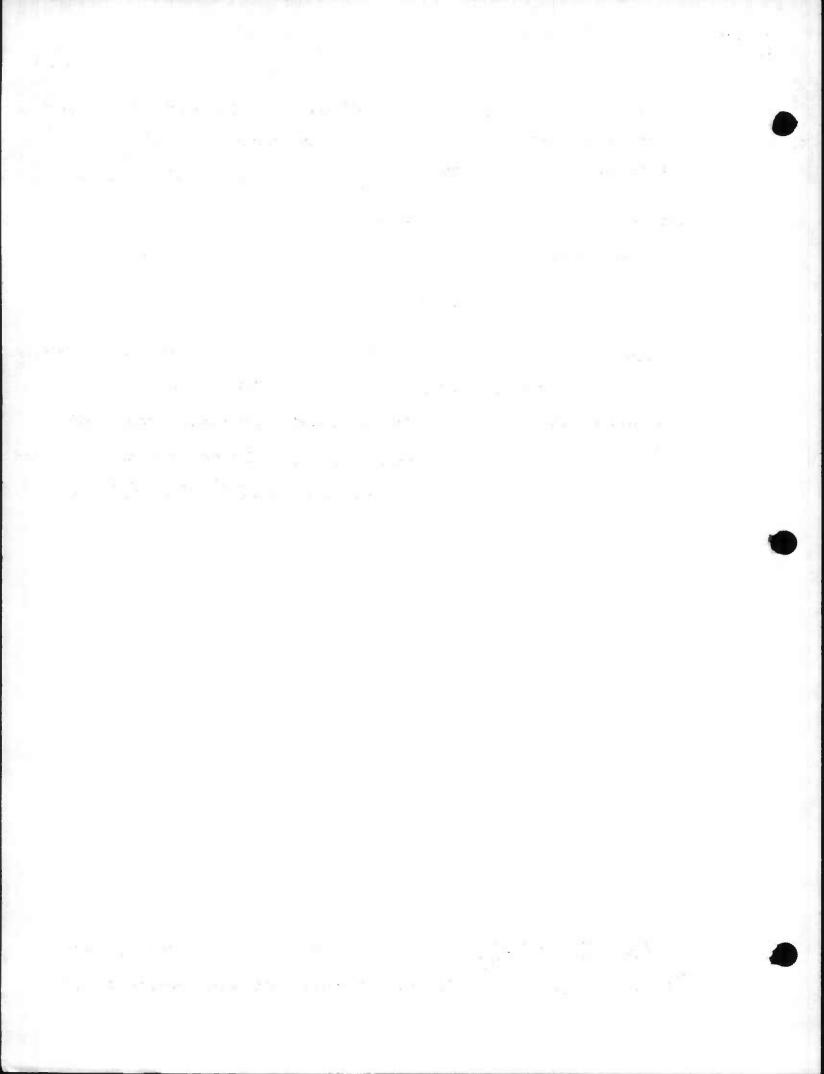
Certificate of Death 1. Decedant's Nema (First, Middle, Last) 2. Data of Deeth 3 Time of Deeth Yaar 09,1996 HARRON Р MARCH 16:05 JOSEPH e. Facility Neme (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death N/A 1470 WOODALL ST. BALTIMORE If Under 24 Hrs. Social Security Number If Undar 1 Yeer 6. Sax 7. Age (In vrs. last birthday) 8. Data of Birth (Month, Day, Year) April 27,1919 Birthplaca (Stata or Foreign Country) Months Deys Hours 219 05 1808 125M 2□ F 76 Maryland Jsual Rasidanca of Dacedant Oe. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1DIYes 2□ No Maryland N/A Baltimore 0e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 1470 Woodall Street 21230 U.S. 12. Was Dacedant Evar In U.S. Armed Forcas? Was Dacedant of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian. 1 Meritei Stetus Armed Forcas? 1 X Yas 2 □ No if Yas, Giva Yeer or Dalas: W • W • II 1 Nevar Married 2 Married 1 Yas 2 XNo Specify: White 3 ☐ Widowad 4 ☐ Divorced Completed 15. Dacadant's Education (Spacify only highast grada completed) 18a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT use ratired) 18b. Kind of Business/Industry Elamantary/Secondary (0-12) Coliaga (1-4or 5+) Maintenance Baltimore Gas & Electric 12th 18. Mother's Nema (First, Middla, Maldan Sumama) 17. Fathar's Nama (First, Middle, Last) Be Schifler Florence Frederick Harron 19e. Informant's Name/Reletionship (Type, Print) 19b. Malling Address (Street end Number or Rural Routa Number, City or Town, Stete, Zip Code) 4304 Cortez Road Baltimore, Maryland 21225 Kathleen Harron 20b. Place of Disposition (Nama of comatary, cramatory or other plece) 20a Mathod of Disposition 20c. Location - City or Town, Stata 1 XBurial 2 ☐ Cremation 3 ☐ Ramovei from Stata 3/14/96 Crownsville, Maryland 4 ☐ Donation 5 ☐ Othar (Specify) Md. State Veteran Cem. 21. Signature of Funeral Sarvice Licensee 22. Nama and Addrass of Facility Gonce Funeral Home P.A. plications thet caused line deeth. Do not antar the mode of dying, such es cardiec or respiratory errest, one ceuse on each line. Baltimore, Md. Approximete tritarval Batween Onsei and Deeth indisves cular A Immediate Cause (Final disaasa or condition rasulting in deeth) Dua to (or as a consequence of) Examiner Sequentielly list conditions, if any, laading to immediata causa. Entar Undarlying Cause (Diseasa or Injury that initiated events resulting in daath) Last Due to (or as a consequence of): Physician/Medical Dua to (or es a consequança of): Part II. Other etgnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? 4 Unknown 3 Probably 1 ☐ Yee 2 ☐ No þ 24b. Wara autopsy findings Completed 24a. Was en autopsy performad? aveileble prior to completion of causa of daath? 1 Yas 1 ☐ Yes 2 ☐ No 25. Was casa rafarred to medical Be 26. Pieca of Deeth (Check only one) Hospital: 1 Inpatiant 2 ER/Outpatient 3 DOA XX Yas 2 No Othar: 4□ Nursing Homa 5 Rasidance 8 □Othar (Specify) 2 27. Megner of Death 28d. Dascribe how injury occurred 28b. Tima of 28c. tnjury et Work? Certification: 1 Waturei 5 Panding 1 Yas 2 No 2 Accidant investigation 6 Could not be determined 3 Suicida Plece of Injury - At homa, farm, street, factory, office building, atc. (Specify) 28f. Location (Straat end Number or Rural Routa Number, City or Town, Stete) 4 Homicida 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete and piece, and due to the cause(s) and manner as steled.

\*\*M Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) Medical 29a, Cartifier (Check only one) and mennar stated. 29b. Signatura and little of cartifier 29c. Licansa number 29d. Data signed (Month, Dey, Year) OCME MARCH 10,1996 30. Nema and addrass of person who completed cause of death (itam 23a) (Type, Print) HEUDOVE MIKIN 111 Penn Street, Baltimore, Maryland 21201

Registrar

State

31. Date filed (Month, Day, Year)



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. 07424 State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month **Physician** Lanes 03 2 /Medical 4b. City, Tgran, or Location of Death 4a. Fecility Neme (If not Institution, give street end number) 4c. County of Death **Examiner** NI verue 1634 sweap If Undar 1 Yaar | if Undar 24 Hrs. Birthpleca (Steta or Foreign Country) 5. Social Sacurity Number 7. Aga (In yrs. lest birthdey) 8. **Funeral** 2 F Days Yrs. Director 212-05-522 Usual Residence of Decedant permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental hyglene. Important: If them 27 is marked other than "natural", or items 23a or 28a4 show any injury or other traumatic event, the Medical Empirier, must be nothed any injury or other traumatic event, the Medical Empirier, must be nothed as 10a. Stete 10b. Count 10c. City, Town or Location 10d. inside City Limits Pes 2 No Director NA 10a. Street end Number 10f. Zip Code 10g. Citizan of What Country? 24215 2634 TRUL Funeral 12. Was Decedent Ever in U.S. Armed Forces? 1 ☐ Yas 2 DMo If Yas, Give Year or Datas: 14. Race - American Indien, Bleck, White, etc. Was Dacedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Marital Status 1 Navar Married 2 mried 22 HO Baltimore, Maryland 21215-0020 Specify: þ Specify: 3 Widowed 4 Divorced (de Completed 16e. Decedent's Usuel Occupetion (Giva kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highast grade completed) College (1-4or 5+) Elementery/Secondary (0-12) -anone remicu 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) Be askins 0 19e. informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) auzena 20b. Pleca of Disposition (Name of cematery, cremetory or other plece) 20a. Method of Disposition Dete 20c. Location - City or Town, Stata 1 ☑ Buriel 2 ☐ Cremation 3 ☐ Removel from Steta 15/96 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name end Address of Facility

March F.H. W

4300 Lab 21. Signeture of Funeral Service License Jobash Averue 2121 Part Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock or heart feliure. List only one cause on each line. Approximate Intervel Between Onset and Death **Physician** /Medical immediete Cause (Finei disease or condition resulting in deeth) DUANDUS **Examiner** Due to (or es e consequence of) Examiner the attending physician and thed for use es the burial-transit Sequentielly list conditions, if eny, leeding to immediate causa. Entar Underlying Cause (Diseese or injury that initiated events resulting in deeth) Last Due to (or as e consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequence of): Pert II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Pert f. 23b. Did tobacco use contribute to the cause of death? signed by t 2□ No 3 Probably 4 Unknown by cate has been sig. 24b. Were eutopsy findings available prior to completion of cause of death? Completed 24e. Wes an autopsy performed? After this certificate hes 2 1 Yes To the Holpital of Attending Physician: "
within 24 hours atter death.
To the Fungal Director: After this certifica 25. Was case referred to medical axeminer? Be 28. Place of Deeth (Check only one) Other: 4 Nursing Home 1 Yes 2 NO 2 5 Besidence 8 □Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA 27. Manner of Deeth 28a. Deta of Injury (Month, Dey Year) 28c. fnjury at Work? 28b. Time of 28d. Describe how injury occurred Certification: 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicida 8 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28a. Placa of Injury - At homa, farm, street, fectory, office bullding, etc. (Specify) 4 Homicide Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the cause(s) and manner as steted.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, dete end pieca, and due to the cause(s) and menner steted. 29a. Certifier Medical 29b Signature and title of certifier 29c. License number 29d. Data signed (Month, Day, Year)

use of deeth (Item 23a)

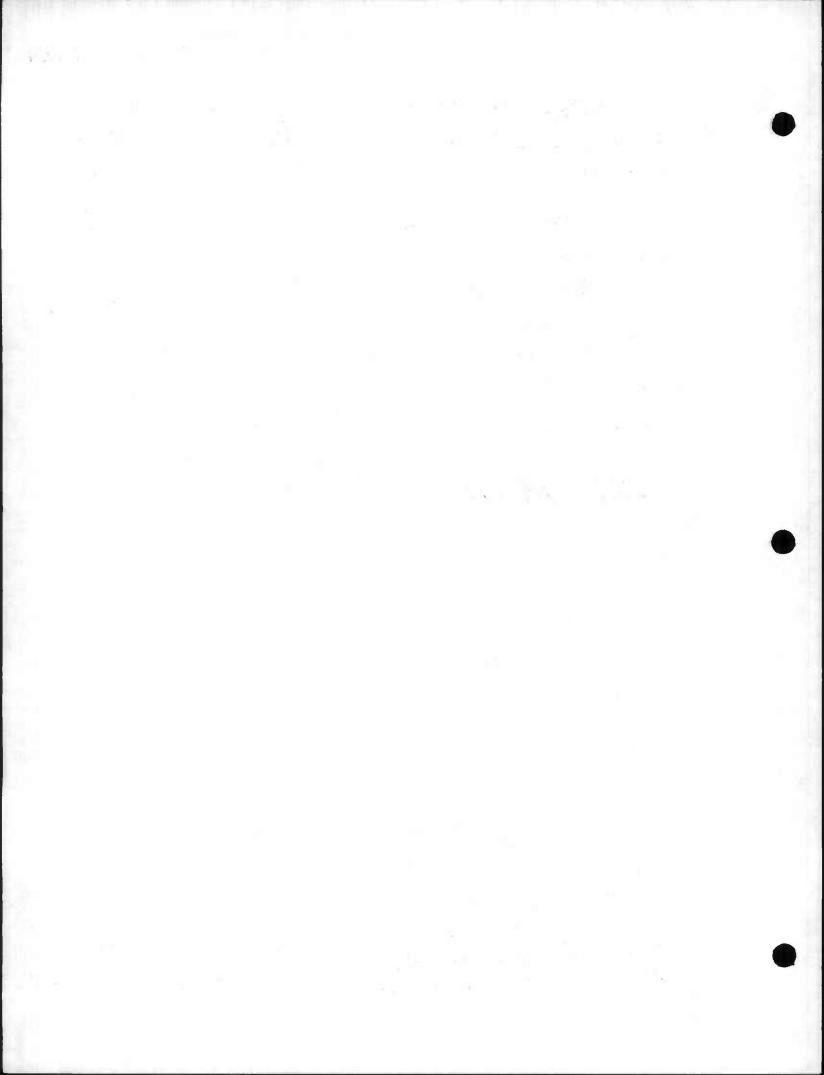
32. Registrer's Signeture

tha Davidson

State Registrar 30. Name

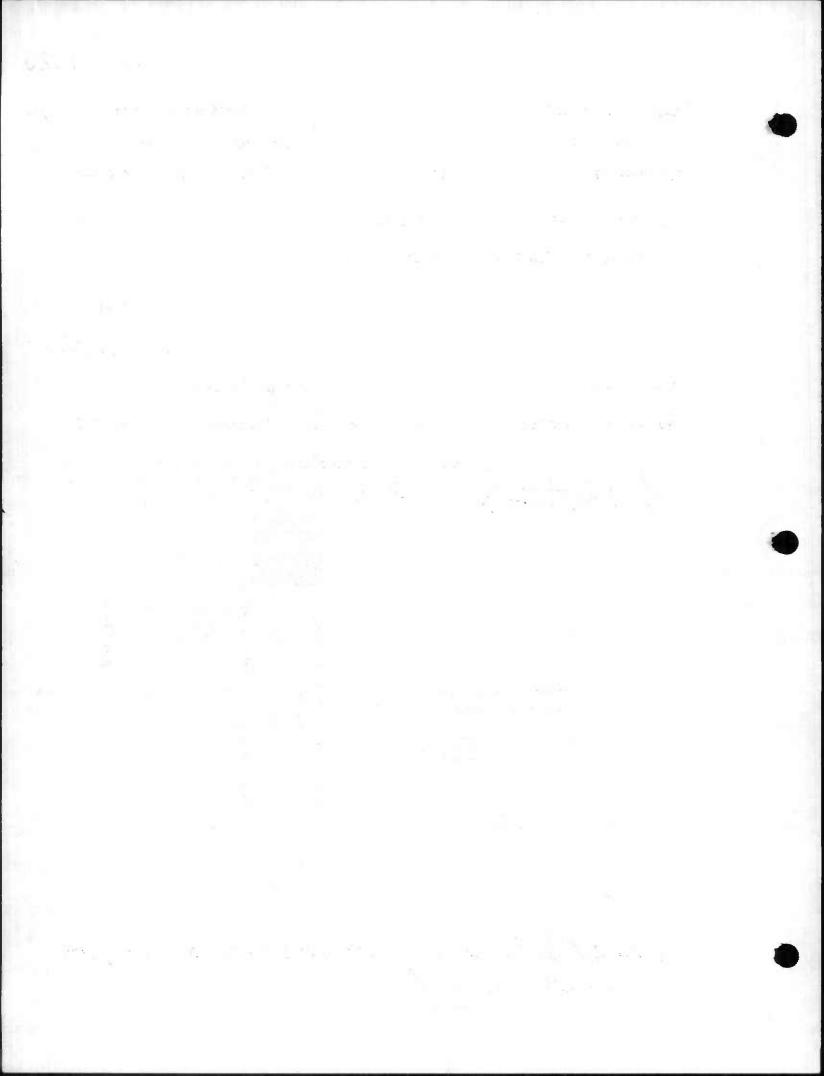
31. Date filed (Month, Day, Year)

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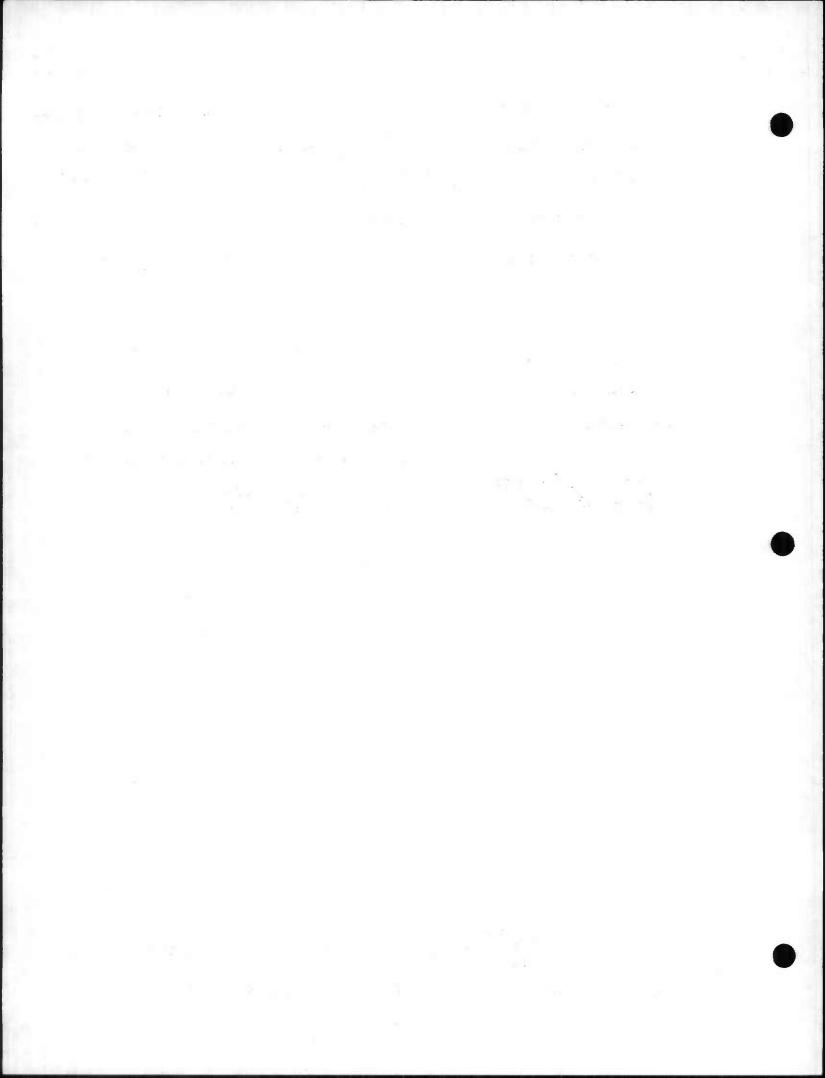
State of Maryland / Department of Health and Mental Hygiene

hysicia	an	Item: 1, per F.H.  1. Decedant'a Nama (First, Middle, L.  G. LEO	ast)	0 160	0011	imouto	of Death	2	2. Data of Deat Month	Day	Year	Tima of Death		
/Medic xamin		4a. Facility Name (If not Institution, g	ive street and number)	)				own, or Loca	MARCH ation of Death	4c. County	996 of Death	4:15 pm		
		Sinai Hospital				M I ladas 1	Ba]	timor		n/				
neral ector		5. Social Security Number 6.  212–36–1937  Usual Rasidance of Decedant	Sax 7. Ag		last birthday) 6 Yrs.	if Under 1 Months	Days Hours	Min.	B. Data of Birth (Month, Day, ug 14,	Year) 1919	9. Birthplace Country) Maryla	(State or Foreig and		
N N		10a. Stata 10b. County		10c. Cit	y, Town or Loc	ation				10d. Insida City Limits				
4	cto	Maryland n,	'a		Balt:	imore					'	Yas 2 No		
8,00	Director	10e. Street and Number				10f. Zip C	oda		1	0g. Citizen of 1	What Country?			
1	<u>e</u>	2121 Windsor Gar	den Lane		D-236		21207			USA				
ofical Examiner must be notified at	by Funeral	11. Marital Status  1 Nevar Married 2 Married 3 Widowed 4 Divorced	12. Was Decedant Armed Forces? 1  Yas 2 1	,	if		nt of Hispanic Or y Cuban, Mexica No Specify		ify Yea or No- ican, atc.)		e - Amarican ir ck, Whita, atc.	ndian,		
4	d b		Yaar or Datas:								Black			
the Medical	Completed	15. Decedent's (Specify only highast g			16a. Deceda (Giva k	ant's Usuel and of work	Occupation dona during mos retired)	st of working	,		usinass/Industr	•		
9	E E	Elemantary/Secondary (0-12)	Collega (1-4or	5+)							of Mary			
	S		3		Appr	caiser					er of V	Wills		
event.	Be	17. Fathar's Nama (First, Middla, Las	(t)						First, Middle, N		na)			
	2	Leo J. Hunt			,		Vir	ginia	Watkir	าร				
Bumman	1	19a. fnforment's Name/Ralationship	(Type, Print)		19b. Malling	g Addrass (	Street and Numb	er or Rural	Routa Number	City or Town,	State, Zip Cod	(e)		
important: if Item 27 any Injury or other tr once.		Jacqueline F. Ho	ward				a Road	Bal	timore.	, Maryl	and 2	1215		
		20e. Method of Disposition 1	Dameuel from State	20b. P	lace of Dispos emetery, cremi	ition (Name atory or oth	of er place)		Date	20c. Location -	City or Town,	Stata		
.		4 Donation 5 Other (Spec			Catheo	dral (	emeters	, Ma	r 16 1	Raltimo	re. Mai	rvland		
		New Cathedral Cemetery   Mar 16   Baltimore, Marylan   21. Signature of Funeral Service Licenses   New Cathedral Cemetery   Mar 16   Baltimore, Marylan   22. Nama and Addrass of Facility Nutter Funeral Homes, Inc.   2501 Gwynns Falls Parkway												
DUC		Emost R.	Emg. h		250 Ba:	01 Gwy 1timo	ynns Fal re, Mary	.18°Pă ⁄land	řkwaÿ 21216	orar m	11007 11			
		23a. Part1. Entar tha disaasa, or co- shock, or haart failura. List onl	nplications that causa	d tha daetl					raspiratory arre	est,	App	proximate trval Between		
an cal		Immediate Ceuse (Finel diseasa or condition									One	set and Death		
ner		resulting In death)  Due to (or as a consequence of):												
	Je.		Barrel	240	Land						1	dan		
	Examiner	Sequentially list conditions.  Dua to (or as a consequence of):									oug			
		Sequentially list conditions, if any, laading to immadiata cause. Entar Undarlying Cause (Disease or fnjury			100,000									
	Ca	trial initiated evants	C	Due to (o	r as a consequ	ance of).								
	Medical	resulting In death) Last		200 10 (0.										
85	Physician/		d											
	hys	Part If. Other significant conditions	contributing to death b	ut not rasi	ulting in the und	derlying cau	isa givan in Part	i.				cause of death		
	by P								- 101	PS 2LING	3 Probably	y 45 Unknow		
									24a, Was a	n autopsy		utopsy findings le prior to		
	Set								periori	neur	comple of death	tion of cause		
	Completed								1 ☐ Ya	s 2KNo	1 □ Ya	s 212 No		
	Bec	25. Wes casa referred to medical	I				OC Bloo	e et Deeth /	Check only on	2.1. *- 2.5	1010	2 2200		
- 1	0	axaminar? 1 ☐ Yas 27 No	Hospital:	20	ER/Outpatlent	3□ DOA	Other:				an (Canaita)			
	<b>⊢</b> ⊦	27. Mannar of Death			28b. Time of				<ul> <li>5 ☐ Rasida</li> <li>d. Describe ho</li> </ul>					
	후	1. Naturaf 5 ☐ Panding	28a. Data of inju (Month, Da	y Year)	Injury	м	c. Injury at Work? 1 ☐ Yas 2 ☐			,,				
-	Certification:	2 Accident Invastigation 3 Suicide 6 Could not datarmine	De Diago of fai	ury - At ho c. (Specify	ome, farm, atre				f. Location (St. City or Town		per or Rural Rol	uta Number,		
	edical C	(Check only 2 Medical Exa	hysician: To the bast miner: On the basis o	f axaminal	wledge, daath o	occurred at	tha tima, data an	nd piace, an	d due to the ca	use(s) and ma	annar as stated and dua to tha	l. cause(s)		
	Med	one) 29b. Signature and titla of certifier	and mannar at	ated.			License number				d (Month, Day,			
	-	Source of the control	10)											
	Elliet totalle medical Inter 2402321-ER9943							1.0	march 12, 1996					
		GULLET Rolling	Xe/ medici	I In	ein	0671	02521	EKYY	43 1	narch	12,1	976		
		30. Nama and addrass of person who	complated causa of d	laath (Item	23a) (Type, P		02521-	EKYY	43 1	narch	12,1	976		
		30. Nama and addrass of person who  Elliot Rothschi  31. Data tiled (Month, Day Year)	1	laath (Item Hosu	123a) (Type, P		02521-	EKYY	43 1	narch	12,1	976		



			State of Ma	aryland / I	Department of I			giene 9	6 0	7426			
1000		1. Decedent's Name (First, Middle, L	ast)				2. Date of Dea	ath		3. Time of Death			
Physic /Medi Exami	ical	CARMELLA  4e. Fecility Neme (If not institution, gi	HOWELL			4b. City, Town, or I	MONTH MARCH Location of Deeth			4:12pm			
Funeral Director	liei	IVY HALL NURSING           5. Social Security Number         6.           216128858           Usual Residence of Decedent		e (In yrs. lest bi 73	rthday) If Under 1 Year Months Days	BALTIMOR if Under 24 Hrs.	E	h v, Year)	BALTIM	ice (State or Foreig			
the Maryland 28a-f show	tor	10a. State 10b. County MD BALTIM	10RE	10c. City, Tow BALT	m or Location IMORE				10	d. Inside City Limits			
ter death with items 23s or	Funeral Director	10e. Street and Number  1711 GREENCAS   11. Marital Stetus  1 □ Never Merried ※CXMarried	ILE DRIVE  12. Wes Decedent   Armed Forces? 1  yes 2			an, Mexican, Puert	pecify Yes or No-	10g. Citizen of What Country?  USA  or No- c.)  14. Rece - American indlan, Black, White, etc.					
	by	3 Widowed 4 Divorced	If Yes, Give Yeer or Dates:		1 ☐ Yes 2∰No		Specify 16b. Kind of Bi	W	HITE				
filed within 72 ha Hygiene. other than "netusent, my Mydical	Completed	(Specify only highest gi Elementary/Secondery (0-12)  8	College (1-4or 5		(Give kind of work done life. DO NOT use retire QUALITY CO	during most of world)	rking		ER IND				
s 1 and 2 should be filed within f Health end Mentel Hygiene. Itam 27 is marked other than other traumatic avent, the Mentel Hygiene.	To Be C	17. Fether's Neme (First, Middle, Las ANTONIO RIZZO	()				ne (First, Middle, ENCA CA	Meiden Surnen	ne)				
2 sho end is me		19a. Informant's Neme/Relationship	(Type, Print)	198	o. Mailing Address (Stree	t end Number or Ru	ral Route Numbe	r, City or Town,	Stete, Zip C	Code)			
es 1 and of Health I liam 27 r other tr		JOAN WEHNER  20a. Method of Disposition		20b. Place 0	44 GROVETHO  f Disposition (Name of ry, cremetory or other ple		LTIMORE,	MD 212 20c. Location -		m, State			
t. Pag rtment tant: h		1 XBurial 2 Cremation 3 4 Donation 5 Other (Special Service Lieu	24		ENS OF FAIT	Н	3/13/96	BALTIMO	ORE, M	D			
Depariment of the part of the		21. Signature 7 Funeral Service Count 22. Name and Address of Fecility  CVACH/ROSEDALE FUNERAL HOME  1211 CHESACO AVE 21237											
death cartificate be executed  Exam  e attending physician and d for use as the buriel-transit	Medical Examiner	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	b. CORD	Due to (or as a COMPRE Due to (or as a CANCER	consequence of):	OF UNK		FIOLOG	3	WEEKS WEEKS			
death cert	Physician/M	Part II. Other significant conditions	contributing to death bu	ut not resulting l	n the underlying cause of	ven in Pert I	23h. Did t	obacco use co	ntribute to 1	the cause of death			
ires that the designed by the	by Phys				Y DISEASE		23b. Did tobacco use contribute to the cau 1 □ Yes 2 □ No 3 □ Probably						
aw requ	Completed I	ATRIAL FIBRILI	ATION, H	YPOTHY	ROIDISM		24a. Was perfor	an autopsy med?	avai	e autopsy findings iable prior to pletion of cause eath?			
The L	Con						1 🗆 Y	es 2 No	10	Yes 2□ No			
Physician: The this certificate ral director, pag	Be	25. Wes case referred to medical examiner?	Hospital:		100		ath (Check only o	ne)					
	ation: To	1 Yes 2 No  27. Manner of Death 1 Naturel 5 Pending 2 Accident investigation	28a. Date of injur (Month, De)	y 28b.	Time of 28c. Injury Wo		ome 5 Resid						
る世子に	Certification:	3 Sulcide 6 Could not l 4 Homicide determined	28e. Place of Inju- building, etc	ury - At home, fa :. (Specify)	arm, street, factory, office		28f. Location (S City or Tow		per or Rural	Route Number,			
n Repital	edical (	29e. Certifier (Check only one) 15 Certifying Pl	hysician: To the best of miner: On the besis of end manner sta	examination an	e, deeth occurred at the tid/or investigation, in my	me, date end plece opinion, death occu	, end due to the or rred at the time, o	cause(s) and madate and plece,	anner as sta and due to t	ted. he cause(s)			
128	Σ	29b. Signature and title of certifier	0 1300		29c. Licen	se number		29d. Dete signe	d (Month, D	ey, Year)			
(0)		<b>)</b>	4	D.O.	H35	593		MARCH	12,	1996			
9	0	30. Name and address of person who	,										
Sta	ite	DR. JOHN J. LO 31. Dete filed (Month, Dey, Year)		MACE A ar's Signature	VE., BALT	IMORE, 1	MD. 212	221					
Regist		MAR 1 4 1996	Fishia Davi	dson-Pano	2002								

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 3/14/96 t.t Certificate of Death 1. Decedant's Name (First, Middla, Last) HOWARD EDWARD JONES. SR. 2. Dete of Death 3. Time of Death Month **Physician** Yaa HOWARD 4:10PM MARCH 12 1996 /Medical 4a. Fecility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** HARBOR HOSPITAL CENTER BALTIMORE BALTIMORE If Under 24 Hrs. 8. Deta of Birth (Month, Day, 1)

June 3, if Undar 1 Yaer 9. Birthpiaca (Stata or Foreign Country) Mary Land 5. Social Sacurity Number 7. Aga (In yrs. last birthday) **Funeral** 1⊠M 2□F Deys 51 Yrs. Director 216-42-0857 Usual Rasidence of Dacedan with the Meryland 10a Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Examinal must be notified at Maryland Baltimore Dundalk 1 Yas 2 No Director 10e. Street and Number 10f. Zip Coda 10g. Citizen of Whet Country? 21222 United States 2706 Creston Road Funeral 12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yas 2 ☐ No If Yas, Giva Yeer or Detas: Wes Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puarto Rican, atc.) 14. Rece - American Indian, Black, Whita, atc. 72 hours efter 1 ☐ Nevar Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 Yes 2 XNo Specify: þ Specify: White 3 ☐ Widowad 4 ☒ Divorced Completed 16b. Kind of Business/Industry 15. Decedant's Education 16a, Decedant's Usuai Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) (Specify only highast grada complated) permit. Pages 1 and 2 should be filed within 7 Department of Heelth and Mental Hygiane. Important: if Item 27 is marked other than "n any injury or other treumatic avant. Elamantary/Secondary (0-12) College (1-4or 5+) Warehouseman Warehouse 9 Years 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Sumame) Nettie Baldwin Walter Jones 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Nancy Welch 2706 Creston Road Dundalk, Maryland 21222 20b. Place of Disposition (Nama of cemetary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Ramoval from Stata Towson, Maryland Hilltop Service Corp. 3/16/96 4 □ Donation 5 □ Othar (Specify) 21. Signature of Funarai Sarvice Liber. 22. Name and Addrass of Facility y Ul Duda-Ruck Funeral Home of Dundalk, Inc. Johnne 23a. Party Entar tha diseasa, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximata Intervat Between Onsat and Deeth **Physician** /Medical Immediata Causa (Final ADÉNO CARCINOMA OF LIVER. Zmonths disease or condition rasulting in death) Examiner Dua to (or as a consequence of) physician end the buriel-transit The law requires that the death certificate be executed Sequantially list conditions, if eny, laading to immediate causa. Entar Underlying Cause (Disaase or Injury that initiated evants resulting in daath) Last Dua to (or es e consequence of) vision of Vital Records, P.O. Box 68760, Physician/Medical Dua to (or es e consequança of) Part If. Other significant conditions contributing to death but not resulting in the underlying causa givan in Part I. signed by the a 23b. Did tobacco use contribute to the cause of death? 1 Y88 2 No FOOT GANGRENE 3 □ Probably 4 □ Unknown by 24b. Wara autopsy findings available prior to complation of cause of death? 24a. Was an autopsy performed? Completed Deed 1 ☐ Yas 2 ☐ No certificate iding Physician: director. 25. Was casa rafarred to medical axaminer? Be 26. Placa of Death (Check only ona) Other: 4 Nursing Homa 5 Rasidence 6 Othar (Specify) 1 ☐ Yas 2 No 2 1 Inpatiant 2 □ ER/Outpatient 3 □ DOA this 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Dascribe how Injury occurred Medical Certification: Mer 5 Panding Invastigation 1 Natural 1 Yes 2 No 2 Accident 3 Suicide 6 Could not be datarminad 28a. Placa of injury - At home, farm, straat, factory, offica building, atc. (Specify) Location (Street and Number or Rural Route Number, City or Town, Stata) 4 Homicida fo the Hosp within 24 hr To the Fi 1 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifiai

29c. Licensa number

MOBEEN IQ BAL HARBOR HOSPITAL CENTER 3001 SOUTH HANOVER FREE, BAGIMORE MD 21225
filad (Month, Day, Year)
MAR 1 4 1996

January Randolf

MAR 1 4 1996

AS2441616-13

29d. Date signed (Month, Day, Year)

State Registrar 29b. Signatura and title of certifie

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31. Data filed (Month, Day, Year) MAR 1 4 1996

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30. Nama and addrass of person who completed causa of death (Itam 23a) (Type, Print)

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Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene 07428 Film G733 item 26 per Hospital 3-14-96 rja Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth Month Yaar Physician JAY TONES 1996 marcet /Medical 4a. Facility Neme (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Death **Examiner** BALTIMORE HOSPITAL CENTER RANDALLSTOWN NONTHWEST 5. Sociel Security Number 6. Sax 1 M 2□ F If Undar 1 Yeer | If Under 24 Hrs. 8. Date of Birth (Month, Day Year) 15 South Carolina 7. Aga (In yrs. last birthday) **Funeral** 214-24-0158 Usual Rasidance of Dacedent Yrs. Director 10a State 10b. Count Town or Location 10d. Insida City Limits 28a-f show 7 is merked other than "natural", or items 23a or 28a-f shov traumatic event, the Medical Experience must be notited at 1 Yes 2 No Maryland Director nore 10e. Streat and Number 10f. Zip Code 10g. Citizan of What Country? Funeral 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puarto Rican, etc.) 12. Wes Decedant Evar In U,S.
Armed Forces?

1 Yas 2 0 No
If Yes, Giva
Yaar or Datas: Race - Amarican Indien, Bleck, Whita, atc. 11. Meritel Stetus 1 ☐ Navar Married 2 ☐ Married 1 ☐ Yas 2 No Specify: 29 by 3 Widowad 4 □ Divorced Completed 15. Decedant's Education (Specify only highast grade complated) 16a. Decedant's Usual Occupetion (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Business/Industr should be filed within 7, and Mantal Hygiene. Elementary/Sacondary (0-12) College (1-4or 5+) nashoreman 18. Mothar's Nama (First, Middle Maidan Sumama) 17. Fathar's Nama (First, Middla, Last) Be permit. Pagas 1 and 2 should be f Department of Haalth and Mantal I Important: If Item 27 is marked of any injury or other traumatic eve ones 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street Mrs. Kose 3802 Sbourne 20a. Mathod of Disposition

1 Burial 2 Cremetion 3 Removal from Stata 20b. Place of Disposition (Nam) of per atary, cramatory of other plece) Pagas nent of h 4 □ Donetion 5 □ Othar (Specify) P2. Nama and Address of Fartity

JOSEPH

KUSS, Fune

22. Nama and Address of Fartity

JOSEPH

North Ave. B

Lenter the disease, or complications that caused tha death. Do not antar the mode of dying, such as cardiac or raspiratory arrest, or heart in ure. List only one cause on aech line. 21. Signature of Funaral Sarvice/Licenth eral 21216 Approximata Intarval Between Onsat and Death **Physician** /Medical Immediate Cause (Finel diseese or condition resulting in death) Acute Myocanoine 1 HOUR Examiner Due to (or as a consequance of) Examiner (TYPENTENSION YEARL physician and s tha burial-transit Sequentially tist conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Due to (or es e consequence of): CHRONIC RENAL YEARS FAILUNG Physician/Medical Dua to (or as a consequence of): Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Wes an autopsy performed? Completed peen paga 2 certificata has 1 Yas 20 No 1 ☐ Yas 2 ☐ No 25. Was casa rafarred to medical examinar? Be 26. Placa of Death (Check only ona) Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 1 Yas 2 No 1 ☐ Inpatiant 2 ☐ ER/Outpatient 10 3DOA this 28a. Date of Injury (Month, Day Year) funeral 27. Mannar of Death 28b. Tima of Injury Certification: 28c. Injury at Work? 28d. Dascribe how Injury occurred Aftar 1 Netural after death. 1 ☐ Yas 2 ☐ No 2 Accidant

5 Pending invastigation 6 ☐ Could not be determined 28a. Place of Injury - At home, farm, streat, factory, office building, atc. (Specify)

29a. Cartifier (Check only one)

3 Sulcida

4 ☐ Homicide

1 Certifying Physician: To tha best of my knowledga, daath occurred at the tima, dete and place, and dua to the causa(s) and mannar as stated. 2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, data end place, and due to the cause(s) and manner steted.

29b. Signature angulitie garcertifier

D- 47587

29d. Date signed (Month, Dey, Year) MARCH 11, 1996

28f. Location (Street and Number or Rural Route Number, City or Town, Stata)

30. Nama and address of person who complated causa of death (Item 23a) (Type, Print)

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KOBENT M.D. NONTHUEST HOSPITML CENTER

State Registrar

Medical

31. Deta filed (Month, Day, Year) Hegistrar's Signature

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Maryland 21215-0020

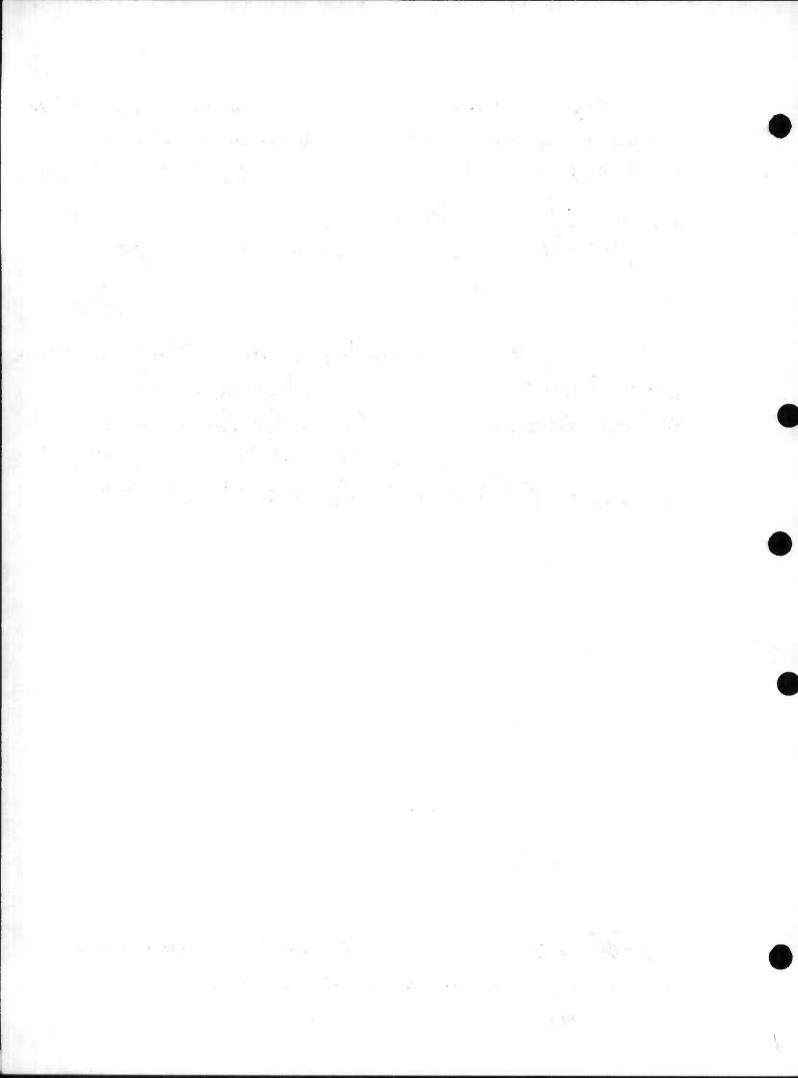
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Division of Vital Records, P.O.

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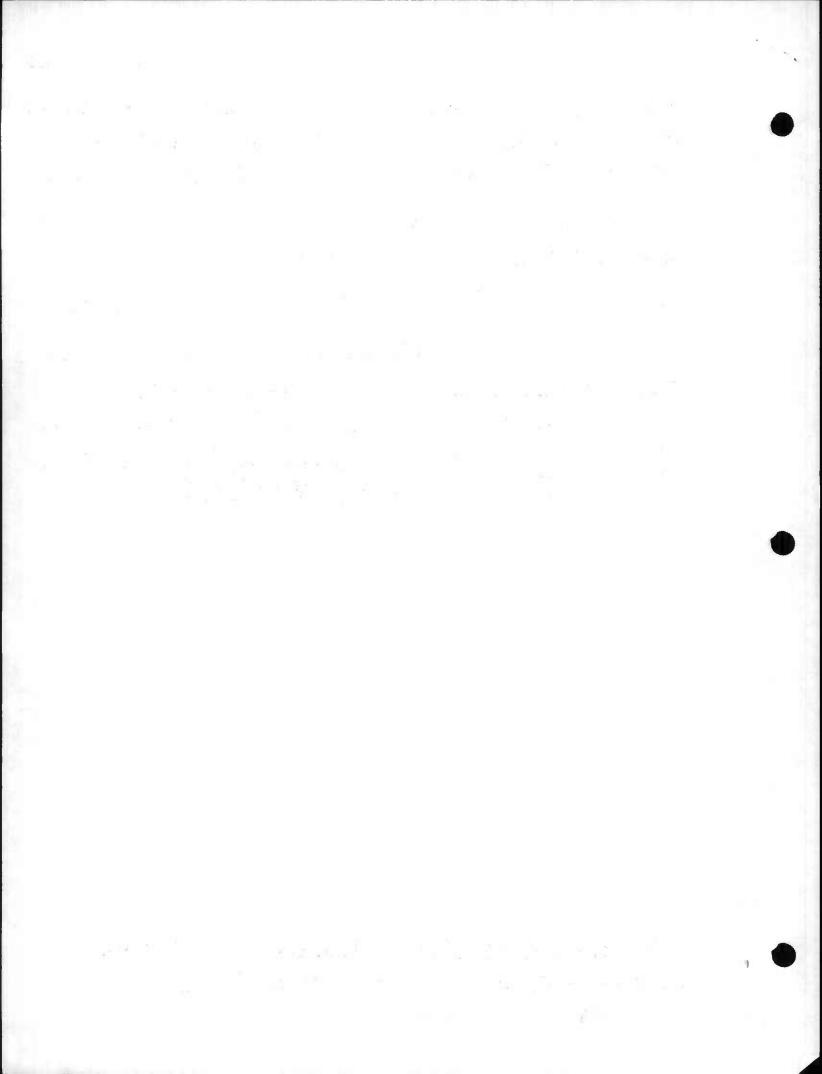
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State of Maryland / Department of Health and Mental Hygiene Q 5

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

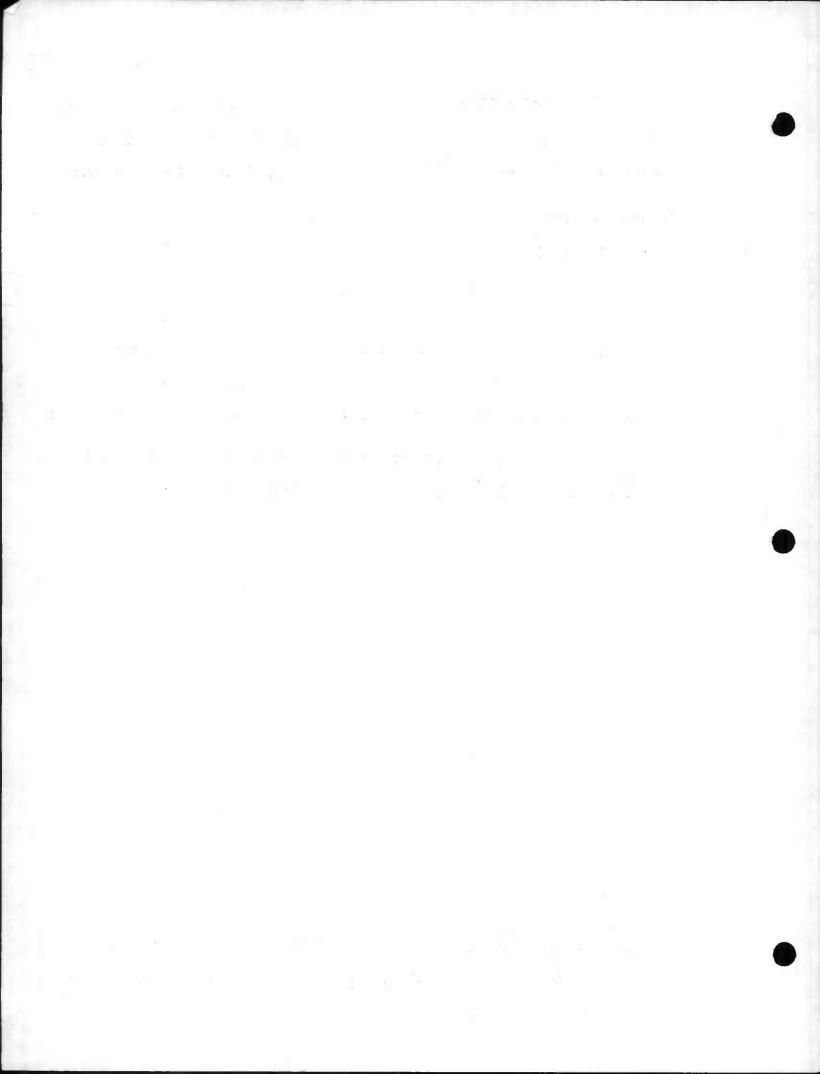
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į.	Funeral Director		215-40-5039	Sax 1 M 2 F	7. Age (In yrs. 84		Months Deys		Month, December	15,1911	9. Birthple Counti Mary	aca <i>(Stat</i> a or Foreig ry) Land
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	To the Hospital or Attending Physician: within 2, hours after death. To the Funeral Director: After this certific completely filled in by the funeral director.	edical	29a. Certifier 1 Certifying Ph (Check only one) 1 Medical Example 1	niner: On the b	a best of my kno easis of axamina inar stated.	owledga, daath ati <i>on</i> end/or inv	occurred et the astigation, in my	tima, data and place opinion, death occu	, and dua to tha irred et tha time,	causa(s) and m date and place	annar as sta , and dua to t	ted. tha ceuse(s)
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	1		30. Name and addrass of person who Gary Mille	completed ceu	sa of death (Iter	m 23a) (Type, F	Print) Ell	with Co	Her Di	, Ell	cott (	John Mel
	Sta	te	31. Data filad (Month, Day, Year)	32. F	Registrar's Sign							- 1

Registrar

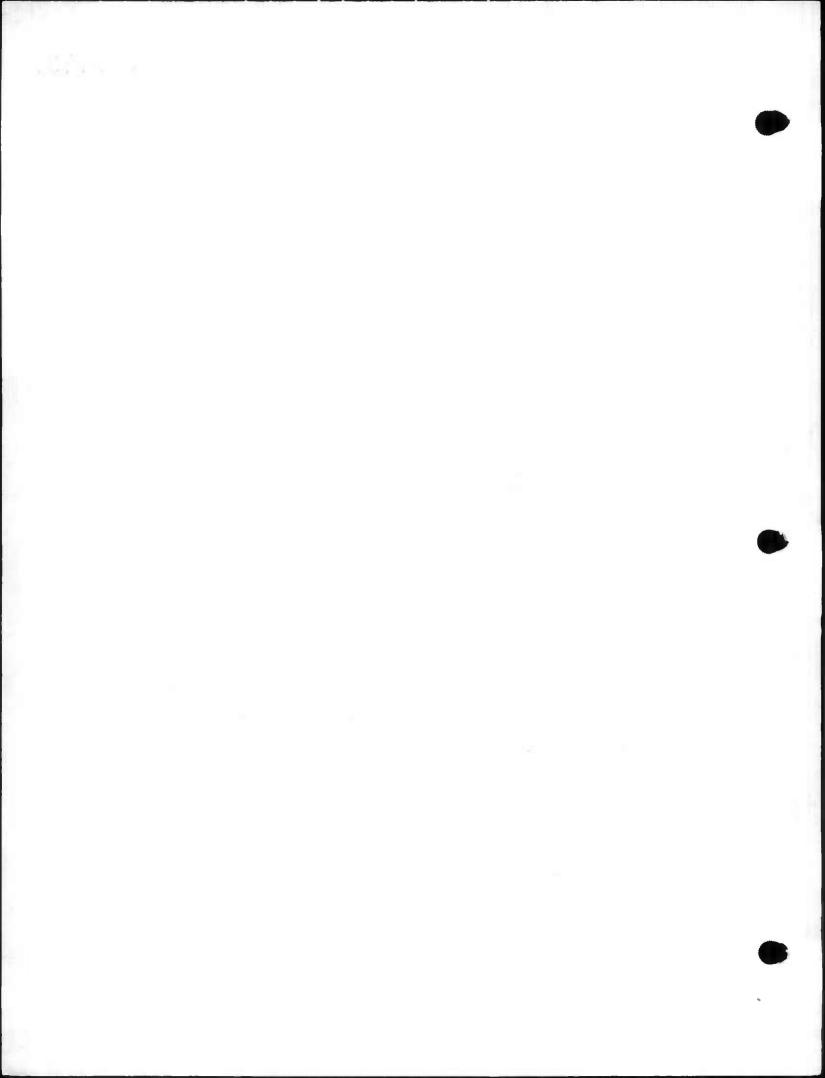
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ВОХ
P.O.
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OF VI
DIVISION

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or artending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires	THE FUNERAL DIRECTOR: After this certificate has been sign be filed within 72 hours after death with the State Dept. of Heal	PORTANT: If item 28 is marked, or item 23 shows
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	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. OECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH 3. TIME OF DEATH						
	Edna Louise Keilbar				March	MONTH DAY YEAR			ам		
		GE (In yrs. lest birthday) 78 VRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Yea		8. BIRTH	7:20 PLACE (State or For	eign		
	215-05-2768 1 M 2 X F		January 14, 19			1918 Maryland					
DIRECTOR	Greater Baltimore Medical C	Towson									
JEC.	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY			
	Maryland Baltimore Baltimore							LIMITS?	NO		
FUNERAL	6813-B Blenheim Road		2IP CODE 1212	- Ing. offizzino			States				
5	11. MARITAL STATUS  12. WAS DECEDENT EVE FORCES? 1 Y		THE STATE OF THE PARTY OF THE P			ANIC ORIGIN? (Specify Yee or No. 14. RACE -			n,		
ВУ	1 X Never Merried 2 Merried FORCES? 1 Y 3 Wildowed 4 Divorced IF YES, GIVE WAR O										
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16. DECEDENT'S USUAL OCCUPATION (like kind of work done during most of working like. Do NOT use netired.)				16b. KIND OF BUSINESS/INDUSTRY						
MPLE	Elementery/Secondary (0-12) College (1-4 or 5+) Executive Secretary					Manufacturing					
Ö	17. FATHER'S NAME (First, Middle, Last)			-	ME (First, Middle, Mai	,					
BE	Edward (NMN) Keilbar, Sr.			Ida		ckells					
2	19e. INFORMANT'S NAME (Type/Print)  Lynne K. Edel				Baltimor			-1108			
	20e. METHOD OF DISPOSITION 1 X Burle! 2 Cremellon 3 Removal Irom State	20b. PLACE AND DATE Of the land of the lan	OF DISPOSITION (Na ther place)	me of		LOCATION -					
	21. BIGNATURE OF PINERAL SERVICE LICENSEE	butaney va		n. Gar.		imoni	m, M	aryland			
	Mitchell-Wiedefeld Home, Inc. 6500 York Road Baltimore, Maryland 21212								2		
	23. PART I. Enter the diseases, or complications that cau	sed the deeth. Do r	not enter the mo	de of dying, suci	h ae cardiac or re	epiratory ar	reat,	Approxima	te		
	ehock, or heert fallure. List only one cause on each line.  IMMEDIATE CAUSE (Final							Onset and			
	disease or condition						20mi	-4			
Z	CENTRADUASCULAR ACCIDENT							3 0A	45		
ATIO	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING  CAUSE (Discoss College Col										
S		S A CONSEQUENCE OF		ON			_	2wlc	<b>&gt;</b>		
CERTIFICATION	reaulting in death) LAST		,								
AL C	PART II. Other algnificent conditions contributing to deat	h but not resulting	in the underlying	ceuse given in	Part I. 24a, WAS	AN AUTOPSY	24h	WERE AUTOPSY FIN	IDINGS		
CA	DIABETES MErcifus	100		PERFORMED				AVAILABLE PRIOR T	O		
PHYSICIAN: MEDIC					_   ' ' '	2 200		OF DEATH?	0		
ž	DID TOBACCO USE CONTRIBUTE TO	CAUSE OF	DEATH Y	ES NO	区						
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:										
IYS	1 YES 2 NO 1 Ninpatient 2 ER/C		4 - Nursing Hom	5 - Residence							
	1 Netural 5 Pending (Month, Day, Yeer) INJURY			26c. INJURY AT WORK?  1 YES 2 NO			INJURY OCCURED				
ED BY		JRY — At home, ferm, a	- At home, ferm, street, fectory, office		261, LOCATION (Street and Number or Rural Route Number, City or Town, State)						
		4 Numeros paratulinad									
COMPLETED	29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and menner se stated.										
U U	29b. SIGNATURE AND TITLE OF CENTIFIER 29d. DATE SIGNED										
TO B	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)			D-47625			▶ March 12, 1996				
	Marui	ryland 21204									
i	31. DATE FILED (Month, Day, Yeer) 32. REGISTRAR'S S	IGNATURE		- Darte	202 10	5011, 1	an y I	CHILL STAL	/ <del>1</del>		
	MAR 1 4 1996 Filia Davidson	-Handells									



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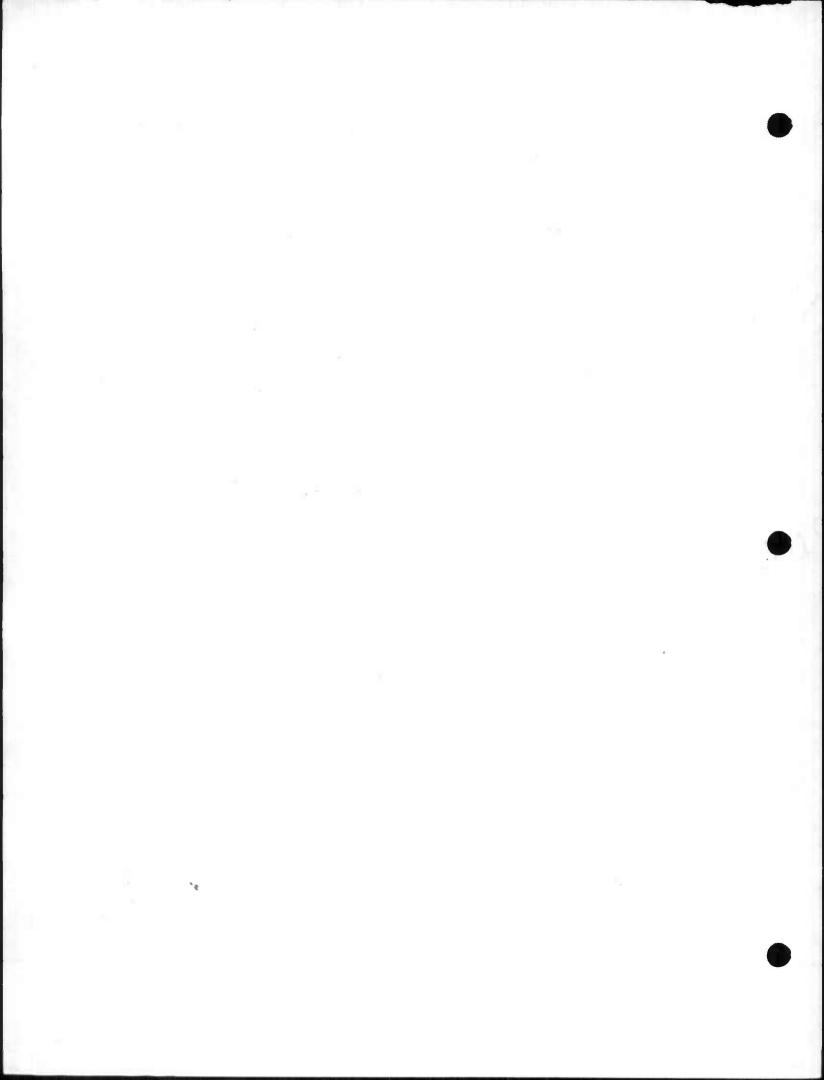
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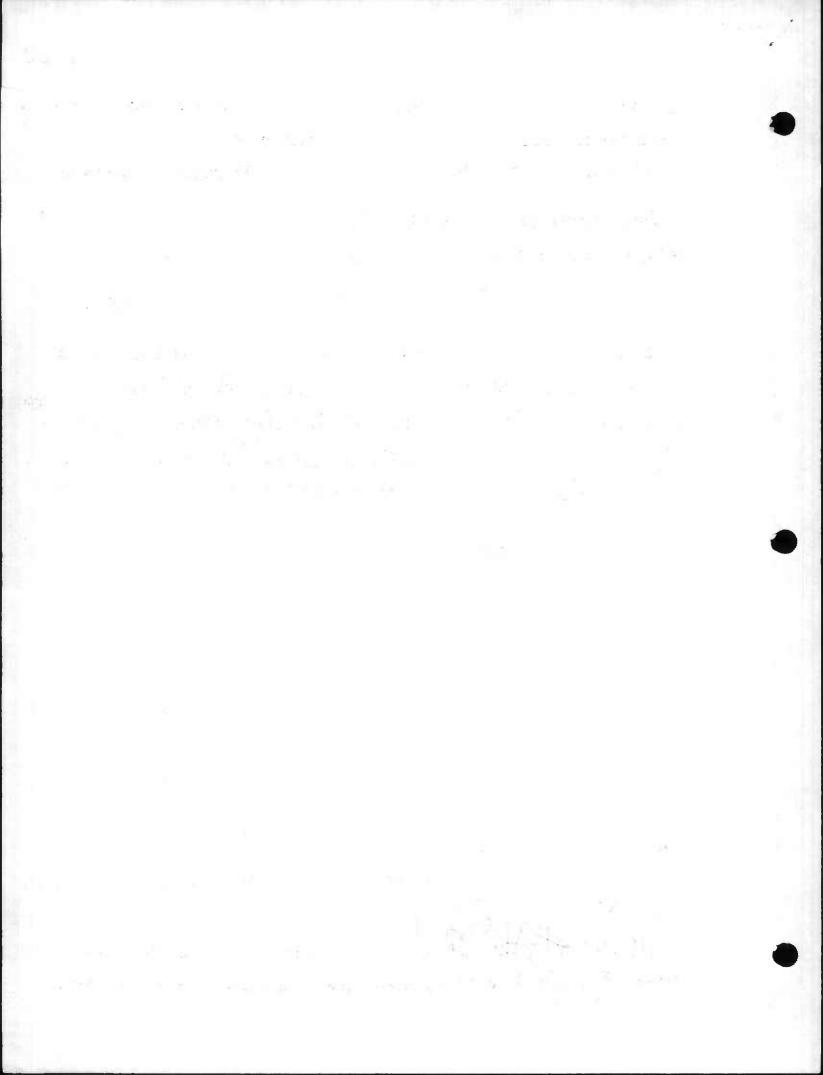
FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN Manch वंदेव м 8. BIRTHPLACE (State or Foreign Country) 4. SOCIAL SECURITY NUMBER 5 SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) HOURS 561-05-3361 1 🕅 M 2 🗌 F 84 NOV 7.1911 California 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR Joseph Richey Hospice **Baltimore** N/A RESIDENCE OF DECEDENT News York 10b. COUNTY 10c. CITY, TOWN OR LOCATION New York Baltimore 10d. INSIDE CITY New York 1 X YES 2 NO 100. STREET AND NUMBER 427 West 51St FUNERAL 10g. CITIZEN OF WHAT COUNTRY? Street 10019 USA 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-it yea, specify Cuban, Maxican, Puario Rican, etc.) 14. RACE — American Indian, Black, White, atc. FORCES? 1 X YES 2 [
IF YES, GIVE WAT OR DATES

WW II 1 Never Married 2 Married 1 YES 2 XNO Specify BY 3 Widowed 4 Divorced White 18a. DECEDENT'S USUAL OCCUPATION 15. OECEDENT'S EDUCATION 166. KIND OF BUSINESS/INDUSTRY (Specify only high ET Elementary/Secondary (0-12) College (1-4 or 5+) Public Relations Consultant Public Relations COMPL 12 once. 17 FATHER'S NAME (First Middle Last) 18. MOTNER'S NAME (First, Middle, Maiden Sumame) at or Milton Latham BE Rose Block notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Wendy Newton Box 1008 Weston. CT 06883 e 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE must Metro Crematory, Inc. 03/13/96 Baltimore, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Dawn E. McDonald Cremation Society of Maryland, Inc. HENWIGH. filled in by the fion. or removal. 299 Frederick Rd. Baltimore, MD 21228 medical 23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, abook, or heart fellure. List only one cause on each line. Approximata interval Between Onset and Death 6 IMMEDIATE CAUSE (Final cremation, event, the disease or condition AIDS 2+ YEARS reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): bunal, other traumatic CERTIFICATION Sequentially list conditiona, OUE TO (OR AS A CONSEQUENCE OF): 2 if any, leading to immediate cause. Enter UNDERLYING attending physician ntal Hygiene prior to CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST 0 the atten injury, PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERF AUTOPSY FINDINGS MEDICAL and an PERFORMED? AWAILABLE PRIOR TO COMPLETION OF CAUSE any CARCINOMA RIGHT MAXILLARY DINUS Health a 1 TYES 2 THO OF DEATH? shows r this certificate has been so the with the State Dept. of He arked, or Item 23 show 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 28. PLACE OF DEATN (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER:
4 | Nursing Nome 5 | Residence 8 | Vother (Specify) | HoSPICE 1 YES 2 NO 27. MANNER OF CEATN 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED is marked, 5 Pending Investigation 1 Natural 1 YES 2 NO L DIRECTOR: After the hours after death vitem 28 is mark BY 2 Accident 28a. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be COMPLETED 4 Homicide 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. TATHE LINERAL E TO THE MIDIN 72 B THE OFTENTE IF IT (Check only one) 2 MEDICAL EXAMINER: On the baals of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SKINATURE NO TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) 世界 BE AW Tobar 0 06933 MARCH 13 1996 2 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) Joan 101 WREAD ST BALTIMORE MD 21201 MAC GRASON 8017E119 vi AR 1 4 1996 DAMIDSON HONDER



S	State of Maryland / Department of Health and Mental Hygiene	96	0	-
	Cortificate of Dooth			

					Certifica	ate of	Death		Reg. No.		0170	0
Dhoo	-1-1	1. Decedant'a Nema (First, Middle, La	est)					2. Data of D	eath	Vaar	3. Time of Deal	th
	sician edical	BRENDA	A	LC	NG			MARC	H 09,1	996	18:00	P
4	miner	4a. Fecility Neme (If not institution, give	a street and number)				4b. City, Town, o	or Location of Daa	th 4c. Count	ty of Death		
<b>L</b>		SHOCK TRAUMA U	NIT				BALTIN	10RE				
Fune Direct		5. Social Security Number 6. S	Sax 7. Aga (1 □ M 280 F 2.0	n yrs. last bi	Yrs. If Und Month	dar 1 Year na Daya			rth ay Year)	9. Birthple Count PARY	aca (State or For	reign
yland		10a. Stata 10b. County	10	Oc. City, Tow	n or Location					10	Od. Inaida City Lin	nits
Be-f a	ctor	MARYLAND HARFO	RO	DAI	Rinbi	100					1 □ Yas 28	No
with th	Funeral Director	10e. Street end Number	0 -		10f. :	Zip Code	- 1		10g. Citizen of	What Count	ry?	
eath is 23	era	11. Marital Status	12. Was Decedant Eve	r in II C	12 Was Da	210	314	(Specify Yas or N	U -	S - America	on Indian	
Maryland 21215-0020 d 2 should be filed within 72 hours after death with the Maryland than Albertal Hygiene. 7? In merked other than "netural", or items 23e or 28e-f ahow traumatic event, the Maryland traumatic event	by Fun	1 ☐ Nevar Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	Armed Forcas?  1 Yes 2 No If Yas, Giva Yaar or Datas:	n in 0,3.	if Yes, s	pecify Cut	ben, Maxican, Pu	erto Rican, etc.)		ack, Whita, a		
5-0 72 ho	eted	15. Decedant's Ed (Specify only highest gra	ducation	16a	. Decedant's U	sual Occu	ipetion a during most of w	vorkina	16b. Kind of E	dusinass/ind	ustry	
2121 within iene.	Completed	Elemantary/Secondary (0-12)	College (1-4or 5+)		Ilfa. DO NOT	use ratire	ed)	Torking	-101.	0	-	
iore, Maryland 212: ges 1 and 2 should be filed within t of Health and Mental Hygiene. If them 27 is mericed other than or other treaumatic event, then	ပိ	17. Fathar's Nema (First, Middla, Last)			012166	1101	18. Mother's N	ama (First, Middle	Maiden Suma	Ma)	11,05	
ylan build be Mental	To Be	221 GOOWILLS	LORGIA				HAD	SI PED	OL TAV	120		
larylar 2 should be and Menta is marked	-	19a. Informant's Name/Ralationship (		198	o. Mailing Addra	ass (Stree	et and Number or	Rurai Route Numi	per, City or Town	, State, Zip	Code) 210	134
		RICHARD W. Lon	3. JR.	14)	70	FLic	12tivil	POAD DA	ARLINET	00.00	ARYLANG	)
or Health		20a. Mathod of Disposition  128 Burial 2 Cramation 3		20b. Place o	of Diaposition (A	Vama of		Date	20c. Location		wn, Stata	
altimor nit. Pages artment of I ortant: If he Injury or o		4 Donation 5 Other (Specif	y)	BILA	iR Mes	JOR'	ALGARDIN	S 13TH	BILRI	R.M.	ARYLANC	)
Baltimore, permit. Pages 1 ar Department of Hea Important: if Nam: any Injury or other	DUCE.	21. Signature of Funeral Service Licer	toce		22. Name	end Addr	ass of Facility	1001-0	BALRIR	P.A.	2105	0
	9		rous 1.		302	w Po	RT ORI	VS FOR	17 T23	I.MA	RYLAND	,
		23a. Part 1. Entar the disease, or com shock, or heart failure. List only	plications that caused the ona causa on each line.	daath. Do	not antar tha m	oda of dy	ing, such as card	ac or raspiratory	rrest,		Approximata Interval Batween	
Physicia /Medic		Immediata Causa (Final									Onset and Death	1
Examin		disaasa or condition rasulting in daath)	a. MULTI	PLE	INJUR	IES						
	ē e		Du	a to (or as a	consaquance o	of):						
outed d ansit	Examiner	Sequentially list conditions	b	to for as a	consequance	uf \-				-		
K 68760, strificate be executed ing physician and eas the burial-transit	Ä	Sequantially list conditions, if eny, laading to immadiata cause. Entar Underlying Causa (Disasas or Injury that in listed exacts.		(		,.				1		
68760, ficate be ex physician as the burial	edical	that initiated evants raaulting in deeth) Last	C. — Due	to (or es e	consequance o	f):						
T Da	Ž		d									
BO) sath ce attend for use	Physician/											
that the death ed by the attended by the attended for u	ysic	Part II. Other significant conditions of	ontributing to death but n	ot resulting i	n tha undarlying	g cause g	ivan in Part I.	23b. Did	tobacco use co		the cause of dec	
dS, P. iires that the signed by dipe deta	by Pt							_ 1 🗆	Yes 25 No	3 Prob	ebly 4 ☐ Unkr	IOWN
S been 2 shoul	Completed b				-11				en autopay ormed?	eval	re autopsy finding Ilabie prior to apletion of causa laath?	
E 9 5	5							1 🗆	Yaa 2 No	1 🗆	Yes 2□ No	
VITAL Intellement The countricate rector, pag	Be	25. Was casa rafarred to medical axaminar?	Llean hali			0.		eath (Check only	ona)			
	ို	tion as 2 No 27. Mannar of Death	Hospital:		utpatient 3 🗆	DOA		Homa 5 ☐ Ras			)	
	Certification:	1 □ Natural 5 □ Panding	28a. Data of Injury (Month, Day Ye	ear)	Tima of Injury	28c. Inju	ork? ]Yas 2. May No	PASS EN	GER OF	"Buto	US AUTO	
Vision Attending r death. ector: Atte	fical	3 Sulcida 6 Could not be	7/0/10	At home fa	10			28f. Location	Street and Num	ber or Rurai	Route Number	
Die die	T e	4 Homicida datarmined	building, atc. (5	specify)	LUET	ory, omos		City or To	Street and Num wn, Steta)			MA
- 10 10		29a. Certifiar 1 CertifyIng Ph	yelcian: To tha best of m	y knowledge	a, daath occurre	ed at tha ti	ima, data and pia	ce, and dua to tha	causa(a) and m	annar as sta	EDEN RD	INV
A Sur total	edicai	(Check only one) 2 Medical Exam	niner: On the basis of example and menner stated	minetion en	d/or Investigation	on, In my	opinion, daath oc	curred et the time,	dete end pleca	and due to	the cause(s)	
0 100	ž	29b. Signature end title of certifier	to NOX	7	2	29c. Licen	sa number		29d. Deta sign	ad (Month, E	lay, Year)	
		Jame	Tall	# 1			OCME		MARCH	10.1	996	
8		30. Nama end eddrass of peraon who	omplated cause of days	(Itam 23a)	(Type, Print)							
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	State	MAR 1 4 1996	ha Ladda Begisugga	HOUSE								



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AL DH ALLENDING PRINCIPAL THE IAM PEQUIPES THAT THE UBATH CHIRDREN DE CACCURA WITHIN 24 THURS ALICH DEADLE. PAGE O HIRAY OF	AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page	2 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	1. DECEDENT'S NAME (First, Middle, Last	Amend }				2. DATE OF DEAT		3. TIME OF DEATH			
	Charles  4. SOCIAL SECURITY NUMBER		Sner			7. DATE OF BIRTH		96 6:05 A BIRTHPLACE (State or Foreign			
	217-38-1215	1 M 2 F	(In yrs. last birthday) 54 YRS.	MONTHS DAYS	HOURS MIN.	(r)	MARYLAND				
	Se. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN	OR LOCATION OF DE						
TOR	MERCY HOSPITAL			BALTI	MORE		N/	/A			
DIRECTOR		E ARUNDEL	10c. CI	TY, TOWN OR LOCA SEVE		10d. INSIDE CITY LIMITS?  1  YES 2 X NO					
RAL	1665 SHANNON O	CIDCLE		1	01. ZIP CODE 21144		10g. CITIZEN	OF WHAT COUNTRY?			
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YES IF YES, GIVE WAR OR I	2 NO	If yes, s	CENDENT OF HISPAI pecify Cuban, Mexica S 2 X NO Specif	n, Puarto Ricen, etc	y Yee or No— 14.	. RACE — American Indian, Black, White, etc. Specify: WHITE			
ED	15. DECEDENT'S EC (Specify only highest gra	1961-19	18e. DECEDENT	'S USUAL OCCUPAT f work done during n	TION	16b. KIND OF	BUSINESS/INDUS				
PLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT	ECHNICIA		PAPE	R RESEAR	RCH COMPANY			
COMPL	17. FATNER'S NAME (First, Middle, Last)	2			_	ME (First, Middle, Me	aiden Surneme)				
BE C	CHARLES F. LEASN	IER			LOIS REID						
10	19a. INFORMANT'S NAME (Type/Print) DELORES M. LEAS!	NER - WIFE			end Number or Rural O CIRCLE			•			
	20e. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Re			E OF DISPOSITION (			c. LOCATION — City				
	4 Donation 5 Other (Specify)	_	METRO C	REMATORY	AND ADDRESS OF FA	CILITY	BALTIMORI	E, MD			
	* September 1	ELINGS, OR.		STAL	LINGS FUN MOUNTAIN	VERAL HON		, MD 21122			
	shock, pr heart fellur IMMEDIATE CAUSE (Finel disease or condition reaulting in death)	e. List only one on on		Stage	e Rena ular I	1 Dis	sea se	interval Batwo			
ION	Sequentially list conditions,	b. DUE TO (OR AS	ACONSEQUENCE		war L	)1 Sea	se	20 yrs			
CERTIFICATION	Sequentially list conditions, if any, iseding to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events resulting in death) LAST	b. DUE TO (OR AS	A CONSEQUENCE	OF):	war L	)15eas	se	20yrs			
AL CERTIFI	If any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events	d	A CONSEQUENCE	OF):		Part I. 24a, W	S AN AUTOPSY REORMED? ES 2 AND	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?			
MEDICAL CERTIFI	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	ons contributing to desth	A CONSEQUENCE	OF):  OF):  g In the underly!	ing cause given in	Part I. 24a, W	IS AN AUTOPSY RFORMED?	COMPLETION OF CAUSE			
MEDICAL CERTIFI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions to the condition of the condi	ons contributing to desth	DUT NOT REGULENCE  DUT NOT REGULENCE  DE DEATH  26. PLACE OF DE	OF):  OF):  g in the underlyi  YES NO  EATH (Check only on	ing cause given in  UNCERTAI	Part I. 24s. We pe 1	AS AN AUTOPSY RFORMED? ES 2 ANO	AVAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?			
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SICIAN: MEDICAL CERTIFI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnificant condition of the condition of the condition of the condition of the condition of the condition of the condition of the cause	ITRIBUTE TO CAUSE  HOSPITAL: 1 Enpatient 2 = ER/Os  28s. DATE OF INJUR (Month, Day, Year,	DUT NOT reculting  OF DEATH  26. PLACE OF DE  supprison: 3 □ DOA	OF):  OF):  OF):  YES NO EATH (Check only on OTHER: 4 Nursing He TIME OF NJURY M 1	UNCERTAL e)  Dome 5 Realdenca NJURY AT WORK?  YES 2 NO	Part I. 24a, We PE 1 Y Y S Other (Specify 28d, DESCRIBE I	AS AN AUTOPSY RFORMED? ES 2 AND	AWAILABLE PRIOR TO COMPLETION OF CAUSIOF DEATH?  1 YES 2 NO			
ED BY PHYSICIAN: MEDICAL CERTIFI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions of the condition of the condition of the condition of the condition of the cause of the	ITRIBUTE TO CAUSE  HOSPITAL: 1 Enpatient 2 ER/Os  28s. DATE OF INJUR (Month, Day, Year, building, etc. (5)	DEATH  26. PLACE OF DE  Tipatient 3 DOA  280. T	OF):  OF):  OF):  YES NO EATH (Check only on OTHER: 4 Nursing He TIME OF NJURY M 1	UNCERTAL e)  Dome 5 Realdenca NJURY AT WORK?  YES 2 NO	Part I. 24a, We PE 1 Y Y S Other (Specify 28d, DESCRIBE I	S AN AUTOPSY RFORMED? ES 2 ANO  NO NUMBER OF THE PROPERTY OF T	AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1   YES 2   MO			
ETED BY PHYSICIAN: MEDICAL CERTIFI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant condition of the condition of the condition of the condition of the cause	ITRIBUTE TO CAUSE  HOSPITAL: 1 Enpatient 2 ER/Os  28s. DATE OF INJUR (Month, Day, Year, building, etc. (5)	DUT NOT REQUENCE  Dut not reculting  OF DEATH  26. PLACE OF DE  stepatient 3 DOA  ( 28b. 7  Al home, farm	OF):  OF):  OF):  In the underlying in the under	UNCERTAL  b)  Dome 5   Residence NJURY AT WORK?  YES 2   NO flice	Part I. 24a, Wing PE 1 Y Y S Other (Specify 28d, DESCRIBE In City or Town, a to the cause(a) en	AS AN AUTOPSY RFORMED?  ES 2 ATÓ  I)  HOW INJURY OCCUP  Street and Number or  State)	AVAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?  1  YES 2  NO			
IPLETED BY PHYSICIAN: MEDICAL CERTIFI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant condition of the condition of the condition of the condition of the cause	HOSPITAL: 1 Place of injury 28e. PLACE OF injury 28e. PLACE OF injury 28e. PLACE OF injury 28e. PLACE OF injury 28e. PLACE OF injury 38e. PLACE OF injury 48e. PLACE OF injury 48e. PLACE OF injury 48e. PLACE OF injury 48e. PLACE OF injury 48e. PLACE OF injury 48e. PLACE OF injury 48e. PLACE OF injury 48e. PLACE OF injury 48e. PLACE OF injury 48e. PLACE OF injury 48e. PLACE OF injury	DUT NOT REQUENCE  Dut not reculting  OF DEATH  26. PLACE OF DE  stepatient 3 DOA  ( 28b. 7  Al home, farm	OF):  OF):  OF):  In the underlying in the under	UNCERTAL  b)  Dome 5   Residence NJURY AT WORK?  YES 2   NO flice	8 Other (Specify 28d. DESCRIBE I 281. LOCATION (S City or Town, a to the cause(a) en	SAN AUTOPSY REORMED?  ES 2 MO  HOW INJURY OCCUP  Street and Number or State)  d menner ee atated ce, end due to the care.	AVAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?  1  YES 2 NO  RED  Rural Route Number,			
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions of the condition of the cause of the condition of the cause of	ITRIBUTE TO CAUSE  HOSPITAL:  1 Important 2 ER/Ou  28a. DATE OF INJURY (Month, Day, Year,  28a. PLACE OF INJURY (Month, Day, Year,  28a. PLACE OF INJURY (Month, Day, Year,  10a. 28a. PLACE OF INJURY (Month, Day, Year,  10b. 28a. PLACE OF INJURY (Month,	DEATH  26. PLACE OF DE ripetient 3 DOA  ( 26b. T	OF):  OF):	UNCERTAL  b)  Dome 5 Realdenca  NJURY AT  WORK7  YES 2 NO  flice  atte end place, and du  , death occured at the	Part I. 24a, William PER 1 Y Y September (Specify 28d, DESCRIBE In City or Town, a to the cause(a) en a time, date and ple	IS AN AUTOPSY REFORMED?  ES 2 AND  NOW INJURY OCCUPANTE of the control of the con	AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1  YES 2			
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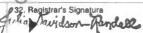
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the state from the party of the state of the foreign and

				State of Mar	ryland /	Department of Certificate of			iene g	6 0	7435		
	Physic /Medi		Decedant'a Nama (First, Middla, Last)     CHARLES	AUSTIN		MCDONNELL	,	2. Data of Dea Month MARCH	Day	Yaar 996	Tima of Death 9:23 PM		
	Exami	ner	4a. Facility Nama (If not institution, giva s  GREATER BALTIMORE	E MEDICAL			4b. City, Town, or I		4c. County	IMORE C			
	Funeral Director		5. Social Sacurity Number 6. Sax 1215-24-4350  Usual Rasidance of Decedent	M 2□ F 7. Aga (	(In yrs. lest b	yrs. If Undar 1 Ya  Months Day		8. Data of Birth (Month, Day, April 2		9. Birthplace Country) Maryla	(Stata or Foreign		
	a-f show	ctor	10a. Stata 10b. County Maryland Baltimor		10c. City, To Balti	wn or Location .more					nside City Limits  Yes 2 No		
	th with th 23a or 26 ust be no	al Director	10e. Street and Number 6003 Lakehurst Dri	ve		10f. Zip Code 2121		1	10g. Citizen of What Country? U.S.A.				
aryland 21215-0020 should be filed within 72 hours after death with the Maryland of Menial Hygiene, marked other than "natural", or items 23s or 28s-f show imatic event, the Medical Examinations to noutled a		by Funeral	11. Marital Status 1 1 Navar Married 2 Married 3 Widowed 4 Divorced	2. Was Decedant Ev Armed Forces? 1 ☐ Yas 2 No If Yas, Giva Yaar or Datas:	ar In U,S.	13. Was Decedant of II Yas, specify C	of Hispanic Origin? (Suban, Maxican, Puarti Specify:	pecify Yas or No- o Rican, atc.)	No- 14. Race - American Indian, Black, White, atc.  Specify: White				
21215-0020	withln 72 ho ane. than "natur	Completed	15. Decedant's Educ (Specify only highast grada Elemantary/Secondary (0-12)	complated) Collaga (1-4or 5+)	,	a. Decedent's Usual Occ (Giva kind of work dor lifa. DO NOT usa rati	supation ne during most of wor ired)	king		isiness/industry			
E Sala		To Be Co	17. Father's Nama (First, Middle, Last)  James Edward McDon	years nell	F	resident	18. Mothar'a Nan Bernadi	na (First, Middla, I		le Food (a) Kupe			
	and 2 should saith and Mer n 27 is merks er trsumetic		19a. Informant's Name/Relationship (Type C. Austin McDonnel	e, <i>Print)</i> 1 Jr. (soi		b. Mailing Addrass <i>(Stre</i> 023 Wagner				))			
Baltimore,	pemit. Pages 1 and 2: Department of Health as Important: if Itam 27 is any injury or other trace		20a. Mathod of Disposition 1 □ Buriai 2 □ Cramation 3 □ Ra 4 □ Donation ↑5 □ Other (Specify)		cemat	of Disposition (Nama of ary, crematory or other p athedral Ce	metery Mar		20c. Location - Baltimo:	ce, MD	tata		
Ba	Physician /Medical Examiner		23a. Part1. Enter the disease, of compile shock, or heart failure. List only one immediate Cause (Final disease or condition resulting in death)	altions that caused the cause on each line.	GITIS	22. Name and Add Mitchell- 6500 York onot antar the mode of co	-Wiedefeld c_RdBalt ying, such as cardiac	Home Inimore Morrespiratory and	C. D. 21212		roximata val Batween el and Death		
BOX 58/50,	leath certificate be executed attending physician and I for use as the burlal-transit	an/Medical Examiner	Causa (Disaase or Injury that initiated events Dua to (or as a consequence of):										
 	res that the death igned by the atter be detached for u	Physician/Me	Part II. Other significant conditions contribute of the PEPTIC ULCER WITH			in the underlying cause	given in Part I.		bacco use cor		cause of death?		
Hecords	e law requires has been sign ge 2 should be	Completed by	METASTATIC PROSTA	ATE CANCER	?			24a. Was a perforr		avallable	utopsy lindings a prior to ion of cause ?		
VItal	certificate	o Be Co	25. Was casa rafarred to medical axaminer?	spitai:	2 🗆 ER/O	outpatient 3 DOA	Whos	1 ☐ Ye  th (Check only on  oma 5 ☐ Raside			2□ No		
sion or	Attending Physic death.  actor: After this by the funeral di	atlon: T	27. Mannar of Death 1	28a. Data of Injury (Month, Day Y		Tima of linjury 28c. In		28d. Dascribe ho					
DIVISION	urs por Am	Certification:											
(	To the Hosp within 21 the To the Full contipletory t	Medical	29a. Certifier (Check only one)  29b. Signature and title of certifier	cian: To the best of ax er: On the basis of ax and manner stated	camination a	e, death occurred at tha nd/or invastigation, in my	opinion, daath occu	rred at the tima, de	ate and place, a	and dua to tha			
	8414		· Vaul C	Synn		D10	nse number	2	3/	6 (Month, Day,	( all)		
	10		30. Nama and address of person who com  DANIEL G. SAPIR			(Type, Print) LS RD. SUIT	E 320 LUT	HERVILLE	, MD 2	1093			

State Registrar

31. Data filed (Month, Day, Year)
WAR 1 4 1996

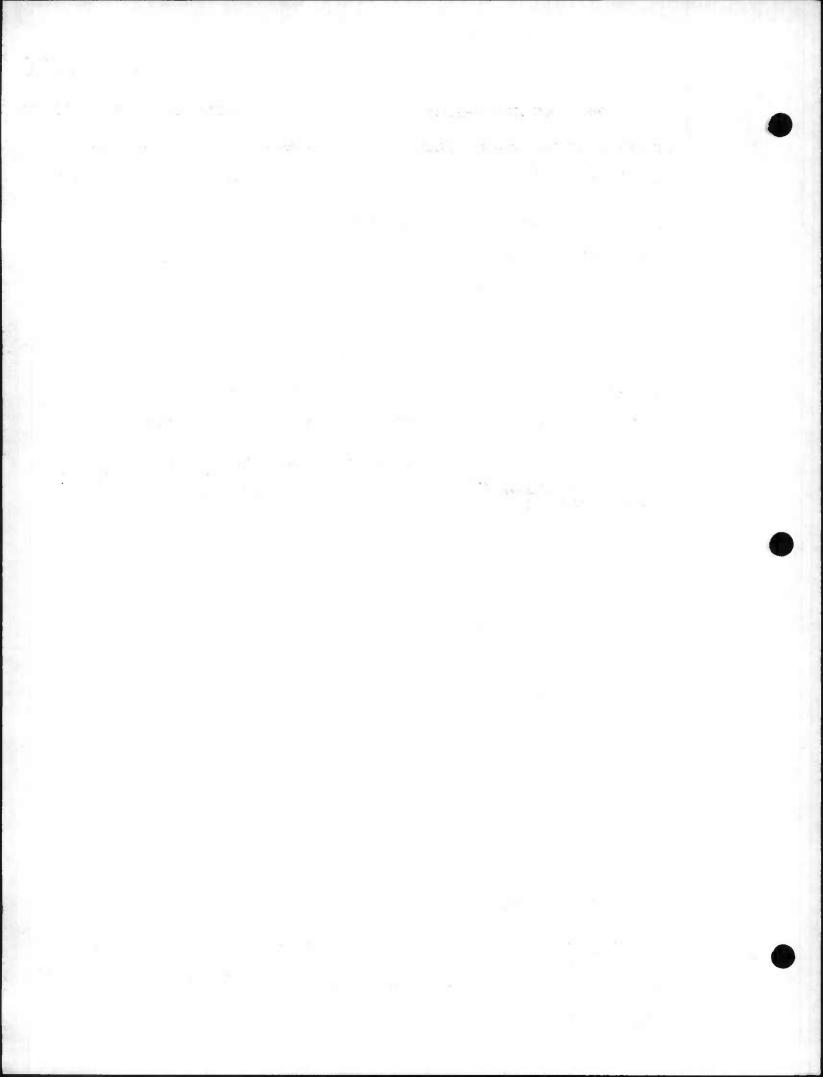


State of Maryland / Department of Health and Mental Hygiene

07436 Certificate of Death 1. Decedant's Nema (First, Middle, Last) 2. Dete of Death 3. Time of Death **Physician** 1996 IRVIN WILLIAM MAGLIDT MARCH 12, 12:1 M /Medical 4e. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** TOWSON GREATER BALTIMORE MEDICAL CENTER BALTIMORE If Undar 1 Yaar If Under 24 Hrs.
Months Deys Hours Min. 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) Birthplace (Stata or Foreign Country) **Funeral** Deys 1 XM 2□ F Months 213-07-5783 Yrs. 90 Director November 28,1905 Maryland Usual Rasidence of Decedant 10a. Steta 10b. County 10c. City, Town or Location 10d. Inaida City Limits 1 ☐ Yas 2 No Directo Maryland Baltimore Cockeysville 10e. Street and Number 10f. Zip Code 10g. Citizan of Whet Country? 300 International Circle 21030 United States Funeral 12. Wes Decedant Evar in U,S. Armed Forces? 13. Wes Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, Whita, etc. 1 Never Married 2 Merried 1 ☐ Yes 2 No If Yes, Giva Specify: White 1 Yas 200 No Specify: þ 3 XWidowed 4 □ Divorced Yaar or Datas: 15. Decedant's Education (Specify only highest grads completed) 16a. Decedant's Usuai Occupation 16b. Kind of Business/Industry (Giva kind of work done during most of working lifa. DO NOT use retired) Elamantary/Secondary (0-12) Collega (1-4or 5+) 12 years Insurance Adjuster Insurance 17. Fathar's Nama (First, Middla, Last) 18. Mothar'a Nama (First, Middla, Maidan Sumama) Be William Putnam Maglidt May Wilson 19a. Informant'a Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Nancy L. Zuber/Daughter 2030 Greylock Ct. Bel Air, MD 21015 20b. Place of Disposition (Name of cematery, cremetory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☑ Buriai 2 ☐ Cramation 3 ☐ Removal from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Air Memorial Gardens 3/15 Bel Air 21. Signetura of Funarai Service Licensee 22. Name end Addrass of Facility Mitchell-Wiedefeld Home, Inc. 6500 York Rd. John O. Mitchell IV Baltimore, MD 21212 26a. Part1. Entar the disaasa, or complications that causad tha daeth. Do not entar the mode of dying, such es cardiac or respiratory arrest, shock, or haart failura. List only one ceusa on aach lina. Approximate Interval Batween Onaat and Death **Physician** Immediata Causa (Final diseasa or condition rasulting in daath) Preumonia /Medical 1RADO ~ **Examiner** attending physician and for use as the burial-transit The law requires that the death certificate be executed Physician/Medical Exami Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Dua to (or as a conaequance of): P.O. Box 68760. Due to (or as a consequence of): signed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 25 No 3 Probably 4 Unknown Ly pertension Division of Vital Records, þ 24b. Wera autopsy findinga available prior to completion of causa of death? Completed 24a. Was en autopsy certificata has b lirector, paga 2 si 1 ☐ Yas 2 ₺No 1 ☐ Yas 2 No 25. Was casa raterred to medical axaminar? Be 26. Place of Death (Check only one) 70 1 Yas 2 No Hospital: Other: 4 Nursing Homa 5 Rasidance 8 Other (Specify) Inpatiant 2 ER/Outpatient 3 DOA this funeral 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28b. Tima of Injury 28c. Injury at Work? 28d. Dascribe how injury occurred Certification: After Attending 1 Natural 2 Accident 5 Panding invastigation death. 1 Yas 2 No after death Director: 3 Sulcide 6 Could not be datarminad 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, atreat, factory, office building, atc. (Specify) 4 Homicida b TE-Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as attacd.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner attact. 29a. Cartifiar Medical (Check only one) 29b. Signetura end titla of certifiar 29c. Licansa number 29d. Deta signed (Month, Day, Year) 0 30. Nama and addrass of person who complated causa of death (itam 23a) (Type, Print) 1205 York Ad 32c Lumervice and 21093 PRAFISM.O. してんしゃい 31. Deta filed (Month, Day, Year) 32. Registrar's Signatura Lulia Lividson-Randall Registrar

DHMH 16 Rav 6/95



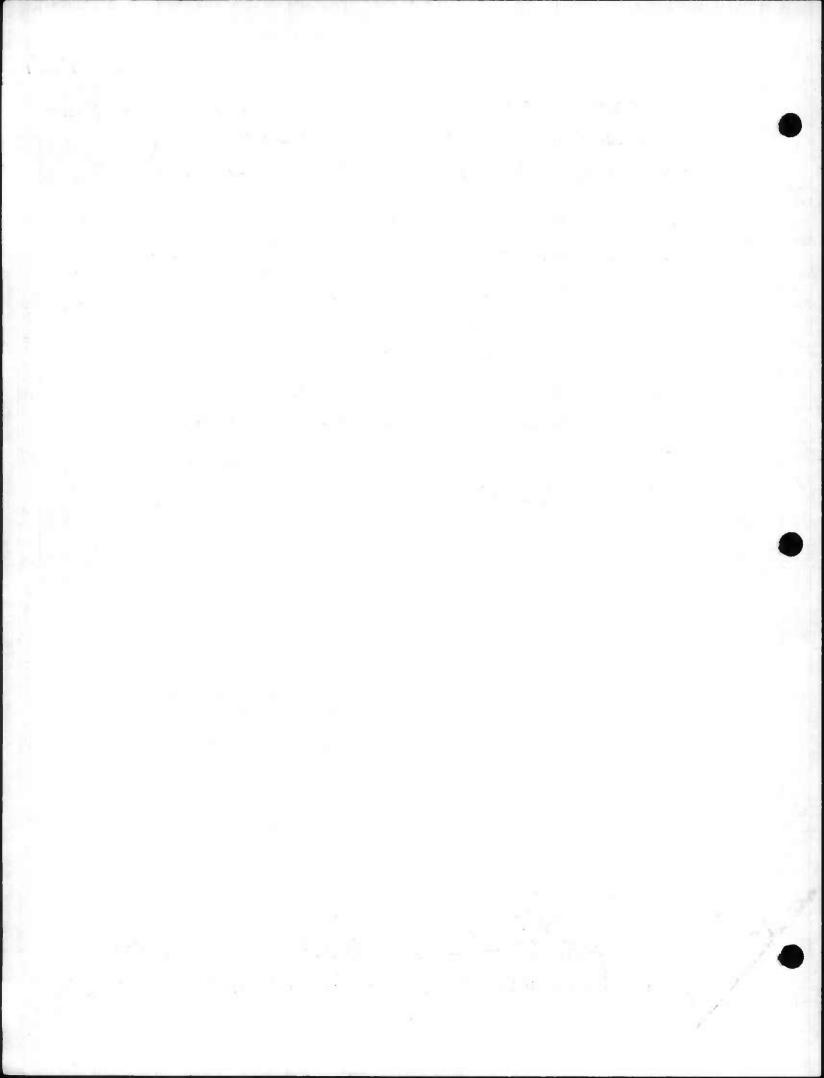
State of Maryland / Department of Health and Mental Hygiene

07437 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month LETITTIA MUHAMMAD 7:53pm 1996 MARCH /Medical 4a. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner BALTIMORE CITY THE JOHNS HOPKINS HOSPITAL 9. bithplace (State or Foreign If Under 1 Year If Under 24 Hrs.

Months Days Hours Min. 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** 1□M 2 F 219 5-8 394 Usual Residence of Decedent Director 10b. County 10a. State 10c. City, Town or Location 10d. Inside City Limits nial Hygiene. ad other than "natural", or liente 23a or 28a-f ahow e event, the Medical Examinar must be notified at Balto. N. A m cl 1 Yes 2 No Director 10e. Street end Number 10f. Zip Code 10g, Citizen of What Country? 21224 16 n. Knesso U.S. A by Funeral permit. Pages 1 and 2 should be filled within 72 hours after deal Department of Health and Mental Hygione. Important if Item 27 is merited other teams any Injury or other traumants. Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. Was Decedent Ever in U,S. Armed Forces? 14. Race - American Indien, Black, White, etc. 1 ☐ Never Merried 2 Merried 1 ☐ Yes 2 No If Yes, Give Yeer or Detes: Specify: Black 1 ☐ Yes 2 ☐ 💢 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) HOMEMAKET 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) Be Watkins JAM VEL 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) glover St Balto Md 21224 Amos 126 N. EUNICE 20b. Place of Disposition (Name of cametery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1₽ Burial 2 Cremation 3 Removal from State ZION C 4 ☐ Donetion 5 ☐ Other (Specify) Cm 21. Signifure of Funeral Service Licenses 231. Perf. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Physician /Medical tmmediate Ceuse (Final disease or condition resulting in death) . Acute Respiratory Distress Examiner for Attending Physician: The law requires that the death certificate be executed after death. Director: After this certificate has been signed by the attending physician and Sequentially list conditions, if eny, teading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Division of Vital Records, P.O. Box 68760, · Anoxic brain injure Completed by Physician/Medical Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown betes Mellitus 24e. Wes en eutopsy performed? 24b. Were autopsy findings aveilable prior to completion of cause of deeth? Schizophrenia 1 ☐ Yes 2 No 1 Yes 25. Was cese referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: 1 Inpatient 1 Yes 2 No 2 Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 ER/Outpatient 3 DOA 27. Manner of Death 28c. Injury at Work? 28d. Describe how injury occurred Certification: 1 Naturat 2 Accident 5 Pending investigation 1 Yes 2 No 6 Could not be determined 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) 3 Suicide 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide 29a. Certifier (Check only one) Description Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

| Medical Examiner: On the best of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29b. Signature, and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print) Johns Hopkins Hospital Schofield Baltimore MD 21287 MD 31. Date filed (Month, Day, Year) 32. Registrar's Signature State Lula Savidon Roman Registrar

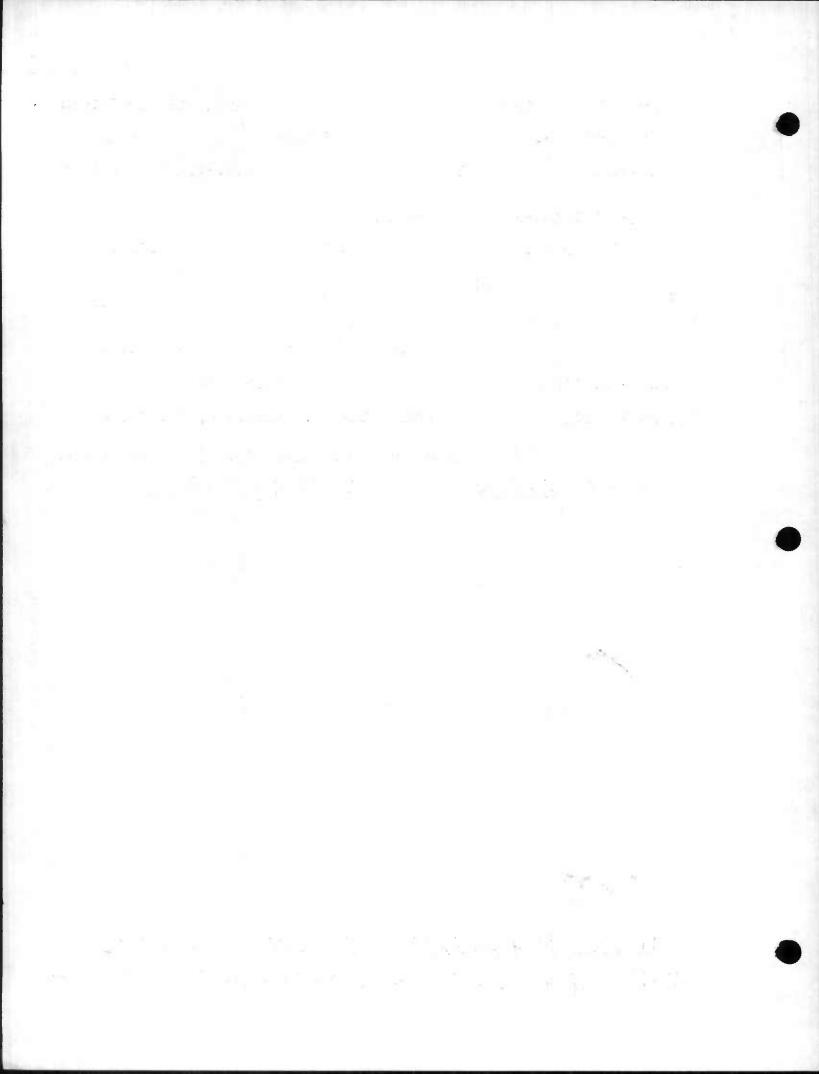
DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

07438 Certificate of Death 1. Dacadent's Neme (First, Middle, Last) 3. Time of Death 2. Dete of Deeth **Physician** Thomas J. Manney, Sr. March 9:30 jm 9 1996 /Medical 4e. Fecility Nema (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Columbia Howard County General Hospital Howard County 7. Aga (In yrs. last birthdey) | If Undar 1 Year | If Under 24 Hrs. 8. Date of Birth (Month), Deys | Hours | Min. August 3, 1915 | Mary land 5. Sociel Security Number 9. Birthplace (State or Foreign **Funeral** 10 M 2□ F 213-10-5007 Director Usuei Residence of Decedent tha Maryland 10e Stete 10h. County 10c. City. Town or Location 10d. Inside City Limits 28a-f show 7 is marked other than "natural", or items 23a or 28a-f shov traumstic event, tra Nedical Examinar must be notified at Maryland Howard County Ellicott City 1 Yes 2010 Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 4202 V.F.W. Lane 21043 USA Funeral death 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 11 Meritel Stetus 14. Race - American Indien. pernit. Peges 1 and 2 should be filed within 72 hours after. Deportment of Health and Mental Hygiene. Important: If flam 27 is merked other than "natural", or then any injury or other traumatic event. Bleck, White, etc. 1 ☐ Yes 2XXIIo 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑No Specify: þ X3CXWidowed 4 Divorced white Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 6th Superintendant Meat packaging 17. Fathar's Nama (First, Middla, Last) 18. Mother's Name (First, Middla, Melden Sumema) Be Patrick Marney Jennie 19e. informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Routa Number, City or Town, Stete, Zip Code) 1000 Henryton Road, Marriottsville, MD 21104 Mr. Thomas J. Marney, Jr./son 20b. Plece of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, Steta 20e. Method of Disposition Data Burial 2 Cremetion 3 Removel from Stata
4 Donetion 5 Other (Specify) Lakeview Mem. Pk. 3-13-96 Eldersburg, MD Signature of Funerel Service Licensee 22. Name and Address of Fecility
Slack Funeral Home, P.A. 160 M00535 Ellicott City, Maryland 21043 Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fallure. List only one cause on each line. Approximate Intervel Between Onset end Deeth **Physician** /Medical METAPTATIC MELANOMA immediate Cause (Finel 1 MONTH diseese or condition resulting in deeth) Examiner Due to (or es e consequence of the burial-transit Sequentielly list conditions, if any, leeding to immadiate causa. Enter Underlying Ceuse (Diseese or Injury that initieted events resulting in death) Last end Due to (or es e consequence of): Box 68760. 9 Physician/Medical Due to (or as e consequence of): 98 attending ed by the at detached for Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown ORONARY ARTORY DIVERDE signed t Records, by 24b. Were autopsy findings aveilable prior to 24e. Wes an eutopsy performed? Completed peed PROTATE CANCER completion of causa of deeth? The law has 1 Yas 2 No 1 Yes 2 No certificata of Vital 25. Wes case referred to medical Be 28. Pleca of Deeth (Check only ona) Other: 4 Nursing Homa 5 Residence 6 Other (Specify) P 1 Yes 2 No 1 ☑Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA this 27. Menner of Death 28a. Dete of Injury (Month, Dey Year) 28c. Injury et Work? 28b. Time of 28d. Describe how injury occurred Certification: Affier Division 1 Neturel 5 Pending injury 1 ☐ Yes 2 ☐ No Attendi Invastigation 2 Accident \*chor: 3 Suicide 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At homa, ferm, street, factory, office building, etc. (Specify) 4 Homicide Funeral Noun Hospit 15 Certifying Phyeician: To the best of my knowledge, deeth occurred et the tima, dete end plece, and due to the cause(s) and menner es steted.
2 Medical Examiner: On the bests of examinetion end/or investigetion, in my opinion, death occurred et the time, dete end place, and due to the cause(s) end menner steted. 29e. Certifier Medical To the Hor within 24 h To the Fur 29b. Signatura and title of certifie 29c. License number 29d. Deta signed (Month, Dey, Year) MARCH 10. and address of person who completed cause of death (Item 23a) (Type, Print) COLLMBIA KNOLL N, State Registrar

			Certificate of D			giene ( Reg. No.	96 07439		
	Physici	an	Decedent's Neme (First, Middle, Last)		2. Dete of Dea		3. Tim f —th		
J	/Medi		Harvey Vernon Lippy	l	March	ÎŽ 1	.996 10:00 Am		
P	Examir	ner		b. City, Town, or Local 'reeland	ation of Deeth	100000000000000000000000000000000000000	ol Deeth .timore		
	Funeral Director		5. Social Security Number 215-10-8100  6. Sex 1 Age (In yrs. last birthdey) 82 Yrs.  Wonths Deys 1 Agust Residence of Decedent	Hours Min.	B. Dete of Birth (Month, Day Dec. 31	, 1913	9. Birthplece (State or Foreign Country) Maryland		
	how the		10a. Stete 10b. County 10c. City, Town or Location				10d. Inside City Limits		
	he Ma	ecto	Maryland Baltimore Freeland				1 ☐ Yes 2 Z No		
	23a or 2	Funeral Director	10e. Street and Number 21504 Parker Rd. 21053			-	0g. Citizen of What Country? U • S • A •		
020	filed within 72 hours after deeth with the Maryland Hyglene. ther than "naturel", or items 23s or 28s-f show ant, the Medical Examinet must be notified at	by	11. Meritel Stetus  1 Never Merried 2 Merried  3 Widowed 4 Divorced  12. Wes Decedent Ever In U,S. Armed Forces?  1 Yes 2 No  1 Yes 2 No  1 Yes 2 No  1 Yes 2 No	spenic Origin? (Spec n, Mexican, Puerto R Specify:	ity Yes or No- icen, etc.)		- American Indien, k, White, etc.		
21215-0020	within 72 hours aff sne. then "naturs!", or a Wadical Exam	Completed	15. Decedent's Education (Specify only highest grede completed)  Elementery/Secondery (0-12)  College (1-4or 5+)  16a. Decedent's Usuel Occupet (Give kind of work done du life. DO NOT use retired)  Black & De		9	16b. Kind of Bu	siness/industry		
	filed with Hygiene. other than			18. Mother's Neme	(First, Middle,				
ylan	2 should be filed within and Mental Hygiene.  E marked other than aumatic event, the Mental Colors.	To Be	George W. Lippy	Hattie	Hale		435		
Maryland	0 6 9 6		19e. informant's Neme/Reletionship (Type, Print)  Robert Beverly  19b. Melling Address (Street at 3201 Falls R						
	of Health item 27 I		20a. Method of Disposition 20b. Place of Disposition (Name of		Dete		City or Town, Stete		
Baltimore,	8 = 8		1 Description 3 Remove I from State 4 Donetion 5 Other (Specify)  Cematery, crematory or other piece  Grave Run Cem.		15,199	6 Hamp	stead, Md.		
Ball	permit. Pa Departmen Important: eny Injury		21. Signeture of Funerel Service Licensee  J. Hart Eshardt 3296 Char	Funeral	Chape	el nester.	Md. 21102		
			23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying shock, or heart leiture. List only one cause on each line.				Approximata Interval Between		
	Physician /Medical Examiner		Immediate Cause (Final disease or condition rasulting in death)  e. Congestive Heart	Failure	0		2 wks		
4	nsit	Examiner	Immediate Cause (Final disease or condition rasulting In death)  a. Congestive Heart  Due to (or es a consequance of):  b. Arteriosclerotic H	leart	Dise	ease	3 yrs.		
, 0	icete be axecuted physician and s the burial-transit		Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or Injury c.						
		ledical	ceute (Disease of Injury that initiated events resulting in daath) Last  Due to (or es e consequence of):				~		
Box	deeth certifi e attending ed for use as	Physician/M	d						
	0 0 0	sici	Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given	n in Pert I.	23b. Did t	obacco usa con	tributs to the cause of death?		
s, P.O	res that the de signed by the signed if	by Ph	Atrial fibrillation		101	res 2 PNo	3 ☐ Probably 4 ☐ Unknown		
of Vital Records,	aw requi	Completed b	Hypertension		24e. Wes a	an autopsy med?	24b. Were autopsy lindings available prior to completion of cause of death?		
= E	The ate h	Com			1 🗆 Y	es 2 DNo	1 ☐ Yes 2 ☐ No		
Vita	ysician: The sectificate director, pag	Be	exeminer?	26. Piece of Deeth	(Check only o	ne)			
	Ing Phys I. After this funeral di	tion: To	27. Menner of Deeth 28a. Dete of Injury (Month, Day Year) 28b. Time of Injury Work?	4 U Nursing Hom	-	lence 8 Othe			
Division	al or Attending s after deeth. Il Director: After ad in by the fune	Certification:	3 Suicida 6 Could not be datarmined 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)		3f. Location (S City or Tow		er or Rural Route Number,		
1	To the Höspital or within 24 hours after to the Funeral Dir compietely filled in	edical	29a. Certifier  (Check only one)  1	e, dete end place, an inion, deeth occurred	d dua to the d d et the time, d	causa(s) and mar dete end piece, a	nar as stated. nd due to the ceuse(s)		
	To the within 2 To the comple	Σ	29b. Signeture end title of certifier  29c. License	number	2	29d. Date signed	(Month, Dey, Year)		
	12		William N troord MD Do	2386		3/12/	76		
	O		30. Name and address of person who completed causa of daeth (Itam 23a) (Type, Print)  Wilhur H 704+ J M 3223 M AI.	ist, M	ANCH	ester.	Md 21102		
	Sta Registr		31. Dete filed (Month, Day, Year) MAR 1 4 1996						



ts 1, 2, 3 should

DIRECTOR: /

HOSPITAL

FUNERAL DIRECT within 72 hours of TANT: It Item 2

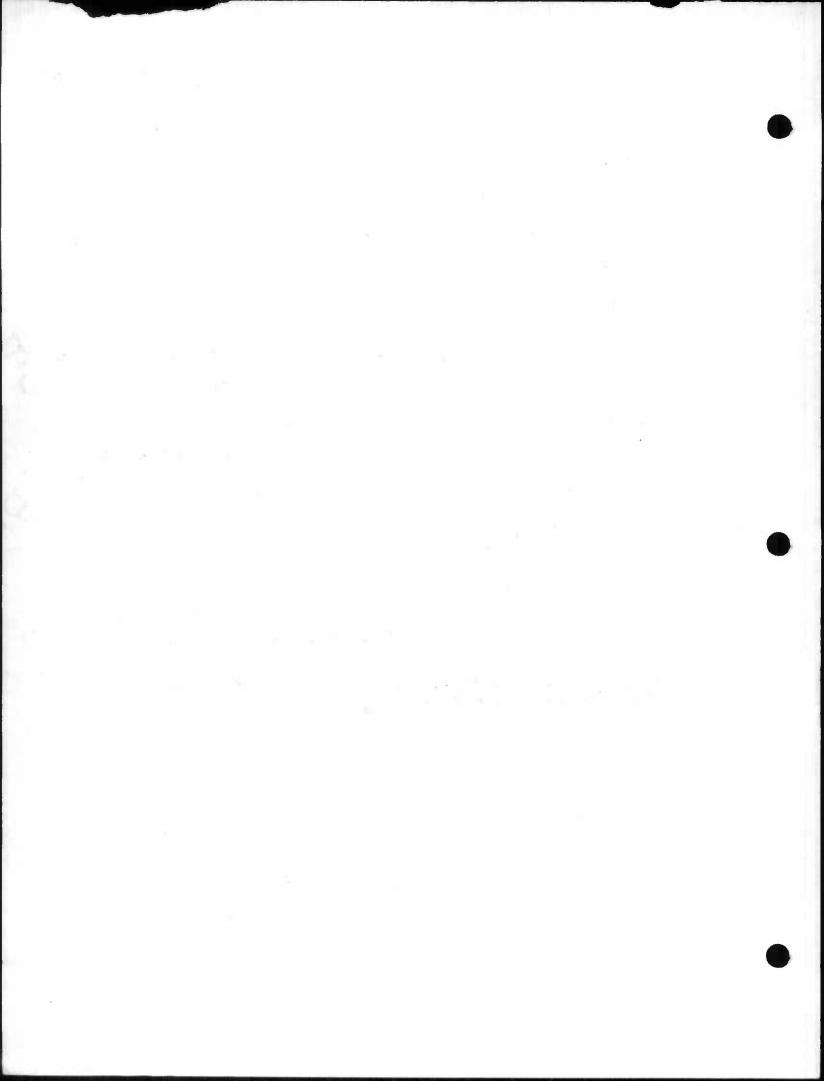
TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II

	2		
OR ATTENDING PHYSICIAN: The saw requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hospital or attending physician.	DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director; page 5 should be detached for use as the bunial-transit permit. Pag		tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
Page	al direc		ner m
death.	funera	_	exami
ours after	in by the	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	nedical
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OR	DIR	DO	ten

96 07440 Film G733 item 20b per F.H. 3-14-96 rja FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATN David Brandt Neese 1996 February 19 21:12 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign M 2 □ F DAYS 241-50-1217 60 June 1 Greensboro, NC 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Kent & Queen Annes Hospital Chestertown Kent 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Virginia Woodbridge Prince William 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1523 Forest Lane 22191 U.S.A 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married
3 Wildowed 4 Divorced Specify BY White ETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION 16h. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Flementary/Secondary (0-12) College (1-4 or 5+) COMPL Sheet Metal Worker Sheet Metal Manufacturer 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Cora Lee Stutts Clarence Holt Neese 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1523 Forest Lane, Woodbridge, Virginia 22191 Donna Neese 20a. METNOD OF DISPOSITION
1 □ Burial 2 Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State Potonac Crematory February 26, 1996 4 Donation 5 Other (Specify) Dale City, Virginia 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Fellows, Helfenbein, & Newnam Funeral Home, P.A. Gary B. Fellows 130 Speer Road, Chestertown, Maryland 21620 23. PART I. Enter the diseases, or complications that caused the death, abock, or heart failure. List only one cause on each line. Interval Between geet and Death IMMEDIATE CAUSE (Final disease or condition 30 m resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentielly list conditione, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other algnificent conditions contributing to 24a, WAS AN AUTOPSY PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION DF CAUSE Ventric 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one) EXAMINER? HOSPUAL: OTHER:
4 | Nursing Name 5 | Residence 8 | Other (Specify) Hent 2 ER/Outpatient 3 DOA 27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 26d. DESCRIBE NOW INJURY OCCURED 28b. TIME OF INJURY 28c. INJURY AT WORK? 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident investigation 28a. PLACE OF INJURY — At home, farm, street, fectory, office building, atc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER
1 DEERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 191 AIGHATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 319 2 30, NAME AND ADDRESS/OF PERSON WNO CO 1 27) (Type, Print)

31. DATE FILED (North, Day, Year) 32 REGISTRAR'S SIGNATURE ha Pandson Rendelle



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** 8, 1996 NEALY MARCH 09:15 am /Medical 4e. Fecility Name (If not Institution, giva street end number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY 7. Age (In yrs. lest birthdey). If Undar 1 Yaar If Undar 24 Hrs. 5. Social Security Number 9. Birthplace (State or Foraign **Funeral** 1 M 2□ F Deys Hours 2,4 86 9111 Md Director Usuel Rasidence of Decedent 10a, Steta 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Medical Examiner must be notified at Balto. N. A 1 Yes 2 □ No Director Md. 10a. Street and Number 10f. Zip Code 10g. Citizan of What Country? 6 21202 items 23a 4.5.A Pages 1 and 2 should be filed within 72 hours after death nent of Health and Mental Hyglene.

and: If item 27 is marked other than "natural; or itema 23, ury or other treumatic event, the Mentel Examine man Funeral 12. Wes Decedent Ever in U,S. Armed Forcas? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuben, Mexican, Puerto Rican, atc.) 14. Reca - American Indian, Black, White, etc. 1 Never Married 2 Married 1 Tas Baltimore, Maryland 21215-0020 Black 1 ☐ Yes 2 No Specify: þ Specify: 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usuei Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) ton strelion Elamanlery/Secondery (0-12) College (1-4or 5+) LAborer 84 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meidan Sumame) Be Sease News 19e. Informent's Neme/Ralettonship (Type, nea 19b. Meiling Address (Street end Number or Rufal Route Number, C . md 21202 30270 MARY 20b. Pleca of Disposition (Name of camatary, cremetory or other plece)

Mt. ZION (E. 20a. Method of Disposition

Burlal 2 Cremation 3 Removal from Slete Dete 20c. Localion, - City or Town, State Department of H Important: If its eny injury or ot once. Andsdawner Md. Cem 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funaral Sarvice Licensae E iter the dispess, or complications thet caused tha dealf. Do not anlar tha mode of dying, such as cardiec or respiratory errest, heer feiture. List only one ceuse on each line. Approximeta Intervel Between Onset and Deeth **Physician** /Medical Immediete Cause (Fine) oaqulopath WEEK diseese or condition resulting in deeth) Examiner VER WEEK FAILURE To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 fours after death.

To the Furbial Director: After this certificate has been signed by the attending physician and completely filled if by the funeral director, page 2 should be detached for use as the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Couse (Diseese or injury that initiated avents resulting in death) Lest Due to (or es e consequence of): P.O. Box 68760. RETROVIRAL INFECTION YEARS Physician/Medicai Due to (or es a consequence of): Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records. py 24b. Were autopsy findings evailable prior to complation of cause of death? Be Completed 24e. Wes an eutopsy periormed? 1□Yes 2MNo 1 Yes 2 X No 25. Wes case referred to medical examiner? 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) Hospital: 1 Unpatient 2 ☐ ER/Outpallent 3 ☐ DOA P 1 Yas 2 No 28c. Injury et Work? 27. Manner of Death Certification: 28b. Time of 28d. Describe how injury occurred 5 Pending investigation 1 Wetural 1 Yes 2 No 2 Accident 6 Could not be detarmined 3 Suicide 28e. Pieca of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stete) 4 Homicide 1 Certifying Physicien: To the best of my knowledge, death occurred et the time, deta and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred et the time, date and place, and due to the cause(s) and menner stated. Medicai 29a, Certifian 29b. Signature and titia of comme 29c. License number 29d. Dala signed (Month, Day, Year) 30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print) JA UNDERWOOD, JR., MD JOHNS HOPKINS HOSPITAL 31. Dete filed (Month, Day, 32. Registrar's teneture Randall State

Registrar

MAR

State of Maryland / Department of Health and Mental Hygiene 9 6

96 07442

				,	Cer	tificate of	Death	Re	g. No.	01446
	Physic	ion	Decedent'a Name (First, Middle, Last)					2. Data of Death Month	Day Year	3. Time of Death
U	/Medi		Florence M.	Pol	lock			March 12		3:00a.m.
	Exami		4a. Facility Nama (If not institution, giva stre	eat and number)			4b. City, Town, or I	ocation of Death	4c. County of Deat	
			1238 North Augusta	Avenue			Baltimo	re	n/a	
	Funeral Director		220-30-8042	7. Age (In yr.	s. last birthday). 77 Yrs.	If Under 1 Year Montha Days		8. Date of Birth (Month, Day, May 31,	Year) 9. Birtl Co	nplace (State or Foreign untry) [aryland
	/lend		Usual Residence of Decedent  10a. State 10b. County	10c. C	City, Town or Lo	cation				10d. Inside City Limits
	Man	to	Maryland n/a		Baltimo	re				1 X Yes 2 □ No
	h the	Irec	10e. Street and Number			10f. Zip Code		10	g. Citizen of What Co	untry?
	h wil	a D	1238 North Augusta	Avenue		21	229		USA	
120	permit. Peges 1 and 2 should be filed within 72 hours after death with the Maryland Department of Heelth and Mentel Hygiene. Important: If Nem 27 is marked other than "natural", or Nems 23s or 28s-f show my highly or other traumatic event, the Medical Exemines must be notified at ances. Dates.	by Funeral Director		Was Decedant Evar in Armed Forces? 1 □ Yas ② No If Yes, Give Yaar or Datas:		Vas Decedant of Yes, specify Cub	Hispanic Origin? (Span, Maxican, Puerti Specify:	pecify Yes or No- Pican, etc.)	14. Raca - Ama Black, White Specify:	a, atc.
Ö	2 hou	P	15. Decedent's Educat		16a, Deced	ent's Usual Occu	pation	1	6b. Kind of Business/	ack Industry
Maryland 21215-0020	n on Man	Completed	(Specify only highest grade of Elementary/Secondary (0-12)	omplated)	(Give I	kind of work dona OO NOT use retire	during most of wor	king		
21	d with	E O	7th Grade	College (1-4or 5+)	Dor	mestic			Private Fa	milya
pu	e filed el Hygid other	Be	17. Fathar'a Nama (First, Middla, Last)				18. Mother's Nan	e (First, Middle, M	la <i>id</i> an Sumame)	
yla	should be and Mentel marked of umatic eve	To	James R. Welling					Butcher		
ar	2 sho		19a. Informant's Name/Relationship (Type,	, <sub>Pnint)</sub> granddaugl	nters. Maiiln	g Address (Stree	t and Number or Ru	rei Route Number,	City or Town, State, 2	'ip Code)
	and eelth 72 m		Vanessa Anderson/Co				th August		Balto., M	
ore	Peges 1 nent of Hi ant: If Iten ury or oth		20e. Method of Disposition  1 X Burial 2 □ Cramation 3 □ Rem		Place of Dispos cemetery, crem	sition (Name of natory or othar pla	ice)	Date 2	Oc. Location - City or	Town, Stata
Ë	Per Innen		4 ☐ Donation 5 ☐ Other (Specify)		estern :				altimore,	
Baltimore,	permit. F Departme Importan any injur		21. Signature of Funeral Service Licensee	rke		ZOUI GWY	ass of Facility Nut nns Falls e, Maryla	Parkway	ral Homes, 6	Inc.
	Physician		23a. Part1. Enter the disease, or complicat shock, or heert feilure. List only one	tiona that caused the decause on each ilne.	ath. Do not ente	er the mode of dy	ing, such as cardiac	or raspiratory arra	st,	Approximate Interval Between Onset and Death
	/Medical Examiner		Immediate Cause (Final disaasa or condition resulting in death) e	Concer	067		nvea	2	1	Growns.
À.	ν <del>ε</del>	Iner		Die to	(or as a consequence of the cons	uenca of):	Lus	`		6485-
,	execute n and iel-trans	Examiner	Sequentially list conditions, if any, leading to immediate causa. Entar Underlying	Due to	(or as e consequ	uence of):			7	
68760,	tificate be executed ig physician and as the buriel-transit	edical	Cause (Disease or injury that initiated events resulting in death) Last	Due to						
	th certifications and income as	Physician/Me	d							
Э. Ш	ne et	sici	Part II. Other significant conditions contrib	outing to death but not re	suiting In the un	derlying cause gi	iven in Part I.	23b. Did tot	pacco use contribute	to the cause of death?
s, P.(	v requires that the death cer been signed by the ettendin should be deteched for use	by Phy	Alferosciera	Aic Co	1810	nezul	0	1 □ Ye	8 2 No 3 Pr	obably 4 Unknown
Division of Vital Records, P.O. Box	The lew requires that the death cer ate has been signed by the ettendir page 2 should be deteched for use	Completed	Disecure					24a. Was an perform	ed?	Were autopsy findings available prior to completion of cause of death?
	The page	Cor						1 □ Ye	s 2 No	☐Yes 2☐No
/ita	clan: entific	Be	25. Was case referred to medical examiner?					th (Check only one	)	
5	hysic this c	To	10 103 20,00		☐ ER/Outpatient	3LI DUA			nce 6 □Other (Spec	cify)
n	Ing P	lon:	1 □Natural 5 □ Pending	28e. Dete of Injury (Month, Day Year)	28b. Time of Injury	28c. Inju		28d. Describe hor	w injury occurred	
ivisio	r Attending Physician: ther deeth. Irector: After this certificant in by the funerel director,	Certification:	2 Accident investigation 3 Sulcide 6 Could not be 4 Homloide	28e. Placa of Injury - At building, etc. (Spec			Yes 2□No	28f. Location (Str. City or Town,	eet and Number or Ru State)	ral Route Number,
٥	To the Hospital or Attending Physician: The lev within 24 hours effer deeth.  To the Funeral Director: Affer this certificate has complemely filled in by the funeral director, page 2	edical Ce	(Check only 2 Medical Examiner	an: To the best of my kn	owiedge, death	occurred at the ti	ime, dete end placa	and due to the car	use(s) and manner as	stated.
	the the the the the the the the the the	Med	onej	and manner stated.						
	5-3 k 3	-	29b. Signatura and title of cartifier	who	and	29c. Licen	e number	29	d. Date signed (Mont)	S G
	10		30. Neme end address of person who comp	· ·		•				_
			Or. Robert Kroopnick		8620 Li	berty Ro	oad Pla	za Mall	Baltimore	, MD 21207

Registrar

State

31. Date filed (Month, Day, Year)

MAR 1 4 1996

Julia Dandson-Randa

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DIVISION	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

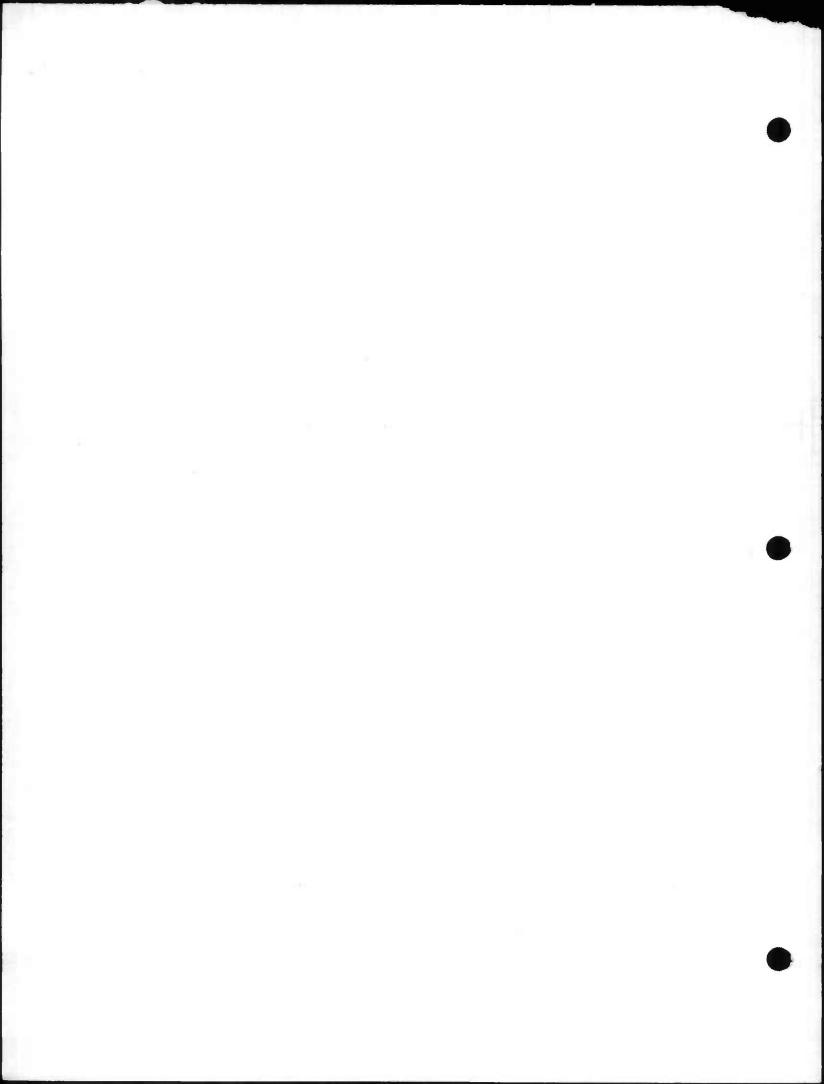
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 -

1	1. DECEDENT'S NAME (First,	ARGANTAL DAY WEAR									3. TIME OF DEATH	$\neg$			
	Theodore		G.		Ph	Phelps						996	1022 P M		
	4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER		IF UNDER 24 HRS.	7. DA	TE OF BIRTH onth, Day, Year)		8. BIRTI	IPLACE (State or Foreign		
1	231-44-7680		1 🔀 M 2 🗆 F	6	O YRS.	MONTHS	DAYS	HOURS MIN.		ig 23,	1935		rginia	-1	
1	9a. FACILITY NAME (If not in	stitution, give s	treet and number)			96. CITY,							Y OF DEATH		
DIRECTOR	University	Hospit	al			Ва	1ti	more				n/a			
Ä	10s. STATE	10b. COUNTY			10c. CIT	Y, TOWN O	R LOCAT	'ION					10d. INSIDE CITY LIMITS?	$\neg$	
	Maryland	r	ı/a			Balt	imo	re					1 XYES 2 NO		
AL	10e. STREET AND NUMBER						101	. ZIP CODE			10g. CI	TIZEN OF	WHAT COUNTRY?		
FUNERAL	3916 Mortimer Avenue 21215 USA														
5	11. MARITAL STATUS  12. WAS DECEDENT EYER IN U.S. ARMED  13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. RACE — Arm  15. Marital STATUS  16. Never Married  17. Married  18. PACE — Arm  19. Never Married  19. Was pecify Cuban, Mexican, Puerto Rican, etc.)  19. Was pecify Cuban, Mexican, Puerto Rican, etc.)									E — American Indian, k, Whita, etc.					
ВУ	3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify:														
										Black	$\dashv$				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  8+  16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  Teacher  16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  16b. KIND OF BUSINESS/INOUSTRY  16b. KIND OF BUSINESS/INOUSTRY  16b. KIND OF BUSINESS/INOUSTRY  16b. KIND OF BUSINESS/INOUSTRY  16b. KIND OF BUSINESS/INOUSTRY										- 1				
7										School Sys	+				
NO	17. FATHER'S NAME (First, Middle, Last)  Theodore Phelps, Sr.  Alma Fowler								ochoor by b	ĭ					
EC										-					
00	Theodore Phelps, Sr. Alma Fowler  19e. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										$\dashv$				
5	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)   Lenora Phelps   3916 Mortimer Avenue   Baltimore, Marylan									land 21215					
!											$\exists$				
										Virginia					
	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE							Nutter Funeral Homes, Inc.					
	Fary L. Follo 2501 Gwynns Falls Parkway Baltimore, Maryland 21216														
	23. PART I. Enter the d	seases, or o	complications the	of caused the	death. Do	not enter	the mo	de of dying, auc	h aa c	ardiac or rea	piratory a	rreat,	Approximate interval Between		
	IMMEDIATE CAUSE (Fir		List only one co.	ad on each h									Onset and Deat		
	disease or condition resulting in death)	$\rightarrow$		Sepsis									4 Days		
			DUE TO	(OR AS A CON	SEOUENCE C	F):							1 David		
N	Sequentielly ilst condit	Iona.	bN	ecrotis	sing I	asci	itis	3					4 Days		
CERTIFICATION	If any, leading to imme cause. Enter UNDERLY	diate				_							4 Dats		
FIC	CAUSE (Disease or Inju		c. J	schemic	BOW6	E):							- Dates	$\dashv$	
Ē	that initiated events reaulting in death) LAS	т				,								-1	
S		_	d		-										
	PART II. Other eignifice	ent condition	e contributing to	deeth but no	t reculting	in the un	derlyln	g ceuse given in	Part i	. 24a. WAS A	N AUTOPSY	241	WERE AUTOPSY FINDINGS	S	
MEDICAL										1 K YES	2   NO		COMPLETION OF CAUSE OF OEATH?		
ME													1 YES 2 NO	- 1	
ż	DID TOBACCO U	ISE CONT	RIBUTE TO CA	USE OF DE	ATH Y	ES 🗆 N	10 [2	UNCERTAI	N $\square$						
PHYSICIAN:	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:	28. PL	ACE OF OE	OTHER								$\Box$	
YSI	t X YES 2 NO		1 X Inpatient 2		3 🗆 DOA			ne 5 🗆 Raaldence	8 🗆 0	Other (Specify)					
H H	27. MANNER OF DEATH  1 X Natural 5	Pending	26e. DATE OF (Month, L		285, TII	ME OF JURY	W	JURY AT ORK?	28d.	OESCRIBE HOW	INJURY O	CCUREO		_]	
В	2 Accident	Investigation		<del></del>		М		YES 2 NO							
ED	3 Suicide 6 Homicide	Could not be datermined	28a. PLACE (	of INJURY — At atc. (Specify)	home, ferm,	atreat, facto	ory, offic	•	281. L	LOCATION (Stree City or Town, Stai	t and Numb e)	er or Rural	Route Number,		
E												_		_	
29s. CERTIFIER (Chack only one)  1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(a) and manner as stated.  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and piece, and due to the cause(a) and manner as stated.															
Ö	2 MED	ICAL EXAMINE	R: On the beals of a	xamination and/	or investigati	on, in my o	pinion, o	leath occured at the	e lime, c	data and place,	and due to	the cause	a) and manner as stated.		
BE (	296. SIGNATURE AND TITLE	OF CERTIFIE	R		10			29c. LICENSE NU	MBER				D (Month, Day, Year)		
TO B	1/8/10	sor		M.	A			D 451	106		Ma	arch	6, 1996		
-	30. NAME AND AODRESS O							0 0		_	a				
	13. NELSO	~	SHOCK I	RAUMA	CEN	TER,	22	JOUTH GA	REE	NEX	BAZ	TIMO	RE, MD 2120	1	
	MAR 1 4 19	76ar)	1 32. DEGISTA	AR'S MONATURI	02										
	MAR 1 4 19	00													





State of Maryland / Department of Health and Mental Hygiene

								Cer	titicat	e of	Deatr	1		Reg.	No.			
	امتماما	ian.	1. Decedant'a Nama (	First, Middla, La									2. Date of 0 Month		Day	Yeer	3. Tim	e of Death
	hysici /Medi				Manu	el J	oseph	Pe	rera	Sr.			March			996	4:	45 P.M
	xamiı		4a. Facility Neme (If no	ot institution, giv	a street and n	umber)					4b. City, To	own, or L	ocation of Dec	eth	4c. County	of Death		
			4461 Nor	fen Roa	ad						Balt				Balt	imore		
Fu	ıneral		5. Social Security Num		Sax IXIM 2□F		In yrs. last bi		If Unda Months	1 Yaar Deys	if Under	24 Hrs. Min.	8. Date of E (Month, I	Birth Dey, Ye	ar)	9. Birthple	ece (Sta	ate or Foreign
Dii	rector		216 03 99	109	IZAM ZUF		86	Yrs.					Oct.		1909	Nica		ua
pug			Usual Residence of Do	ecedant 0b. County		10	Oc. City, Tov	vn or Loc	ation							10	d Ineid	le City Limits
lanyle	9	٥														10		Yas 2 No
age of	100	Director	Maryland  10e. Street and Number	Baltimo	re		Balt	THOL	10f. Zic	Code				100	Ohless of I	Affron Court		
¥	0 0		4461 Nort		4				101. 21	2122	7			Tog.	U.S	What Count	tyr	
5-0020 72 hours after death with the Maryland	"naturel", or items 23s or 28s-f show edical Examiner must be notified at	Funeral	11. Meritei Stetua		12. Wes De	cedent Eve	ar in II S	12 V	lee Dece			dala? /Sa	ecify Yaa or I	do-		o - America	n India	0
bret	E 2	P.	1 Nevar Married	2XI Married	Armed F	orces?	xi iii 0,5.	lf.	Yes, spe	cify Cub	an, Maxica	n, Puerto	Rican, etc.)	40-		ck, White, e		
21215-0020 d within 72 hours at giene.	9	by	3 ☐ Widowed 4 [		If Yes, G	ive		1	☐ Yes	2XNo	Specify	:			Specif	Wh	ite	
P	a a	9	15	5. Decedent's Ed	ducation		16a	. Deced	ent's Uau	el Occup	oation			16b	. Kind of B	usiness/Indi	ustry	
	2 5	Completed	(Specify Elementery/Second	only highast gre		(1-4or 5+)		(Give I	aind of wo	ork done se retire	during mod d)	st of work	ring				,	
d 2121 filed within Hygiene.		E	8th	ary (0-12)	College	(1-401 5+)		Fir	eman					A	meric	an Oi	1	
ع الله	a f	Bec	17. Father's Name (Fin	rst, Middia, Last)	)		•				18. Moth	er's Nem	e (First, Midd	le, Meio	ien Suman	10)		
Maryland d 2 should be file h and Mental Hy	D O	ToE		E	dward	Pere	ra					Jo	sephin	ie	Webb			
S should and Men	E		19e. Informent's Neme	e/Reletionship (	Type, Print)		198	b. Meilin	g Address	s (Street	end Numb	er or Rui	ai Route Num	ber, Ci	y or Town,	Stete, Zip	Code)	
1 end 2 Heelth a	r fre		Mary Pere	era			4	461	Norf	en F	Road	Ba	altimon	ce,	Mary1	and 2	122	7
More, Peges 1 e			20e. Mathod of Dispos				20b. Plece o	of Dispos	ition (Ne	me of	cel	1	Dete			City or Tov		
Peges	7 2		1 ☐ Buriei 2 ☐ ( 4 ☐ Donation 5]			Jala		_	Park			13	3/16/96	B	altim	ore,	Mary	vland
Baltir permit. P Departme	important: If item 27 is merked other than any injury or other treumatic event, the Ma once.		21. Signature of Fune								ss of Facil	itv					-	
<b>m</b> & 8.	any ir		100	7	-	Section 1	1.	40	01 D	مانس باران	å - TT4		Gonce					
	6		23a Part1. Enter the shock, or heart for	disease or com	plications thet	caused the	e death. Do						y Bal		ore,		Approxi	mete
Phys	ician		shock, or heart for	ailuri List only	one cause on	each lina.				,			,				Intarval	Between and Deeth
	dical	ш	Immediate Cause (Fin	el	(1	vov	(	) ,	$\cap$		fail	14.14	0			i		
Exar	niner		disease or condition resulting in deeth)		e. CM	7.0.01	e to (or as a	70	1 ax		al	OLA	_				7	EULAZ
		ē			Unc	7 1	e to tor as a	Consequ	19109 01).	. 5 5 9	colour	1:0	Cardi	01/0-	\	.01		
petn:	iding priysician and ise as the burial-transit	Examiner	Sequentially list condi-	tions C	p. 177	Dur K	e to (or es a	consequ		Y 1 U -	3Clerc	FIC	CWACII	OVN	CHIN	y usen	2	
0	an an riek-tu																	
ox 68760, certificate be executed	ysici e Du	/Medical	triet mitteted events		C	Due	e to (or as a	consequ	ence of):									
99 ag	as to the	Med	resulting In deeth) Las						,							i		
					d											<u> </u>		
. 0	been signed by the atter should be detached for u	Physician	Pert II. Other significa	nt conditions o	ontributing to d	death but n	ot resulting l	In the un	derlying o	ausa gh	en in Part	i.	23b. DI	d tobac	co uee co	ntribute to	the cau	se of death?
lecords, P.O.	tach	h	0.	. \ .									10	Yee	2 No	3 ☐ Prob	ably	4 □ Unknown
s the	8 9 8 9	by	Dem	ent,	a					_								
order dela	ould I												24a. We	s an au	itopsy	24b. Wei	ra sutop	osy findings
	s per	piet											per	ioiniea		com	pletion eath?	of cause
H P	age 2	Completed											10	Yes	2 X No	10	Yes	2□ No
DIVISION OF VITAL RECORDS,  for Attending Physicien: The law requires the after death.	rector, pag	Be C	25. Wes case referred	to medical							26. Plac	e of Deet	h (Check only					
VISION Of VITA Attending Physicien: or death.		ToB	examiner?		Hospitel:	Inpatient	2   ER/O	utpatient	3□ D0	DA Oth	205		ome 5 KRe		6 DOth	er (Specity	}	
0 4	5 70		27. Manner of Death		28a. Deta	-	28b.	Time of		28c. Injur Wor			28d. Describ					
o die	the funer	atio	1 Neturel 5	5 Pending Invastigetion		nun, Dey re	ear)	Injury	М		Yes 2□	No						
VIS Arte	2	tific	3 ☐ Suicida (	Could not be determined	288. PIBC	e of Injury	- At home, fe	erm, stre	et, factor	y, offica			28f. Location City or T			er or Rural	Routa I	vumber,
D 2 4		Certification:	4 I Tomicide		Dunc	ung, arc. (a	эрөску)						City Of 1	OWII, SI	616/			
DIVISIO  Hospital or Attendi  24 hours after death.	tely fille		29e. Cartifier 10	Certifying Ph	yelclan: To the	e best of m	y knowledge	a, death	occurred	et the tir	me, data ai	nd place,	and dua to th	e cause	(s) and me	ennar as sta	ited.	
	pletely	edical	one)	Medical Exam	end mer	ner steted	aminetion er	avor Inv	astigetion	, in my o	pinion, de	eth occur	rea et the time	e, dete	and piece,	and due to	tne ceu	5 <del>0</del> (S)
o o light	comple	Σ	29b. Signature and title	d contition	14				290	c. Licans	a number			29d.	Data aigne	d (Month, D	ay, Yea	ir)
000			1 10	P	a He	ndim	a ohn	CLAS.		0	267	203	3		3/14	1/96		
	0	1	30. Name and eddress	of person who	completed cau	se of deeth	h Item 23e)	(Type, F	Print)				1		-11	, 1		
	,		Jorge	Valle	ecil	0 1	nn	4	000	, b	Inn.	200	100	2	1 2	122	7	
	Sta	te	31. Dete filed (Month,	Pay Year)	32 1	Registrate	Signature					U					•	
R	egistr	ar	MAR 1 4 19	196 g	- www.	DOLA-NO	- Ilveroce											

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Deta of Death 3. Tima of Death **Physician** Yaar ALFRED ROSENTHAL 10 1996 1840 PM MARCH /Medical 4a. Facility Nama (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner NORTHWEST HOSPITAL CENTER RANDALLSTOWN BALTIMORE 7. Aga (In yrs. last birthday) 80 Yrs. 80 Yrs. 14 Undar 1 Yaar 15 Undar 24 Hrs. 15 Undar 24 Hrs. 16 Undar 24 Hrs. 16 Undar 24 Hrs. 17 Undar 24 Hrs. 17 Undar 24 Hrs. 18 Data of Birth (Month, Day, Year) 9. Birthplaca (St. Country) AUG. 7, 1915 MARYLAND 5. Social Sacurity Number 9. Birthplaca (Stata or Foraign **Funeral** 1 M 2 □ F Director 212-07-0983 Usual Rasidance of Decedant the Maryland 10e. Stata 10b. County 10c. City, Town or Location 10d. insida City Limits r 28a-f show 1 Yas X No BALTIMORE Director BALTIMORE MARYLAND 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? than "natural", or items 23s or the Medical Examiner must be 7 21208 USA 2 HIGHSTEPPER CT., APT. 404 12. Was Decedant Evar In U,S. Armad Forcas? 14. Race - Amarican Indian, Black, Whita, atc. Was Decedant of Hispanic Origin? (Spacify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) Armad Forcas r 1 KM/as 2 □ No If Yas, Giva Yaar or Datas: WWII 1 Navar Marriad 2 Marriad 1 ☐ Yas 2 🛛 No Spacity: Specify: WHITE þ 3 ☐ Widowed 4 ☐ Divorcad Completed Dacedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Spacify only highast grada complated) 16b. Kind of Businass/Industry iffed within 7 Hygiene. Elamantary/Secondary (0-12) Collega (1-4or 5+) MANUFACTURER SALES FURNITURE REPRESENTATIVE 18. Mothar's Nama (First, Middla, Melden Sumama) marksd other ages 1 and 2 should be filtered of Health and Mentel High to High High marked oth 17. Fathar's Nama (First, Middla, Last) Be 2 KATIE CARMEL JOSEPH ROSENTHAL 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street end Numbar or Rural Route Number, City or Town, State, Zip Coda) 12205 VELVET HILL DRIVE OWINGS MILLS, MD 21117 MR. RICK ROSENTHAL (SON) Baltimore, 20b. Place of Disposition (Nama of cematary, cramatory or other place)
ANSHE NEISEN - 3-12-1996- ROSEDALE, MD 20a. Mathod of Disposition 20c. Location - City or Town, Stata Pages nent of h 1X Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata Department of Important: If any injury or price. 5 Othar (Specify) 22. Nama and Addrass of Facility SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN ROAD BALTIMORE, MD 21215 Part Enter the disease of complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Intarvai Betwe Onsat and Death Physician /Medical Immediata Cause (Final & CEREBROVASCULAR ACCIDENT disaasa or condition rasulting in death) 6 DAYS Examiner Due to (or as a consequence of): PNEUMONIA 4 DAYS Saquantially list conditions, if any, leading to immadieta causa. Entar Undarfying Cause (Disaase or Injury that initiated evants rasulting in daath) Last Dua to (or as a consequence of): and Box 68760. physician Physician/Medicai the Dua to (or as a consequance of): attending p signed by the a P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown CORONARY ARTERY SEVERE Records. by been sign 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed DIABETES HIPERTENSION certificate 1 Yas 2 No 1 ☐ Yas 2 ☐ No of Vital 25. Was casa rafarred to medical Be 26. Place of Death (Check only ona) axaminar? Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 Yas 2 No 2 this 28a. Dete of Injury (Month, Day Year) 27. Mannar of Death 28b. Tima of 28d. Describe how Injury occurred Medical Certification: 28c. tnjury at Work? 1 Natural 5 Pending 1 ☐ Yas 2 ☐ No Invastigation 2 Accident 3 Suicida 6 Could not be datarminad 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicida To the Hospital within 24 hours. To the Funeral completely filled 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and mannar as stated.

2 Medicat Examiner: On the basis of examination and/or invastigetion, in my opinion, death occurred at the time, date and place, and due to the cause(s) and mannar stated. 29a. Certifian 29b. Signatura and titla of certiflar 29c. License number 29d. Data signed (Month, Day, Year) K.S.RAO.MI.D D 43462 MARCH 10, 1996 NORTHWEST HOSPITAL CENTER RANDALLSTOWN 30. Name and addrass of person who complated causa of death (Item 23a) (Type, Print) K. S. RAO.MI.D

DHMH 16 Rev 6/95

Registrar

31. Data filed (Month, Day, Year) MAR 1 4 1996 Julia warragen Rendell

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				State of Marylar	nd / Departme	nt of H	lealth and	Mental Hy	giene 9	5 07	1.10
	Film G	733	item 2 per hosp 3-14	-96 rja	Certifica	te of	Death		Reg. No.	2 0 1	446
	Physici	ion	1. Decedent's Name (First, Middle, Last)					2. Date of De	ath Day 19	30	Time of Death
4	/Medi			RUSSELL				March	10 -	1445 4	113/A
	Examir	ner	4e. Fecility Name (If not institution, give s			4	lb. City, Town, or				
			Stella Maris Hos  5. Social Security Number 6. Sex	·	In at hirthday) If Lind	er 1 Year	Towson If Under 24 Hrs.	_		ltimore	
п	Funeral Director			M 2□ F 56	Yrs. Month		Hours Min.	(Month, Da	y, Year)	Country) Maryl	State or Foreign
			Usual Residence of Decedent	70				June 2	0,1737	Maryx	anu
	show	No.	10a. Stete 10b. County		ty, Town or Location						side City Limits
	Ne Me	octo		imore			Dunda				Yes 2 No
	ours after death with the Maryland 'sl', or frems 23s or 28s-f show Examinet name the notified a	Funeral Director	10e. Street end Number 2717 Moorgate Roa	d	10f. 2	ip Code	21222		10g. Citizen of V United		
	ne 23	erai		2. Was Decedent Ever In U	S 13 Was Dec	edent of H		nacify Vas or No.		e - American Inc	tien
0	r iten	Fun	1 Never Married 2 Married	Armed Forces? 1 ☐ Yes 2 ☐ No			ispanic Orlgin? (S in, Mexicen, Puert	o Rican, etc.)	Blac	k, White, etc.	/
020	72 hours after natural; or ite	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Year or Dates:	1 ☐ Yes	2 12-No	Specify:		Specify	" White	
21215-0020	be filed within 72 hours ntal Hygiene. Id other than "natural", event, the Wedical Exa	Completed	15. Decedent's Educ (Specify only highest grade		16a. Decedent's Us (Give kind of v life. DO NOT	ual Occup	ation during most of wor	king	16b. Kind of Bu	isiness/Industry	
121	iene. than	dm	Elementary/Secondary (0-12)	College (1-4or 5+)	Fores		0		Stool	Industr	11
	Hygie ther ther	ပို	17. Father's Neme (First, Middle, Last)	7 600 65	10.00	TIOUTE	18. Mother's Nar	ne (First, Middle,			.9
Maryland	2 should be filed and Mental Hygis is marked other aumatic event, ii	To Be	Thomas Russell				Mara	aret Bur	b		
ary	should and Men	-	19a. Informant's Name/Reletionship (Typ	pe, Print)	19b. Mailing Addre	ss (Street				State, Zip Code	)
100	i and 2 Health a em 27 is		Rosalie J. Russel	l	2717 Ma	orga	te Road	Dundalk	, Maryl	and 21	222
Baltimore	Se to Le		20a. Method of Disposition 1		Place of Disposition (Nemetery, crematory or	ame of other plac	e)	Date	20c. Location -	City or Town, S	tate
Ë	permit. Peg Department Important: If any Injury o		4 ☐ Donation 5 ☐ Other (Specify)	_ N	leadowridge			13/96	Elkri	dge, Ma	ryland
Bal	permit. Departminents Imports any Inju		21. Signature of Fandral Service License	1 110	// Duda-	Dunh	ss of Facility Funeral	Home of	Dundal	k. Inc.	
_			23e. Part. En ler the disease, or complice shock, or heart failure. List only on	Tory	7922	Wise	Ave. Di	ındalk,	Marylan	d 2122	
100	Dhualalan		23e. Part Enter the disease, or comple shock, or heart failure. List only on	e cause on each line	n. Do not enter the me	ode of dyln	g, such as cerdiad	or respiratory e	rest,	Appr Inter	oximate val Between et end Deeth
	Physician /Medical	Н	Immediate Cause (Final	LUNGCAT	ICER A	lon -	5000	000		2	mos.
п	Examiner		disease or condition resulting in death) a		or as a consequence of		G G.C.C.				105.
	p #	iner	- 1			,					
	ate be axecuted hysician and the burial-transit	Examiner	Sequentially list conditions,	Due to (c	or as a consequence of	):					
8760,	be an		Sequentielly list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events								
687	ficate physics the	Physician/Medical	resulting in death) Last	Due to (o	r as e consequence of	):					
Box	death certific e attending pl ed for use es f	M/u	d								
	death	sicia	Part II. Other significant conditions conf	ributing to death but not res	ulting in the underlying	ceuse give	en in Part I.	23b. Did 1	obacco use cor	ntribute to the o	ause of death?
P.0	res thet the designed by the a	Phy	Bone Metast	2002				1)X	Yes 2□ No	3 Probably	4 Unknown
	res th signed be di	by	Done ( Polasi	معد							
Vital Records,	inpen s	Completed						24e. Was perfo	an autopsy rmed?	24b. Were au available completi	
Rec	has has	mpl								of death	7
B	iclan: The licertificate he rector, pege	e Co	25. Was cese referred to medical					101	/\	1 🗆 Yes	2□ No
>		To B	examiner?	ospital: 1 ☐ Inpatient 2 ☐	ER/Outpatient 3□ 0	Oth	0.61	ith <i>(Check only o</i> iome 5 ☐ Resk		or (Specify) U	OCDICE
Jou	9 Physer this		27. Manner of Death	28a. Date of Injury (Month, Day Year)	28b. Time of	28c. Injury Worl			now injury occur		OSPICE
io	Attending F or death. ector: After by the funer	atio	1 Natural 5 Pending Investigation	(MORRI, Day rear)	Injury M		Yes 2□No				
Division	r Atte	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	28e. Place of Injury - At he building, etc. (Specification)	ome, ferm, street, facto	ry, office		28f. Location (S City or Tox	Street and Numb vn, State)	er or Rural Rou	te Number,
	rai Delli										
-	To the Respital or Attent within 24 hours after deatl To the Funeral Director: completely filled in by the	edical	29a. Certifier (Check only one) 12 Certifying Physical Examin	cian: To the best of my kno er: On the basis of examine and manner steted.	wledge, death occurre tion end/or Investigetion	d at the tim n, In my of	ne, d <b>ate and</b> pla <i>c</i> e pinion, death occu	, end due to the rred at the time,	ceuse(s) and ma dete and plece,	nnar as stated. and due to the c	ause(s)
	o the	Mec	29b. Signature and title of certifier	and mainer steled.	2	9c. License	e number		29d. Date signe	d (Month, Day, 1	rear)
	->-0		DAMAR OO_	Of faul Oran	1100	023	5643		3/11/	96	
	0	}	30. Neme end eddress of person who cor	npleted ceuse of deeth (Item					/ /		
	b		Kendall Faulkner 1		iny Valley	Road	Towson	, Maryla	nd 2121	04	
	Sta Registr		31. Date filed (Month, Day, Year) Aug. MAR 1 3 1996	va. 7-32. Registration Signer							

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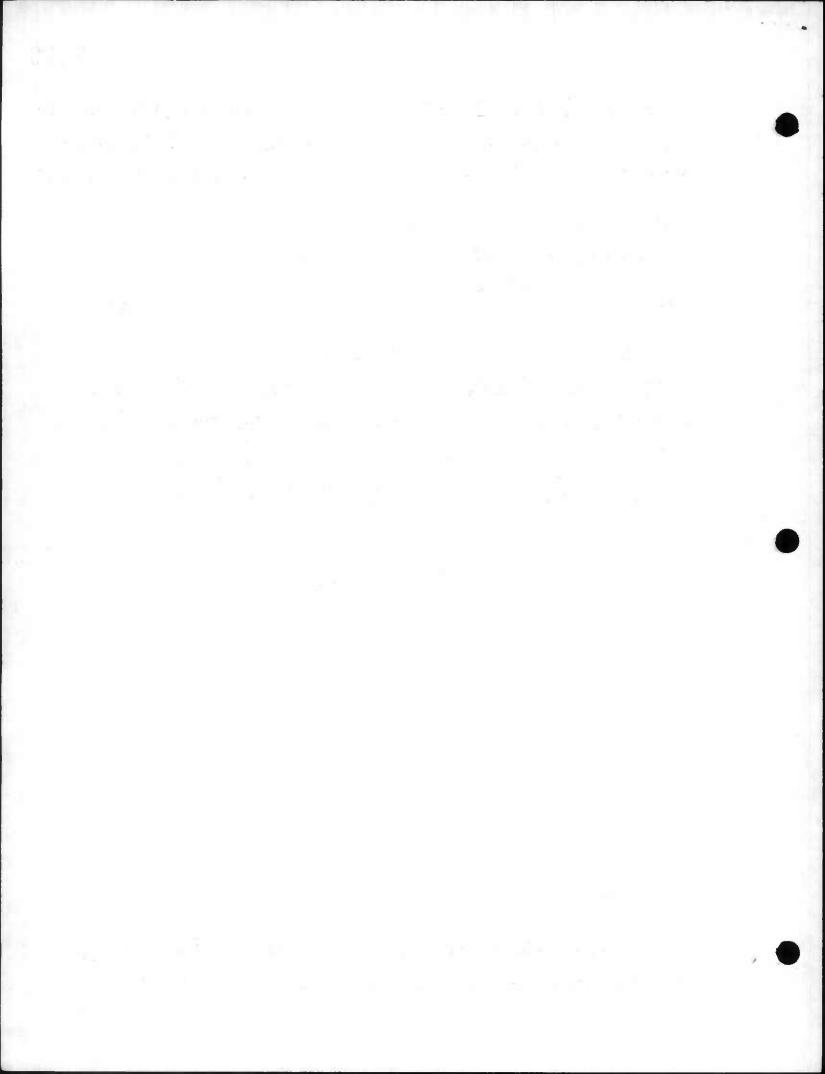
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State of Maryland / Department of Health and Mental Hygiene

			State of Mile		Certificate of			eg. No.	6	1/44/		
п	Physic	an	Decedent's Neme (First, Middle, Last)		011200		2. Data of Deel Month		Year	3. Time of Death		
	/Medi		VOUGLAS		RYDER	<b>\</b>	March 9	, 1996		4:44a		
<i>)</i>	Exami		4e. Facility Nema (If not institution, give street end number)			4b. City, Town, or L	ocation of Deeth	4c. County o	f Deeth			
			Howard County General H		Howard							
	Funeral Director	To Be Completed by Funeral Director			rs. lest birthday) Yrs.  If Under 1 Year If Under 24 Hrs. 8. Data of E (Month, I October)				HOWARD County  Sirth Dev. Year)  4, 1925  9. Birthplece (State or Fore Country) Pennsylvani			
	/land		10e. Stata 10b. County		10d. Inside City Limits							
re, Maryla	be filed within 72 hours efter death with the Maryland stal Hygiene.  d other than "natural", or items 23a or 28a-f show event, the Medical Examinet must be notified at		Maryland Howard County	.e		1 ☐ Yes 2 ☐ No						
			10e. Street and Number	10f. Zip Code				izen of What Country?				
			5401 Harris Farm Road	21029		USA						
			11. Marital Status  1 □ Never Married 2 □ Married  1 □ Never Married 2 □ Married  1 □ Yes 2 □ N  If Yes, Give Yeer or Detes:		13. Wes Decedant of H if Yes, specify Cub  1 ☐ Yes 2 ☒ No		ecify Yes or No- Rican, etc.)	14. Race Bleck Specify: W				
	2 hou		15. Decedant's Education	16a.	Decedent's Usuai Occur	petion	16b. Kind of Busine					
	e. an 'n		(Specify only highest grade completed)  [Give kind of work done during most of work during most of work done during most of work done during most of work done during most of work during most									
	hygien her th								11th & Human Service			
			17. Fether's Neme (First, Middle, Last) Haywood A. Ryder				e (First, Middle, I .e Mille:	lle, Malden Sumeme)				
	2 should and Mer Is marks aumatic							tural Route Number, City or Town, State, Zip Code)				
	2 2 2 2		Ms. Karen Ryder /spouse		-				le, Maryland 21029			
	ges 1 and 2 should it of Health and Mer If Item 27 Is marke or other traumatic		20a. Method of Disposition	20b. Plece of	Disposition (Neme of y, cremetory or other ple			20c. Location - C	-			
	permit. Peges 1 and Department of Health Important: If Item 27 any Injury or other tr once.		P⊠Buriel 2 ☐ Cremetion 32 Memovel from State 4 ☐ Donation 5 ☐ Other (Specify)				13_96	Norriet	OWD.	Dλ		
	permit. Pege Department of Important: If any Injury or once.		21. Signature of Funeral Service Licensee 22. Name and Address of Fecility									
m	8258		Slack Funeral Home, P.A.  MO0535 Ellicott City, Maryland 21043  23. Fert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory errast, Interval Between Onset and Death  Onset and Death									
Ψ	Physician /Medicai Examiner	ı	23. Pert1. Enter the disease, or complications that caused shock, or heart failure. List only one cause on each line	the death. Do n	not enter the mode of dyin	ng, such as cardiec	or respiretory err	ast,	1 1	Approximata Interval Between Onset and Deeth		
			Immediate Cause (Finei disease or condition resulting in death)  12 hrs  12 hrs									
				Due to (or es e o	consequence of):							
68760,	heit heit	Physician/Medical Examiner	b. Stera		enaph consequence of):					years		
	tificate be executed g physician and as the burial-transit		Sequentially list conditions, if eny, leeding to Immediate cause. Enter Undarlying Cause (Disease or injury that initiated events		į	•						
	sicial buri		Cause (Disease or injury that Initiated events			i						
	tificat ng phy as th		rasulting In death) Last									
30X	th cer endir r use		d									
E	he ett	sici	Pert II. Other significant conditions contributing to death but	t not resulting in	the underlying cause gi	ven in Pert I.	23b. Did to	bacco uae con	tribute to	the cause of death?		
Vital Records, P.O. Box	es that the death cert igned by the ettendin be deteched for use	Completed by Phy	End stage Chronic i	1/2/	1 Yes 2 No 3 Probably 4 Unknown							
	Attending Payalcian: The law requires that the death cer death.  Not: After this certificate has been signed by the ettendin by the funeral director, page 2 should be delected for use		Disease				24e. Wes e perion	n autopsy nad?	avel	re autopsy findings liable prior to apletion of cause eath?		
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	ician: The certificate rector, pag	Be	25. Wes case referred to medical exeminer?		04	26. Place of Deel	h (Check only or	e)				
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-	A Pro	Medical Certification:	1 Neturei 5 ☐ Pending (Month, Dey		ime of 28c. Injury Wo	Yes 2 No	200. Describe in		d			
	To the Hospital of Attincing Physician: The is within 24 hours afty death.  To the Funeral Director, After this certificate he completely filled in by the funeral director, page		2 Accident 3 Suicide 4 Homicide  28e. Piece of Injury - At home, farm, street, fectory, office building, etc. (Specify)  28f. Location (Street end Number or Rural Route Number, City or Town, Stete)									
			29e. Certifier (Check only one)  1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and manner es stated.  2 Medical Examiner: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner stated.									
	To th To th comp		29b. Signeture and time of certifier 29c. License number					29d. Date signed (Month, Day, Year)				
h			Moder Misen Mi	7	D	20362	1	March	10,	1996		
	15		30. Name and address of person who completed cause of de NOR TON ELSEN 65	eth (Item 23e) (	Type, Print) Belciest Ro	2 #208	Hyat	tsville	MP	20782		
	Sta	ite	31. Dete filed (Month, Day, Year) 9 c. 32, Registre				4			_		
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State of Maryland / Department of Health and Mental Hygiene 96 074 48

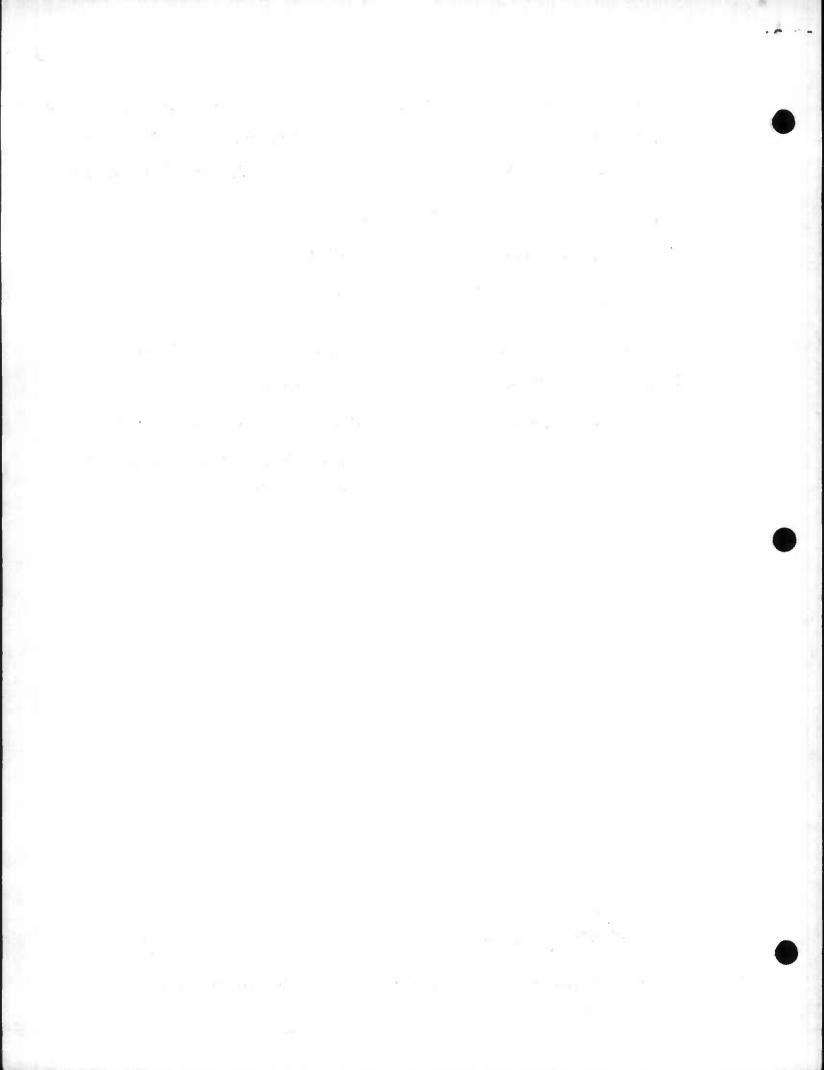
						Certifica	te of	Death		Reg. No.		-			
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	Director		219 12 1196	I□M 283F 91		Yrs. Month	Deys	Hours Min	JULY	7, 1904	POO	על אל	ANIA		
	and w		Usual Residence of Decedent  10e. State 10b. County 10c. City, Town or Location 10d. Inside City Lim										e City Limits		
	/any	0	2001 - Dan 1	8 000	1.1	0.	200						es 250 No		
	be filed within 72 hours after death with the Maryland that Hyglene. d other than "natural", or items 23a or 28a-f show event, the Medical Exercine must be notified at	Director	10e. Street and Number 10f. Zip Code							10g. Citizen of What Country?					
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		Funeral	1 Never Merried 2 Merried	Armed Forces? 1 ☐ Yes 2⊠ No	,0.	If Yes, sp	ecify Cul	ben, Mexican, Puer	to Rican, etc.)	Ble	ck, White,	etc.			
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pu	2 should be filed end Mental Hygi is marked other aumatic event,		17. Father'a Neme (First, Middle, Last					18. Mother's Ne	me (First, Middle	, Meiden Sumer	ne)				
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Maryland	d 2 should th end Mer 7 ie marke traumatic		19e. Informent's Neme/Reletionship (	Type, Print)	19b	. Meiling Addre	sa (Stree	of end Number or R	ural Route Numb	er, City or Town	Stete, Zip	Code)	21234		
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ore	ges 1 a it of Hea if item or othe		20e. Method of Disposition	The second secon	Plece of cemeter	Disposition (Nry, cremetery or	other pl	ece)	MARCH	20c. Location	- City or To	wn, Stati	1		
E	artmeni ortant: injury		4 ☐ Donetion 5 ☐ Other (Special	N) Ta	000	on PA	RK	j	ETE	BALlin	ORZ (	PAR!	LAND		
Baltimore,	pemit. Pages of Pepartment of Himportant: If ite any injury or of once.		21. Signature of Funerel Service Licen	1866		22. Neme	nd Addi	ess of Fecility	men.	ORILS					
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S	8 6 8	by							24a. Wes an autopsy performed? 24b. Were autopay findings evailable prior to						
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9	aw 2 s b	pje								completion of cause of death?					
E .	0 - 0	Completed							10	Yes 28 No	1 [	Yes	2□ No		
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of <	G 60 %	10	1 ☐ Yes 25 No	Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 ☐ Nursing H					Home 5 ☐ Residence 6 ☐ Other (Specify)						
			27. Menner of Deeth 1 Netural 5 □ Pending	28a. Dete of Injury (Month, Dey Year)		Time of 28c. I		ury et ork?	28d. Describe how injury occurred						
sion	Attending Ph r death. ector: After th by the luneral	Certification:	2 ☐ Accident Investigation	M 1 Yes 2 No											
		Ĕ	3 Suicide 6 Could not be determined 28e. Piece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)					28f. Location	28f. Location (Street end Number or Rural Route Number, City or Town, Stete)						
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	To the Hospital pratters within 24 hours after deatl To the Funeral Director: completely filled in by tha		29e. Certifier  (Check only one)  Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and plece, and due to the cause(s) and manner es stated.  (Check only one)  Medicat Examinar: On the basis of exemination end/or investigation, in my opinion, deeth occurred et the time, dete end plece, and due to the cause(s)												
	within 2 To the comple	Mec	one) end menner steted.  29b. Signeture end title of certifier 29c. License number							29d. Dete signed (Month, Dey, Year)					
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	6		Menu Kunlulum 521022  30. Neme and address of person who completed cause of deeth (Item 23e) (Type, Print)  ARION C. KOWALLUSK, 8604 HARFORD						.	1 IARCA	114	190	6		
			30. Neme and address of person who	completed cause of deeth (Iter	m 23e) (	Type, Print)	. Li	00=00	0	-Park					
	100000		TI Date filed (Month Day Your)	NOWALLU	XX.	890	HM	HKLOKU	1000	-IARK	VILL.				
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State of Maryland / Department of Health and Mental Hygiene 96

Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Date of Death 3. Tima of Death Month **Physician** FRANCES SARULLO 1996 MARCH 4:30 PM /Medical 4e. Facility Nama (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner BALTIMORE Maris Stella Towson If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) Feb 28, 1920 5. Social Security Number If Under 1 Year 7. Aga (In yrs. last birthday) Birthpleca (State or Foreign Country) **Funeral** Days 1□M 2♥F 76 214-20-1211 Yrs. Director Maryland Usuel Residence of Decedant the Maryland a or 28a-f show 10e State 10b. County 10c. City, Town or Location 10d. Insida City Limits Baltimore 1 ☑ Yas 2 ☐ No Director Md. 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? ms 23a 21229 Ave 4623 Wilkens USA Funeral filed within 72 hours after death "natural", or items 12. Was Decedant Evar in U,S. Armed Forces? 13. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuben, Maxican, Puerto Rican, etc.) 14. Raca - American Indian, Black, Whita, etc. 11. Maritet Stetus 1 Yas 2 No If Yas, Giva Yaar or Detes: 1 Never Merriad 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 2 No Specify. by Specify: 3 ☐ Widowed 4 ☑ Divorced WHITE Completed 16a. Dacedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) the Medical 15. Decedent's Education 16b. Kind of Businass/Industry (Specify only highast grada completed) marked other than Elementary/Secondary (0-12) Coilega (1-4or 5+) Hygiene. Sales Clerk Ketai 1 permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If flem 27 is marked other any injury or other traumatic event pages. 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Bartholomew SCHOTT Kahl Anna 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Streat and Number or Rurel Route Number, City of Town, Stata, Zip Code) 10925 Powers Ave Anthony Schott Cockeysville Md. 21036 Brother 20e. Mathod of Disposition 20b. Piaca of Disposition (Nama of cematary, cramatory or other placa) Data 20c. Location - City or Town, Stata March 1 Buriai 2 □ Cremetion 3 □ Ramovai from Steta 4 ☐ Donation 5 ☐ Othar (Specify) DULANEY VALLEY Mem 6dn 14,1996 TIMONIUM, Md 22. Name and Address of Facility
EVANS Chapel of Chimes 21. Signature of Funeral Service Ligenset 2325 York Rd Timonium, Md. 21093 23a. Part1. Enter the disease, or compile from that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only or course on each line. Approximate Interval Ret Onsat and Death **Physician** /Medical Immediata Causa (Final RECURRENT CEREBROVASCULAR ACCIDENT disease or condition rasulting in death) Examiner Dua to (or as a consaquance of) PNEUMONIA physician and s the burial-transit thet the death certificate be executed Sequantially list conditions, if any, laeding to immadiata causa. Entar Undarlying Cause (Disaase or Injury that Initiated evants resulting In death) Last Dua to (or as a consequence of) Box 68760. Physician/Medical Dua to (or as a consequence of): 88 USB Po detached Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Pert I. of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? signed by t 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown þ 24b. Ware autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed page 2 s 1 ☐ Yes 2 No 1 ☐ Yas 2 ☑ No certificate nding Physician: 25. Was casa referred to medical axaminar?
1 ☐ Yas 2 ☑ No 28. Placa of Death (Check only ona) Be Hospitai: Othar: 5 Rasidance 6 Othar (Specify) 1 Inpatiant 2 ER/Outpatient 3 DOA this 28e. Data of Injury (Month, Day Year) funeral 27. Mannar of Death 28b. Time of Certification: 28c. Injury et Work? 28d. Describe how injury occurred After Natural 2 Accident 5 Panding Invastigation 1 Tyes 2 No 24 hours after deat Funeral Director: 6 Could not be datarmined 3 Sulcida 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stete) 28a. Placa of Injury - At homa, farm, street, factory, office building, atc. (Specify) 4 Homicide 0 29a. Cartifiar Expertifying Physician: To the best of my knowladga, death occurred at tha tima, data and place, and dua to tha causa(s) and mannar as stated. Medical (Check only 2 Medical Examinar: On the basis of axamination end/or investigation, in my opinion, death occurred et tha time, data end place, and dua to the cause(s) and mannar statad. within 2 To the 29b. Signature and 29d. Date signed (Month, Dey, Year) 29c. License number 1.1 15504 -96 3.12 30. Nama and addrass of person who complated causa of death (Itam 23a) (Type, Print) 2300 DULANEY VALLEY RD. EDDIE NAKHUDA, M.D. TOWSON, MD 21204 31. Data filed (Month, Day, Year) Suche Day Son Andelle State MAD 1 4 1996

Registrar



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decadent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month Day Year **Physician** MARY BLANDINA SCHREIBER 8, 1996 MARCH 7:20 A.M. /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Daath 4c. County of Death Examiner GREATER BALTIMORE MEDICAL CENTER TOWSON BALTIMORE 8. Date of Birth (Month, Day, Year) NACHUS, 1907 6. Sex If Undar 1 Yaar If Under 24 Hrs. 5. Social Security Number 7. Aga (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Months Hours Days 1 M 28 F 88 Yrs MARYLAND 21 30 8635 Director Usual Residence of Decedent the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits ed other than "natural", or items 23a or 28a-f show event, the Medical Examiner must be notified at 1 ☐ Yes 2 No Directo DARVLAND BALLIMORE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? filed within 72 hours after death with Hygiane. AVS U.S.F Funeral 8008 21234 12. Was Decedant Evar In U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, 11. Marital Status Black, Whita, etc. 1 Never Married 2 Married 1 ☐ Yas 2 No If Yes, Give Yaar or Dates: Specify: WHITE 1 ☐ Yes 2 No ģ 3⊠ Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 8 YRS. Homs HOSEWIFE permit. Pages 1 and 2 should be file Department of Health and Mental Hy important: If Item 27 is marked othe any injury or other traumatic event, once. 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumame) Be BERNARO STRASSBERGE SLIZABST 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 19a. informant'a Neme/Relationship (Type, Print) ARKVILLS 1ARY LAND 2003 1 AYLOR AV FASSID 20a. Method of Disposition 20b. Place of Disposition (Neme of cemetery, crematory or other place) Date 20c. Location - City or Town, Stata MARCH ₩ Burial 2 Cremation 3 Ramoval from State 4 ☐ Donetton 5 ☐ Other (Specify) Ano Mismorial ARKV. W ME 21. Signature of Funeral Service Licenses 22. Name and Addrass of Facility EmoRiss - OADS ROAD -23a. Part1. Enter the disease, or complications that caused the death. Do not antar the mode of dying, such as cerdiac or raspiratory arrest, shock, or heart failure. List only one cause on each line. Approximata interval Between Onset and Death **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical PTAbolic ACIDOSIS **Examiner** Due to (or as a consequence of): Examiner Epilepticu The law requires that the death certificate be executed attending physician and for use as the burial-transit Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in daath) Last Dua to (or as a consequence of): Physician/Medical Dua to (or as a consequence of): isigned by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 ☐ Yes 2 No ACUTE à 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed page 2 s certificate 1 ☐ Yes 2 ☐ No Hospital or Attanding Physician: 24 Hours after death. Funeral Director, After this certifica funeral director, 25. Was case rafarrad to medical examiner? Be 26. Placa of Death (Check only ona) Hospitel: 2 Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 ☐ Yes 2 No 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Day Year) Certification: 27. Manner of Death 28b. Time of Injury 28d. Describe how injury occurred 28c. Injury at Work? 5 Pending investigation 1 Natural 2 Accident 1 ☐ Yes 2 ☐ No 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) To the Hospital or A within 24 Hours after To the Funerel Dirk completely flued in b 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred et the time, date end place, and due to the ceuse(s) and manner as stated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medicai

29c. Licansa number

Ballinor

29d. Data signed (Month, Day, Year)

96

State Registrar 29b. Signature and titla of certifier

VICE

31. Date filed (Month, Day, Year) MAR 1 4 1996

30. Name and

now

person who completed cause of deeth (Item 23a) (Type, Print)

Luka Par Loon Handel

GREATER

Baltimore, Maryland 21215-0020

Division of Vital Records, P.O. Box 68760

edin Sest on on and the same of the same 96-1300-510

# Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

Physici		Items: 23 part I, 27  1. Decedent's Name (First, Middle, Li MICHAEL	<del>V,per F.H. G-/3</del> Ist) XAVIER	4_4/10/9		CHUR		2. Date of Dea Month MARCH	Dav	Year 1996	3. Tima of 1 8:14	
/Medi		4a. Facility Name (If not Institution, gir			SAIN		4b. City, Town, or		4c. County		0:14	A .
Examir	ner 	JOHNS HOPKINS	BAYVIEW ME	DICAL			BALTIMO	RE	4c. County			
Funeral Director			Sax 7. Aga (li 1XDXM 2□ F	n yrs. last birl	frs. If Und Month	ar 1 Yaar s Days 9		(Month, Day	Year) 2,1996	9. Birthple Count Mar	ace (State or ry) Yland	r Fore
ene. than "naturel", or items 23a or 28a-f show the Mexical Examiner i wat be notified at		10a. Stata 10b. County	10	c. City, Town	or Location					10	d. fnside Cit	ly Lin
T D	ctor	Maryland Balt	imore				Dune	dalk			1 🗆 Yas	2(3
23e or 28 ust be no	al Director	100. Street and Number 1604 Fowr George	s Court		10f. 2	ip Code	212		Og. Chizen of V			
"naturel", or items 23s or 28s-f show exical Examiner must be notified at	by Funeral	11. Marital Status  1 \( \bigcirc \text{ Navar Married} 2 \cup \text{ Married} \)  3 \( \bigcirc \text{ Widowed} 4 \cup \text{ Divorced} \)	12. Was Decedant Eval Armed Forces? 1 ☐ Yes 2 ☑ No if Yes, Give Year or Dates:	r In U,S.			Hispanic Origin? (Span, Mexican, Puar Specify:	Specify Yes or No- to Rican, atc.)		e - Amarice ck, Whita, a		
iene. 'then "natur De Medical	Completed	15. Decedant's E (Specify only highast gr Elementary/Secondary (0-12)	ducation ade completed) College (1-4or 5+)	16a.	life. DO NOT	vork done use retire	during most of wo	rking	16b. Kind of Bu	N/A	ustry	
other t	ပိ	N/A  17. Father's Name (First, Middle, Last	)		ve	pend		me (First, Middle,	Maldan Suman			
2 D 0	To Be	Randy M. Fillia						a M. San		10)		
th end Menta 7 is marked traumatic o	F	19a. informant's Name/Relationship		19b.	Mailing Addre	ss (Stree	t and Number or Ri			State, Zip	Code)	
EN F		Melissa M. Sanc	huk	1	604 Fo	ur G	eorges Ct	. Dunda	ek. Mar	ulano	1 212	22
nent of Heal ant: If Item 2 ury or other		20a. Method of Disposition  1 🖾 Burial 2 □ Cremation 3 □  4 □ Donation 5 □ Other (Specia	Removal trom State	20b. Placa of cemeter	Disposition (N v, crematory or	ame of other pla		Data	20c. Location -	City or Tov		181
Department of Important: If eny injury or once.		21. Signature of Fureral Service Lice	1/40		22. Name Duda	and Addr	ess of Facility k Funeral	l Home of	Dundal	ek, II	ic.	~
		23a. Part1. Enter the disease, or com	plications that caused the	death. Do n	ot enter the me	Wis	e Ave. 1	Dundalk,	Marylar	rd 2	222 Approximate	9
physician end s the buriel-transit	al Examiner	Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause, (Disease or injury	b		onsequence o					-		
oding se as	Physician/Medical	that initiated events rasulting in death) Last	d.	to (or as a c	onsequence of	):						
the att	sici	Part II. Other significant conditions of	ontributing to death but no	ot resulting in	the underlying	cause g	iven in Part I.	23b. Did to	obacco uss co	ntributa to	the cause of	f de
signed by the atter d be detached for u	by Phy							101	es 2□No	3 Prob	ably 400	Únk
s been 2 shout	Completed							24a. Was a perfor		ava	re autopsy tir liable prior to apletion of ca eath?	0
9 9	Con							100	as 2 No	1/2	Jes 201	No
s certificete director, pe	Be	25. Was case referred to medical examinar?	Hospital:			~		ath (Check only	10)			
this all di	. To	1 XYes 2 No 27. Menner of Death	1 Inpatient	2 TER/Out	-	JUA		toma 5 ☐ Resid			)	
ector: After by the fune	Certification:	1 Natural 5 Panding 2 Accident investigatio 3 Suicide 6 Could not b	(Month, Day Ye	ar) Ir	jury M		rk? Yes 2 No				S-4-14-4	
높드		4 Homicide determined	building, etc. (S	pecify)				28f. Location (S City or Tow	n, State)			rer,
Funeral ( letely filled	edical	29a. Certifier 1 ☐ Cartifying Pt (Check only one)	ysfcfan: To the best of my ninar: On the basis of exa and manner stated.	y knowledge, mination and	death occurre for investigation	d at the ti	ime, data and place opinion, death occu	e, and due to the curred at the time, o	ause(s) and ma lete end plece,	nner as sta and due to	ited. the cause(s)	1
To the	Me	29b. Signature and title of certifier		1	2	9c. Licen	se number	2	9d. Date signe	d (Month, E	Day, Year)	
		30. Name and eddress of person who	el King	( - 23 ) 1	) (vne Print)	0	.C.M.E.	M	ARCH 1	2,19	96	
		THE USCRE MC				n C	troot	Baltimo	ro Ma	- L -	nd 21	

17. r s les les s 

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State of Maryland / Department of Health and Mental Hygiene 96

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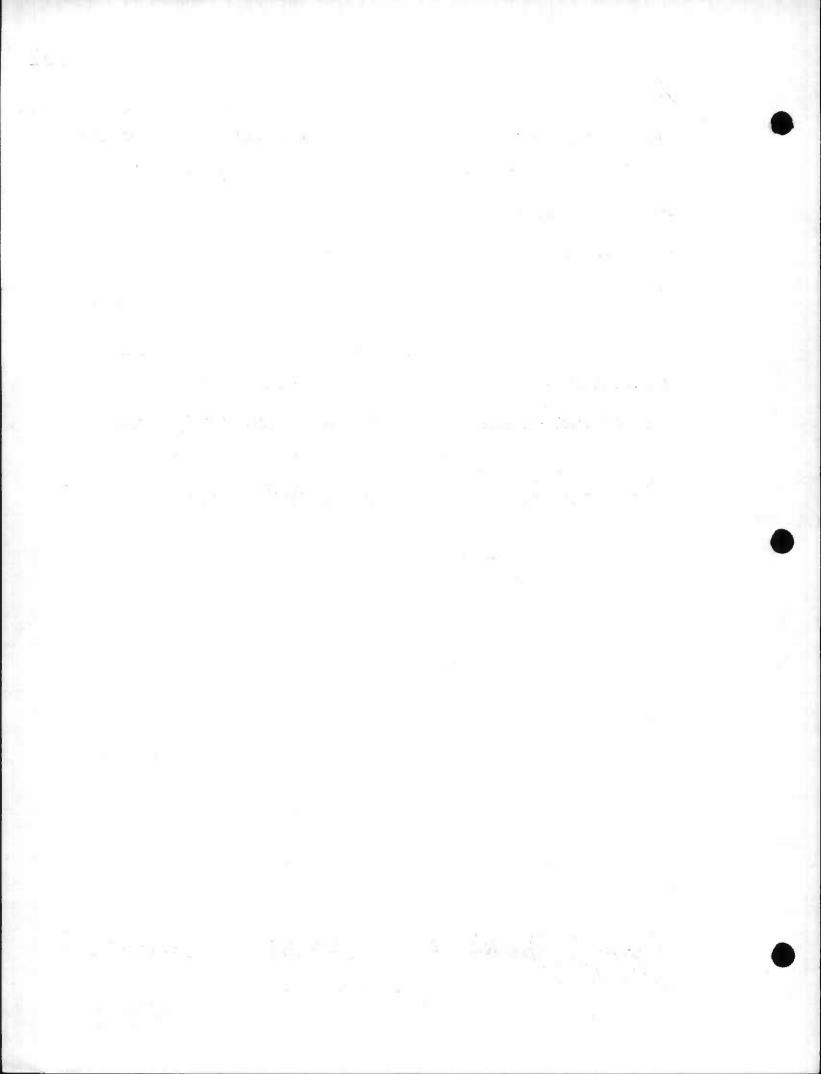
_						Cei	rtificate o	f Death		Reg. No.		
	Physici	an	Decedent's Name (First, Middla, Li SARAH M. SMALLW(	*					2. Data of Dec	Day	Year	3. Time of Death
	/Medi		4a. Facility Name (If not institution, gi	ve street and number	arl			4b. City, Town, or I	MARCH ocation of Death		196	3:30 A.M
	Examir	ner	MARYLAND MANOR					GLEN BUF	RNIE			RUNDEL
	Funeral Director			Sex 7. / 1 □ M 2X □ F	Aga (In yrs. Ia 75	st birthday) Yrs.	if Undar 1 Ye Months Day		(Month, Day	h y, Year) 9 1921	9. Birth Cou MAR	place (State or Foreign ntry) YLAND
	pu »		Usuai Residanca of Decedent  10a. Stata 10b. County		40a Citu	Town or Lo						
	n 72 hours effer deeth with the Maryland "netural", or Herns 23s or 28s-f show sdical Examiner mant be notified at	tor	MARYLAND ANNE AF	RUNDEL	too. Oity,	SEVE						10d. Insida City Limits 1 ☐ Yes 2 No
	h the	Director	10e. Street and Number				10f. Zip Code	9		10g. Citizan of	What Cou	ntry?
	h wit		8206 CLEARWATER	COURT			211	44		USA		
	deet	Funeral	11. Maritai Status	12. Was Deceder Armed Force 1 \( \text{Yes} \) 2 \( \text{Z} \)	nf Evar in U,S	. 13. 1	Was Dacedant of	of Hispanic Origin? (S uban, Mexican, Puart	pecify Yas or No-	14. Ra		can indian,
0	or h		1 🕅 Navar Married 2 ☐ Married	1 Yes 2 I	No No		1 □ Yes 2 🗓 N		o rican, etc.)		ick, White,	
000	iral'.	d by	3 ☐ Widowed 4 ☐ Divorced	Yaar or Dates	s:		10 100 гди	о ороспу.		Specia	y: BL/	ACK
5-		ete	15. Decedent's E (Specify only highast gr	ducation ade completed)		16a. Deced (Give	dent's Usual Occ kind of work do	cupation ne during most of wor ired)	king	16b. Kind of E	Business/Ir	ndustry
21215-0020	uld be filed within 72 h Aental Hygiene. Krad other then "natur tic avant, tra Medical	Completed	Elementary/Secondary (0-12)	College (1-40	or 5+)		DO NOT use ret IEMAKER	ired)		Hous	EHOL	
Maryland	ad all a se	o Be	17. Father's Name (First, Middle, Last THOMAS SMALLWOOD	•				18. Mother's Nan SARAH	ne (First, Middle, LONG	Maiden Surnar	me)	
lan	Peges 1 en nent of Heel mit: If Item 2 ury or other		19a. informant'a Name/Relationship	Type, Print)		19b. Maillr	ng Addrass (Stre	et and Number or Ru	ral Route Numbe	er, City or Town	, State, Zi	Code)
			HELEN SMALLWOOD	- SISTER		8206	CLEARW	ATER COURT	, SEVER	N, MD 2	1144	
Baltimore,			20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Speci		te ce	matary, crer	sition (Name of matory or other p REMATORY	place)	Data - 14 - 96	20c. Location BALTI		
alti	Demit. Departm Importa any Inju		21. Signature of Funeral Service	nom (	1	22	. Name and Add	drass of Facility			HOILE	, 115
m	Depa Impo any I		I The State of the	Struck Te		S	TALLING	S FUNERAL NTAIN ROAL	HOME, P	.A. ĖNA, MD	24	122
	Physician		23a. Part1. Enter the disease, or comshock, or heart failure. List only	polications that one cause on ach	I the daath. lina.						21	Approximate Interval Between Onset and Death
2	/Medical		Immediate Cause (Final disease or condition	heb	-40.		1.	. 1 4	4 .		I	few
	Examiner		resulting in death)	0. 1000	Due to (or	as a consec	mence oth.	surry	hima		A	seconds
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	certificate be executed ding physician and se as the bunel-transit	Examiner	Sequentially list conditions,	b	Due to (or	as a conseq	uence of):					
0	e exe		Sequentially list conditions, if any, leading to immediate cause. Enter Undarlying Cause (Disease or injury	000	dasin	0	zoneho	2-2-2-6-6		0- 0	-	30 hours
68760,	9 5 9	/Medical	that initiated events resulting in death) Last	С.		as a conseq	uence of):	· · · · · · · · · · · · · · · · · · ·	arre	are -		several
	certifice nding ph use as th	Mec		ath	erock	la to	1:	00.0			1	nema
Box	2 5 3	an/		0		4-00-0					1	gency
0	e death the atter hed for u	Physician	Part II. Other significant conditions of	contributing to death	but not resuit	ling in the u	nderlying cause	given in Part I.	23b. Did t	obacco use co	ontribute t	o the cause of death'
0	The law requires thet the date has been signed by the page 2 should be detached		O status - post	above.	-the	-bn	ee ar	yputation	101	Yes 212 No	3 Pro	bebly 4 Unknow
Vital Records,			right for o	Langeron	1 re	hung	2	112/96	24a. Wes perfor	an autopsy med?	av	fere autopsy findings valiable prior to empletion of cause death?
al Re			(2) competive f	eart for	ailu	12 (3)	history	rephrei	tomy 10 4	es 2000		☐Yes 2☐ No
<u> </u>	Physician: The this certificate ral director, par	Be	25. Was case referred to medical examiner?	Hospital:				28. Place of Dea	th (Objeck only o	ne)		
5	this ald	. To	1 Yes 2 No  27. Menner of Death	1 ☐ Inpa		R/Outpatien	R 3LI DUA	4 LETNURSING H		lence 8 Ott		fy)
	After fune	prification:	1 DNatural 5 Panding 2 Accident investigetlo	n (Month, D	Day Year)	28b. Tima of Injury	V	vork? □ Yes 2 □ No	28d. Describe h	ow injury occu		
DİVİ	X 2 7 5	Contini	3 Suicide 8 Could not be determined	286. Place of I	njury - At hom etc. (Specify)	na, farm, atro	eet, factory, offic	>0	28f. Location (S City or Tow		ber or Aur	al Route Number,
	Hospital C 24 hours e funeral D stely filled	Meal	29a. Certifier 1 Certifying Ph (Check only one) 2 Medical Exar	nysician: To the bes niner: On tha besis and menner s	of examination	edge, death on and/or inv	occurred at the restigation, in m	fime, date and place y opinion, death occu	, and due to the c	cause(s) and m date and place,	anner as s	stated. o the cause(s)

29c. Licensa number

State Registrar 29b. Signature and fitte of certifian

RRY D. SKARBEK, M.D., 8418 B&A BLVD., PASADENA, MD 21122

completed cause of death (Item 23a) (Type, Print)



Physici /Medic Examir

**Funeral** Director

permit. Peges 1 and 2 should be filed within 72 hours after deeth with the Maryland Depertment of Health and Mantal Hygiene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Macical Examiner must be notified anonce.

Physician /Medical Examiner

To the Hospital or Aunding Physicien: The law requires that the death certificate be executed within 24 hours.

To the Funeral Director: After this certificate has been signed by the ettending physician and completely filled in by the funeral director, page 2 should be deteched for use as the buriel-transit.

Division of Vital Records, P.O. Box 68760,

Baltimore, Maryland 21215-0020

96-051

			State		and / D	)epa		Health and		giene 9	6	07453
	1. Decedant's Name	a /First Midd	tle ( set)			Con	illoate o	Dealii	2. Data of Da	Reg. No.		0.7
an		,				-			Month	Day	Yaar	3. Tima of Death
al		RISTIN				SIC	GLEY		MARCH r Location of Deat	10 19 h 4c. County	96	7:00 AM
er	No		on, giva street and n	um <i>ber)</i>				4b. City, Town, o	r Location of Deat	h 4c. County	of Death	1
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	Usuai Rasidence of											
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cto	MARYLAND	ANNE	ARUNDEL			ODEN	TON					1 ☐ Yas 2 ŽNo
Oire	10e. Street and Nur	mber					10f. Zlp Code			10g. Citizen of V	What Co	untry?
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Ine	11. Marital Status		12. Was Dec Armed F	cedant Evar in	ı U,S.	13. W	as Decedant of	Hispanic Origin? ( ban, Maxican, Pue	Specify Yas or No	)- 14. Rac	e - Amar k, White	rican Indian,
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Be	17. Father'a Nama (	First, Middla,						18. Mothar's Na	ama (First, Middle	, Maidan Suman	a)	
2	DAVID		LEE		SIG			DIANE		NN		KINSTLER
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	DAVID LE		LEY					ST WAY, O				1113
	20a. Mathod of Disp		3 Ramoval from		o. Placa of cometan	Uisposi	tion (Nama of atory or other p	aca)	Data	20c. Location -	City or 1	Town, Stata
	4 Donation			ME	FAHOP.	IST	THEL UI	CEM.	3/14/96	ODENTO	N, M	ARYLAND
	21. Signature o Fu	naral Sarvice	Licenses			22.	Nama and Add	rass of Facility S	INGLETON	FUNERAI	. но	ME
	1-10	west	+ Seel	seel		1	SECOND	AVENUE S				
	23a. Pa 1. E tar th	na dis <del>pase, o</del>	complications that t only one cause on	caused tha da	aath. Do n	1			•		1	Approximata
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ner											- 1	
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Completed by Physician/Medic	Part II. Other signifi	cant conditi	one contributing to d	leath but not r	rasulting in	tha und	larlying causa	jivan in Part I.	23b. Dld	tobacco uae co	ntribute	to the cause of death?
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ted										an autopsy		Vara autopsy findings vailable prior to
pe				-								ompletion of causa of death?
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Be	25. Was case refarr	ed to medica	i i					26. Place of De	eeth (Check only	one)		,
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L:u	27. Menner of Deeth		28a. Date		28b. T	ima of	28c. Inj		Λ	how injury occur		
atio	1 ☐ Natural 2 ★Accident	5   Pandir invasti	.9		04	jury		Yas 20XNo	Henre	F FIRE		
2	3 ☐ Suicida 4 ☐ Homicida	6 Could detarn	ninad 289. Place	a of Injury - At	t home, far		it, factory, office	)	28f. Location (	Street end Numb	er or Ru	ral Routa Number,
e l	4 🖸 Hollicida		build	ling, atc. (Spa	How:	E			City or To	WII, STATE KD	. (0)	DETUTON MO
)a	29e. Certifiar	1 Certifyir	ng Phyeician: To the	best of my k	nowledge	death c	occurred at tha	time, dete end plea	e and due to the	causa(s) and me	nher as	stated
Medical Certification:	(Check only one)	ZL Medical	Examiner: On the b	easis of exami	nation and	/or inva	stigation, In my	opinion, death occ	curred at the time,	dete end plece,	end dua	to tha cause(s)
Σ	29b. Sign ture and	titla of certifia	1	m	1	1)	29c. Licar	nsa number		29d. Data signe	d (Month	, Day, Year)
	N USU	V.	~ Y	W.	A	1	0.0	ME	,	MA DOTT 1	0 1	006
	30. Nama and addra	ssaof person	who completed cau	se of death (II	telm 2(3a) (1	Type P		C.M.E.		MARCH ]	.0,1	. 770
	MARIO	F. C	201453	R M	/			et, Balt	imore	Marril	has	21201
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31. Data filed (Month, Day, Year) State 4 1996 Registrar

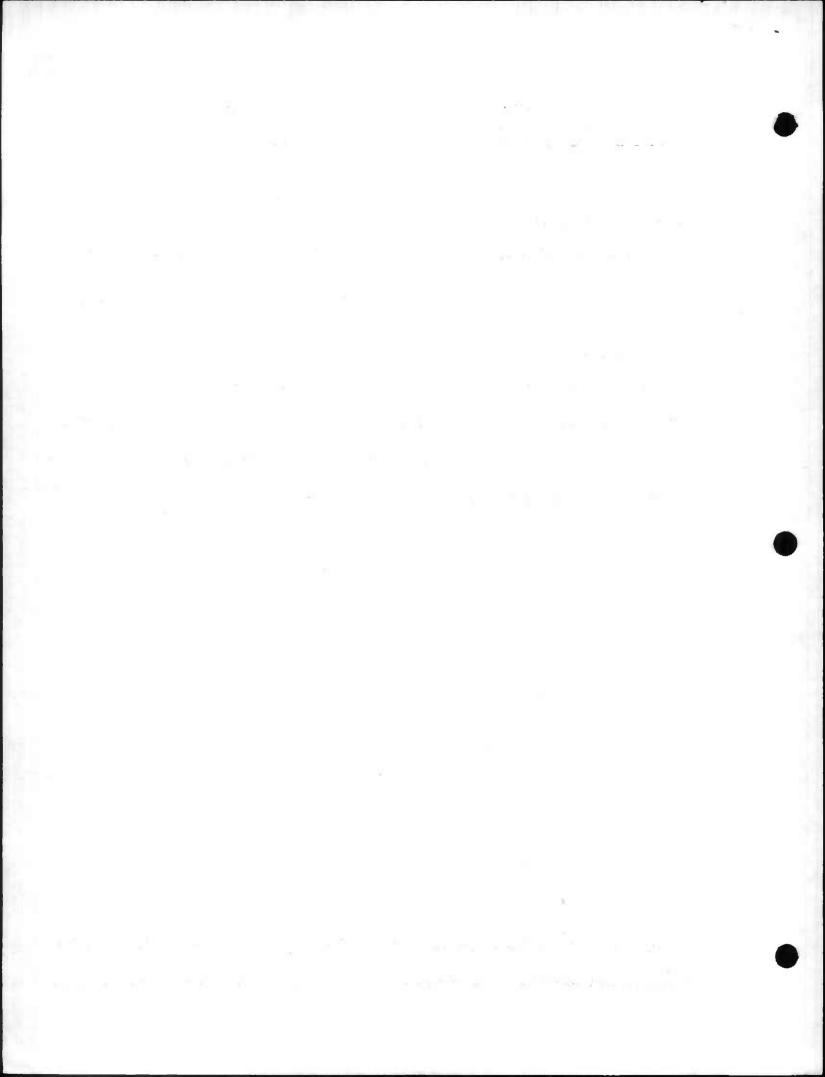
Penn Street, Baltimore, Maryland 21201 32. Registrar's Signature Julia Sandson Rendere

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

07454 Certificate of Death Item; 7 per F.H. G-733 3/14/96 reb 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth **Physician** Month Yeer Helen Elizabeth Sappington March 11,1996 11:35 P.M. /Medicai 4e. Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Meridian Franklin Woods Rossville Baltimore If Under 24 Hrs. Hours Min. 5. Sociei Security Number If Under 1 Yeer 8. Dete of Birth (Month, Day, Year) Jan. 19, 1916 7. Age (In yrs. last birthday) 9. Birthpiece (Stete or Foreign **Funeral** 1 M 2 KF Months Maryland 80 79 Yrs. Director 215-12-0588 Usuel Residence of Decedent with the Maryland 10a. Stete 10c. City, Town or Location 10b. County 10d. Inside City Limits ral", or items 23a or 28a-f show Examiner hast be notified at Director 1 ☐ Yes 2 No Maryland Baltimore Rossville 10e. Street end Numbe 10f. Zip Code 10g. Citizen of What Country? 9200 Franklin Square Drive 21237 United States Funerai 72 hours after death 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Detes: 14. Rece - American Indien, Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Ricen, etc.) Bieck, White, etc. 1 Never Merried 2 Merried 1 ☐ Yes 2 ☐ No Specify: Baltimore, Maryland 21215-0020 "natural", or þ Specify: 3 X Widowed 4 ☐ Divorced White Completed marked other than "natur matic event, tre Mexical 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Peges 1 and 2 should be filed within 7 nent of Health and Mental Hygiene. Int: If frem 27 is marked other than "rury or other traumatic event, tre. Med Elementery/Secondery (0-12) College (1-4or 5+) 8th Grade Tavern Owner 17. Father's Neme (First, Middle, Lest) 18. Mother's Neme (First, Middle, Maiden Surname) Be Michael Joseph Fe11 Unknown Riley Mary 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Sharon Lynn Ennis -Niece 1517 Neighbors Avenue, Baltimore, Maryland-21237 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete permit. Peges Department of Important: If It any Injury or c 1 Burial 2 ☐ Cremetion 3 ☐ Removel from State 3/14/96 4 ☐ Donetion 5 ☐ Other (Specify) Parkwood Cemetery Baltimore, Maryland 21. Signeture of Funerel Service Licenses 22. Neme end Address of Fecility John C. Miller, Inc. 6415 Belair Rd. Balto. Md. 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete
Interval Between
Onset and Deeth
FIVE **Physician** /Medical Immediate Cause (Finel PNEUMONIA DAYS disease or condition resulting in deeth) Examiner Due to (or es a consequence of): Examiner physician and the burief-transit thet the death certificate be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of) Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e consequence of) 88 esn for signed by the a Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributa to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown CHRONIC OBSTRUCTIVE by 24e. Wes an eutopsy performed? 24b. Were autopsy findings avellable prior to completion of cause of death? Completed phous PULMONARY DISEASE ate has t 1 ☐ Yes 2 ☐ No 2110 certificate Attending Physician: 25. Wes case referred to medical Be 26. Piece of Death (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA After this 28e. Dete of Injury (Month, Dey Year) 27, Menner of Deeth Certification: 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? 1 Naturei 5 Pending death. 1 ☐ Yes 2 ☐ No investigetion 2 Accident ofter death Director: 6 Could not be determined 3 ☐ Sulcide 281. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) In by 4 Homicide ò hin 24 hours of the Funeral 29e. Certifier 1 Destritying Physician: To the best of my knowledge, deeth occurred at the time, dete end piece, end due to the ceuse(s) end manner es stated. Medical (Check only one) 2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated. 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) chardsa MD D46304 march 12, 1996 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) CANOL RICHARDSON MD 2000 Franklin Square Drive Baltimore MD 21237 31. Dete filed (Month, Day, Year) 32. Registrer's Signeture State ac were harolalle 4 1996 Registrar

DHMH 16 Rev 6/95



# Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

								Certi	ficate	of	Death			Reg. No			0 1	100
	N. S. E.		1. Decedent's Neme	(First, Middle, La	st)								2. Dete of De	eth		March.	3. Tima	of Deeth
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	Exami		4a. Facility Neme (If	not institution, giv	e street end nu	ımber)					4b. City, To	own, or Le	ocation of Deet	h 4c.	County	of Deeth		
			4344 Berg		ıe						Balti	Lmore	e City		N/A			
	Funerai		5. Sociel Security Nu		Sex IOXIM 2□ F	7. Age (In yr.		N	f Under 1 fonths	Year Deys	if Under Hours	24 Hrs. Min.	8. Dete of Bi (Month, De	y, Year)		9. Birthp	lece (State	or Foreign
i i	Director		219-03-44 Usuel Residence of D	.05		75		Yrs.					Sept.	13,1	920	Penn	sylva	nia
	fand ww			10b. County		10c. C	City, Town	or Locat	ion							1	0d. Inside	City Limits
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	r 28s	Director	10e. Street end Num						10f. Zip C					10g. Cit	izen of V	Vhet Coun	itry?	
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/lai	uld by Vente	To E	Pau1	Unkno	own	St	teffe	k			Mil:	lie	Unkno	wn	K1	imsz	a	
Maryland	d 2 should be filed within 72 hours efter death with the Maryland th and Mentel Hygiene. T is marked other than "naturel", or items 23a or 28a-f show traumatic event, the Modical Examinations to profited a	ľ	19e. Informent's Ner	ne/Reletionship (	Type, Print)		19b.	Meiling A	Address (	(Street	end Numb	er or Run	al Route Numb	er, City o	or Town,	State, Zip	Code)	
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altimore,	ges 1 t of H if iten or oth		20e. Method of Dispo 1 X Buriel 2 □	sition Cremetion 3 [	Removel from	Stete		y, cremete	ory or oth	ner plea		i.	Date			City or To		
t T	tmen tant:		4 ☐ Donation 5	Other (Specif	y)	Pa	arkwo					1	3/15	Bal	timo	re,Ma	aryla	nd
Bal	permit. Peges 1 and 2 Department of Health a Important: If item 27 is any injury or other tra once.		21. Signeture of Fun	erel Service Licer	1588	1	1				ss of Fecili							206
			Jay	leer 1	n. Me	rjelu	1						.6415 B		r Ro	ad, B	altim	ore, Mc
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	Examiner		disease or condition resulting in deeth)		ā	Nepu	we	use	m									
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68760	deeth certificate be executed e ettending physician and od for use es the burlal-transit	edical	thet initieted events resulting in deeth) Le		C	Due to	(or as e co	onsequen	ica of):									
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o	uires thet the de signed by the e Id be deteched f	ysk	Pert II. Other signific	ant conditions o	ontributing to d	eath but not re	sulting In	the unde	rlylng cau	use giv	en in Pert	l.						of death?
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	ding Ph h. After th funeral	ou:	27. Menner of Deeth	5 Pending	28a. Dete (Mon	of Injury th, Day Year)	28b. Ti	njury		c. Injur Wor			28d. Describe	how Inju	y occurr	red		
SIC	or: or:	Certification:	2 ☐ Accident 3 ☐ Sulcide	Investigation					М		Yes 2□		004 ( 1'	· Ot			10-11-11	
DIVISION	X = = =	ertif	4 Homicide	determined	200. PIECE	a of Injury - At ing, etc. <i>(Spec</i>	home, far <i>ify)</i>	m, street,	fectory,	office			28f. Location ( City or To			er or Hura	/ Houte Nu	mber,
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	To the Hospital or within 24 hours effer To the Funeral Dir completely filled in	Me	29b. Signeture end til	tle of certifier					29c.	Licens	e number			29d. De	te signed	d (Month,	Day, Year)	
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	Sta	te	31. Dete tiled (Month,	(Day, Year)	132 F	legistrar's Sign	na lite	260										

#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 07456 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Yaar 7:10 P HOWARC 20MUS IAY 1796 PAR /Medical 4a. Facility Name (If not institution, giva street and number) 4c. County of Death 4b. City, Town, or Location of Death Examiner 5. Social Security Number SAZ JOIXU BALLIMORS 8. Data of Birth (Month, Dey, Year)

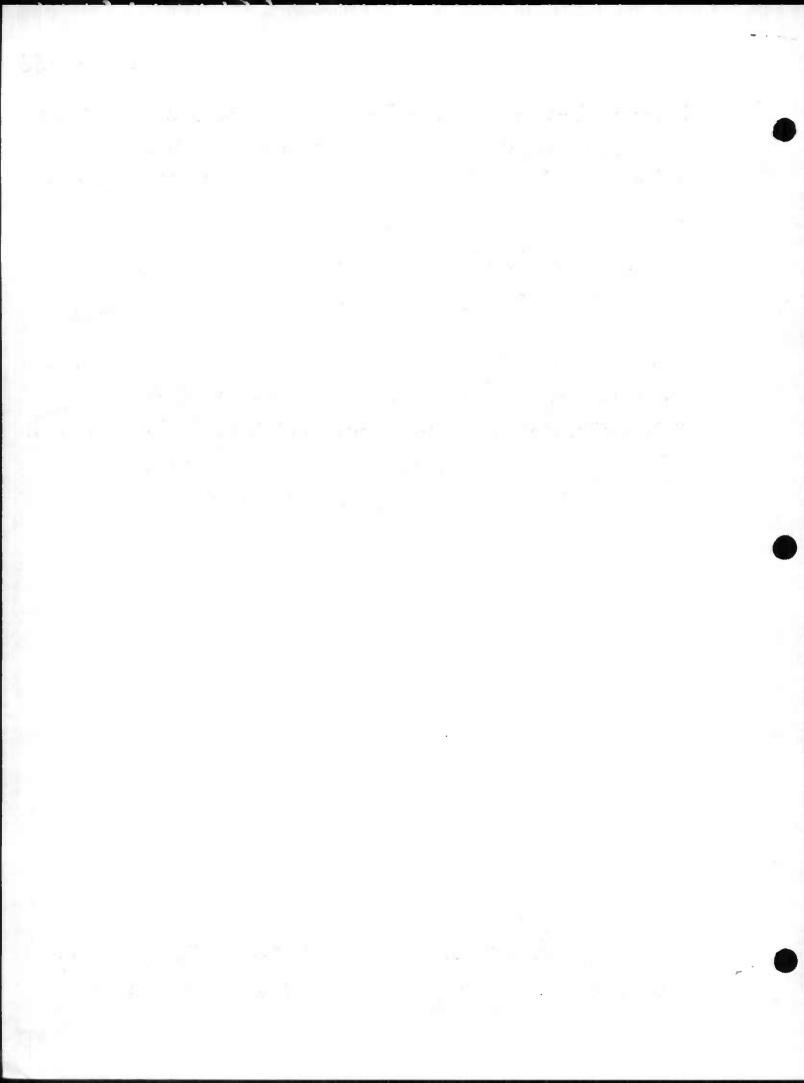
9. Birthplace Country

2. 2. 47 30 1934 7 ARV 6 Sex If Undar 1 Year | If Undar 24 Hrs. 7. Aga (In yrs. last birthday) Birthplaca (Steta or Foreign Country) **Funeral** Days 170 M 2 T F Yrs. 217 26 5998 Director Usual Residence of Decedent filed within 72 hours efter death with the Maryland 10a. Stata 10b. County r than "natural", or itema 23a or 28a-f show the Medical Examiner must be notified at 10c. City. Town or Location 10d. Inside City Limits OK Yes 2 □ No Director MARYLAND SALlimors 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 1533 21218 Funeral 12. Was Decedent Ever in U.S. Armed Forcas? 11 Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-ff Yas, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - Amarican Indian, Black, White, etc. Armed Forces |
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| 1 Nevar Married 28 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2K No Specify: Specify: Completed by 3 ☐ Widowed 4 ☐ Divorced TIKEN 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Business/Industry al Hygiene. Elamantary/Secondary (0-12) College (1-4or 5+) 12YRS. COYUZ+1 traumatic event, permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If Item 27 Is marked other any Injury or other traumatic event once. 17. Fathar's Name (First, Middla, Last) Be 18. Mother's Name (First, Middle, Meiden Sumame) ADr O HOWARD JAI 19b. Meiling Address (Street end Number or Rugal Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) ROAC BALT, more MARYLAND 20c. Location - City or Town, State (ARBARET 20b. Place of Disposition (Name of cematary, cremetory or other place) 20a. Method of Disposition PARCH. ⊠ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) OXFOR 15 OXFORD 22. Nama and Address of Facility
EVANS CHAPLY OF CHINES
2325 YORK ROAD - 1: m ROAD -Timoniur Não 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast shock, or heart failure. List only one cause on each line. Physician SQUAMOUS CELL CARCINOMA immediate Cause (Final disease or condition resulting in deeth) /Medical Examiner Due to (or as a consequence of): Physiclan/Medical Examiner Attending Physician: The law requires that the death certificate be executed **burial-transit** Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events rasulting in death) Last Due to (or as a consequence of): Box 68760. physician the buria Due to (or as a consequence of): 88 ate has been signed by the attending page 2 should be detached for use P.0. Part fl. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Nnknown 1 Yes 2 No Records, à Completed 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? certificate 1 ☐ Yes 281 No 1 ☐ Yas 2 ☐ No Division of Vital 25. Was case referred to medical B 26. Place of Death (Check only one) Other: TM Nursing Homa 5 Rasidanca 6 Other (Specify) Medical Certification: To 1 Yes 2€ No 1 Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA After this 27. Menner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how fnjury occurred Natural 5 Pending investigation death. 1 Yes 2 No 2 Accident Director: filled in by the 3 Suicide 6 Could not be 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by 4 Homicide 154 Certifying Phyeician: To the best of my knowledge, deeth occurred et the time, date and piece, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred et the time, date end place, and due to the cause(s) and menner stated. 29e. Cartifier 29b. Signatura and titla of certifier 29c. License number 29d. Date signed (Month, Day, Year) 0 30. Name and address of person who complated cause of death (Item 23a) (Type, Print) FisH Year Julia Devel Begist Marine Ma

**DHMH 16 Rev 6/95** 

State Registrar



Stan	e (First, Middle, Last)	STENETEA	Tetter	15.				2. DATE OF DEATH MONTH MONCH	12, 19	YEAR 196	3. TIME OF DEATH  7140P
212-44	-2588	5. SEX	6. AGE (In yrs. les	t birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS		R 24 HRS.	7. DATE OF BIRTH (Morith, Day, Year OCT. 24		Count	NPLACE (State or Foreign ry) INSYLVANIA
9a. FACILITY NAME (	If not institution, give a	street and number)			96. CITY, TOW	DR LOCAT	TOH OF D	EATN	9c. COL	JHTY OF E	DEATN
MERCY RESIDENCE OF	HOSPITAL				BALT]	MORE				N/A	
10a. STATE	10b. CDUNT	γ		10c, CI1	Y, TOWN OR LOC	ATION					10d. INSIDE CITY
MD	BALT	TIMORE			ROSEI	ALE					1 YES 2 NHO
10e. STREET AND NU	MBER					101, ZIP COD	DE		10g. CI	TIZEN OF	WHAT COUHTRY?
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11. MARITAL STATUS  1 Never Married  3 Wildowed 4		FORCES?	NT EVER IN U.S. AR 1  YES 2  II WAR DR DATES		It yes,		an, Maxica	NIC ORIGIN? (Specify an, Puerto Rican, etc.) //:			E American Indian, ik, Whita, atc.
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Elementary/Secon	idary (0-12)	College (1-4 or 5	+)		NER			RESTA	URANT		
17. FATNER'S NAME (	First, Middle, Last)					18. MO	TNER'S NA	AME (First, Middle, Mai	den Sumame)		
PETE	R XINOS					MAI	RY A	FENTE			
19a. IHFORMAHT'S N			19	b. MAILIH	3 ADORESS (Street	et and Numbe	er or Rural	Route Number, City or	Town, State, Z	ip Code)	
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32. REGISTRAR'S SIGNATURE

31. DATE FILED (Morith, Day, Year)
MAR 1 4 1996

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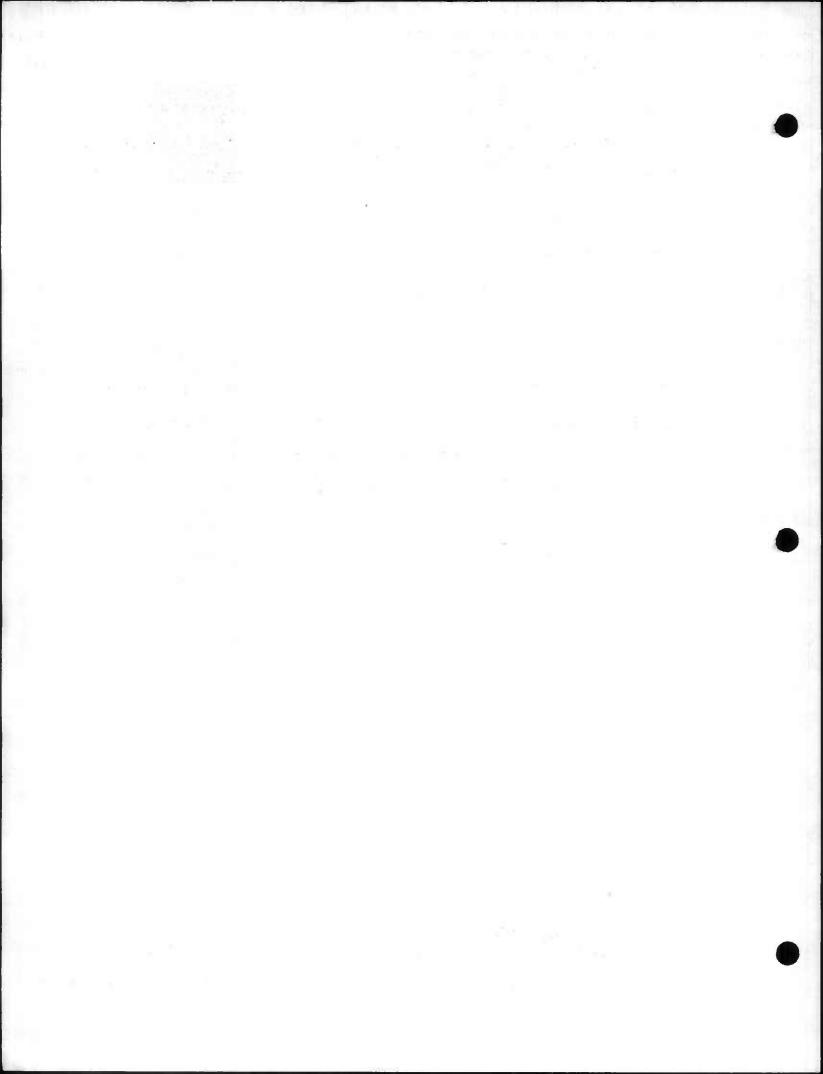
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# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

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			Meridian Nurs		enter	- He	eri		N/A			Bal	timo	re	
	Funeral			Sex 11X0 M 2□ F	7. Age (In yı			If Under 1 Year Months Days	If Under Hours	24 Hrs. Min.	8. Date of Bi (Month, D	rth ay, Year)	9. Birthpl Count	ace (Stet	e or Foreign
	Director		213-01-4360 Usual Residence of Decedent	THE PERSON	84	ļ <sup>Y</sup>	rs.				Aug 1	1,1911	Mary		
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	the north	9	10e. Street and Number					10f. Zip Code				10g. Citizen of	What Count	nv?	
	3a or	0	7920 Diehlwoo	od Rd				21222				USA	Trial Oction		
	deeth	Funeral Director	11. Maritel Status	12. Wes Dec	edent Ever In	U,S.	13. W	as Decedent of H Yes, specify Cub		gin? (Spe	city Yes or No		ce - America	n Indian,	
0	of the		1 ☐ Never Married 2 ☐ Married	Armed F	2 No						Rican, etc.)	Bla	ck, White, e	tc.	
02	ould be filed within 72 hours efter deeth with the Manyland Mental Hygiene. arked other than "natural", or items 23a or 28a-f show atte event, the Medical Examiner must be notified at	by	3 ☑ Widowed 4 ☐ Divorcad	If Yes, Gi Year or D	ive Dates:		11	□Yes 2XINo	Specify:			Specif	Whi	te	
5-0	72 h	Completed	15. Decedent's E (Specify only highest gri	ducation		18a. I	Decede	ent's Usual Occup and of work done	ation	t of worki	na	16b. Kind of B	usiness/ind	ustry	
2	ighin and a	nple	Elementary/Secondary (0-12)		1-4or 5+)	<b>–</b> '	life. D	O NOT use retire	d)	or works	<i>'</i> y				
2	filed with Hygiene. other ther	S	8			Ow	ne:	r				Lumbe			
DUE.	d off H	Be	17. Father's Name (First, Middle, Last	•								, Maiden Sumer			
S	should ind Men imarks	2	Charles Tirso									eth Bra			
altimore, Maryland 21215-0020	12 sho h and ham ham		19a. Informent's Name/Relationship (		,			Address (Street			_				
e,	1 end Heelth em 27 ither tr		Charles Tirsc 20a. Method of Disposition	nman /	son			A Bull	Lneck	Rd	Bal1	cimore,			22
و	Pages nent of I int: If Its iry or of		1 XBurial 2 ☐ Cremation 3 ☐	Removal from	State	cemetery	, crema	atory or other ple		21/		20c. Location			
	rtmer rtant:		4 Donation 5 Other (Special			Jak I		n Cemet			14/96	Baltim	lore,	Ма	
Ba	permit. Pages 1 and 2 should be filed within 72 hours efter deeth with the Maryler Department of Heelth and Mental Hygiene. Important: If Item 27 Ia marked other than "natural", or items 23s or 28s-f show any injury or other traumatic event, the Medical Examiner must be notified at once.		21. Signeture of Funeral Service Licar	nsee	0	1	22.	Name and Addre ${ t Connell}$	ss of Facilit Ly Fu	nera	al Hor	ne of D	unda	lk	
		_	GothonyCo	t co	nnell	Ly		7110 Sc	oller	s Po	oint H	Rd 2122			
			23a. Part1. Enter the distance, or comshock, or heart failure. List only	plications that one cause on o	caused the de each line.	BUC Do no	ot enter	the mode of dyir	ng, such as	cardiac o	r respiratory a	rrest,		Approxim Intervel B	Setween
	Physician /Medical		Immediate Course /Final			V		1 -					i	Onset an	d Death
6	Examiner		Immediate Cause (Final disease or condition resulting in deeth)	a	exebuu	asou	AV	Accio	lent				1		
		er	,	14.	Due to	(or as a co	onsequ	enca of):					1		
	nted insit	min		b. /11/	enzc or		a	sease							
~	and and all-tra	Examiner	Sequentially list conditions, if any, teading to Immediate cause. Enter Underlying Cause (Disease or Injury		Due to	(or as a co	onsequ	enca of):					İ		
68760,	skria bur	edical	that initiated events	C	Due to	(or as a co	NO 0000111	anno of):					- !		
9	certificate be executed rding physician and use es the burlat-transit	ledi	resulting In death) Last		D09 (0	(OI as a cc	лізвцич	erice or).					1		
XO		M/ue		d											
	iaw requires that the death es been signed by the etter 2 shouid be detached for u	Physicia	Pert II. Other significent conditions of	ontributing to d	eath but not re	esulting In	the unc	lerlying cause glv	en in Part I		23b. Dld	tobacco use co	ntributs to	the caus	e of death?
0.	by the	hy									10	Yss 2 No	3 Prob	ably 4	Unknown
	gned be de	by										1,			
D.C	v requires thet the de been signed by the should be detached	ted									24a. Was	an autopsy ormed?	eve	lieble pric	
ec	hes be	ple				_								pletion o	f cause
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Division of Vital Records,	iclan: The	Be (	25. Wes case referred to medical exeminer?						26. Place	of Deeth	(Check only	one)			
5	Physician: r this certific rral director,	2	1 Yes 2 No	Hospital:	Inpatient 2	□ ER/Outp	patient	3□ DOA Oth	ier: 4 Wu	rsing Hor	ne 5□Res	idenca 6 🗆 Oth	er (Specify	)	
L C	ding P h. After t lunera	on:	27. Manner of Death 1 Maturat 5 ☐ Pending		of Injury oth, Day Year)	28b. Ti	me of jury	28c. Injur Wor			28d. Describe	how Injury occur	red		
S	ttending death. :tor: After by the lune	cat	2 Accident Investigation 3 Sulcide 6 Could not b						Yes 2 1						
$\sum_{i}$	2.54.6	Certification:	4 ☐ Homicide determined	288. PIBCE	of Injury - At ing, etc. (Spec	home, farr	n, stree	et, factory, office		2		(Street and Numi wn, State)	ber or Rural	Route N	umber,
(	ely lilled		29a. Certifier 15Certifying Ph	veleise. To the	hast of my le	novio deo	do o the			d alasa .					
1	O A P O	edical	29a. Certifier 1 Certifying Ph (Check only one) 2 Medical Exan	niner: On the b	asis of examination	nowledge, nation and/	or inve	stigation, In my o	ne, date an pinion, deal	d placa, a th occurre	and due to the	date and plece,	anner as ste and due to	ited. the cause	e(s)
	vith To To	Me	29b. Signature end title of cartifier	1	Tion States.			29c. Licens	e number			29d. Dete signe	d (Month, D	ay. Year	)
	- * - ō		1	*				D/	1399						
			30. Name and eddress of person who	completed seve	se of death (the	om 22a) /T	wae P		1333			3/13/	20		
	12		Theodore A. St				-		Poin	+ p1	77 d	- 1+i	ma 14	A 24	224
	Sta	te	31. Date filed (Month, Day, Year)	32. F	Registrar's Sig	nature		AOT CII	LOTII	ר סו	Lvu E	Baltimo	TE, M	1_21	664
W.	Registr		MAR 1 4 1996	gulia	avidson	-Randa	22								
			777111 7 7 7000	-											



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nema (First, Middla, Last) 2. Dete of Deeth 9:00000 **Physician** Month Veer & the March 1996 /Medical 4a. Fecility Name (If not institution, giva street end number) 4b. Citro Town, or Location of Death 4c. County of Death Examiner 12a N Wesley 7. Age (In yrs. lest birthday) If Undar 1 Yaar | If Undar 24 Hrs. 8. Date of Birth (Month, Pay, Year) Birthplaca (Stete or Foreign Country) 5. Social Security Number 6. Sax **Funeral** Months Deys Hours 1□M 2☑F 4-22-6504 Vrs Director Usuel Residence of Decedent 10e. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f shor traumatic event, the Medical Examiner must be notified at 1 Yas 2 No )a Director 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 21207 5566 .S.A Funeral Was Decadent Ever In U,S. Armed Forces?, Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indien, 11. Meritel Stetus Black, White, etc. permit. Pages 1 and 2 should be filled within 72 hours efter of Department of Health end Mentel Hyglene. Important: If Item 27 is marked other than "natural", or item 1 Yes 2 No If Yes, Give Year or Dates: 1 Never Merried 2 Marriad 1 ☐ Yes 2 🖾 No ρ Specify: Black 3 ☐ Widowed 4 ☑ Divorced 16e. Decedent's Usuel Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grede completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) Hospital nurse 12th grade 2yrs 17. Fathar's Name (First, Middla, Last) 18. Mother's Neme (First, Middle, Maiden Sumema) ator 0 19e. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) hethell other t 20b. Pleca of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete Dete 1 Burial 2 □ Cremation 3 □ Removel from Steta Injury or 110/96 Cemeter. 4 ☐ Donation 5 ☐ Other (Specify) dlawn f Funerel Sarvica Licenses 22. Name and Address of Fecility 21215 any In Mari 300 a Ho, Md Tome er the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, heart teilura. List only ona ceusa on each line. Approximate Intervel Batween Onset end Deeth **Physician** /Medical Immediate Cause (Fine) diseasa or condition rasulting in deeth) myocardial Examiner Due to (or es e consequence of) Examiner Diabetic mellitus physician end s the burial-trans Sequentially list conditions, if any, leeding to immadiate causa. Enter Underlying Cause (Diseese or Injury thet initiated events resulting in death) Last Due to (or es e consequence of) Physician/Medical Due to (or es e consequanca of) 80 USB for Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably Unknown signed by t þ 24b. Were autopsy findings eveilable prior to completion of cause of death? 24e. Wes en autopsy performed? Completed peen s certificate hes b director, page 2 s 1 Yes 1 ☐ Yes 2 ☐ No funeral director, Be 25. Wes case referred to medical axaminer? 26. Place of Deeth (Check only one) Other: 4 Nursing Home Residence 8 Other (Specify) 20 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 2 1 ☐ Yes this 28d. Dascribe how injury occurred 27. Menner of Death 28e. Dete of Injury (Month, Dey Year) Certification: 28b. Time of 28c. Injury et Work? After Neturel 5 Pending 1 Yes 2 No Invastigation 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide

requires that the death certificate be exec Division of Vital Records, P.O. Box 68760 Attending Physicien: death. Hospital of Attendit
 24 hours after death.
 Funeral Director: A To the To the F

the Marylend

Saltimore, Maryland 21215-0020

Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the cause(s) end manner as steted.

2 Medical Examiner: On the basis of examinetion end/or invastigetion, in my opinion, deeth occurred et the time, dete end pleca, end due to the cause(s) end menner steted. 29a. Certifier (Check only one) 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year)

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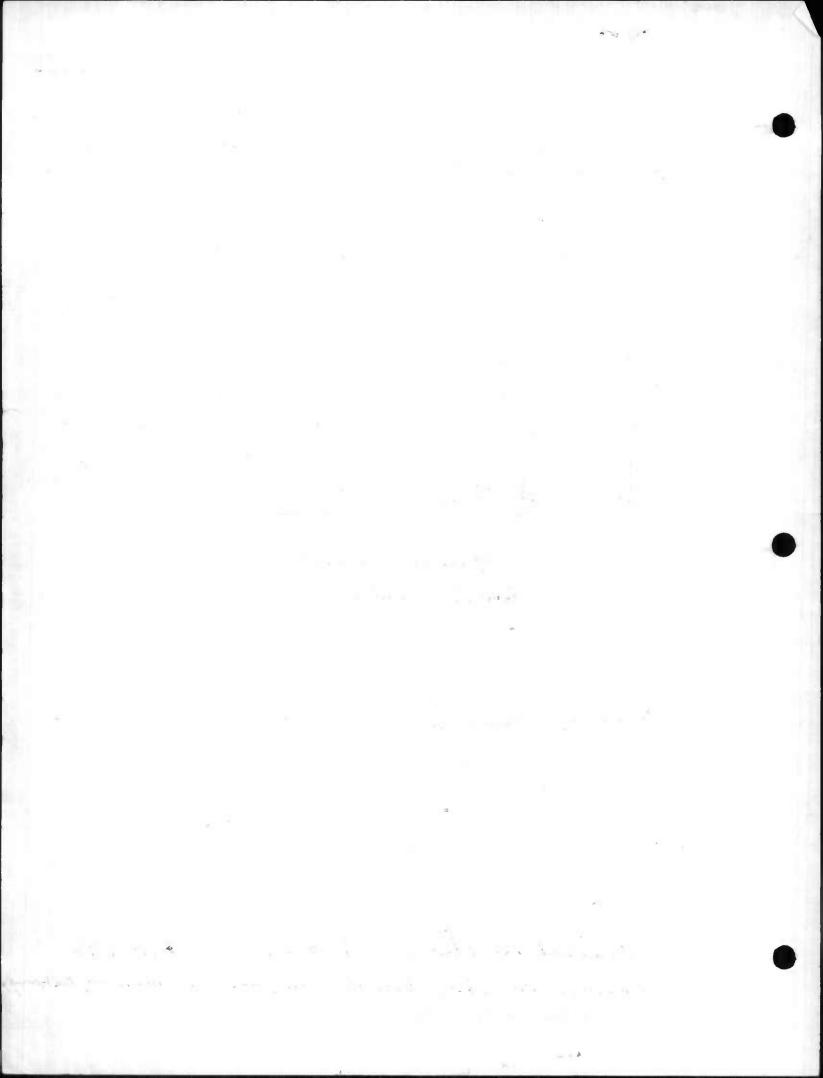
30. Name end eddress of parson who completed cause of deeth (Item 23e) (Type, Print) 71ChAGI Hise, Uno.

Gregoro Sh Baltim

State Registrar

Medical

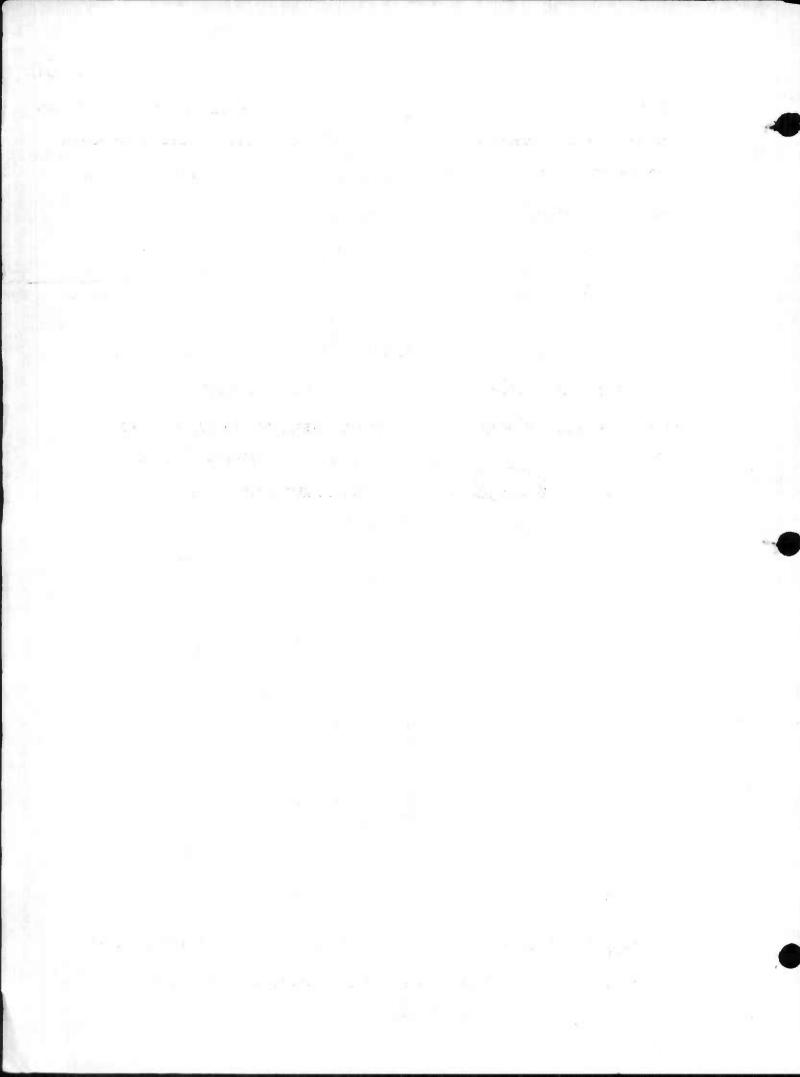
31. Data filed (Month, Dey, Year) MAR 1 4 1996 32. Registrer's Signeture who Davidson



#### Piease Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Item5, Film733, 3/18/96, 1t Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Month **Physician** WEBB Clarence 3:10 pm. March 10, 1996 /Medical 4e. Facility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Franklin Square Hospital Baltimore county Rossville If Under 1 Yeer If Under 24 Hrs. Months Deys Hours Min. 8. Dete of Birth (Month, Dey, Year) 10-27-15 5. Sociel Security Number 7. Age (In yrs. last birthdey) Birthpleca (State or Foreign Country) **Funera** Deys Months Hours 5-89-5764 11XM 2□ F 80 Yrs. MD Director Usuel Residence of Decedent the Maryland 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show the Medical Examiner next be notified at MD Baltimore Baltimore 1 Yes 2 No Director 10a. Street and Number 10f. Zip Code 10g, Citizen of What Country? with 6 5631 Daybreak Terr. 21206 USA 238 permit. Pages 1 and 2 should be filed within 72 hours after death 1 Department of Health and Mentel Hygiene. Important: if item 27 is marked other than "natural", or items 23 any Injury or other traumatic event, the Medical Examinant master. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Orlgin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Meritel Stetus 14. Rece - American indien, Bleck, White, etc. 1 Never Married 2 Married 1 X Yes 2 □ No If Yes, Give Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: WHITE by Specify: lf Yes, Give Year or Detes: 3 Widowed 4 Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) ELECTRICAL ENG. GOVERNMENT 12 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumame) Be CLARENCE B. WEBB ANNA M. STANLEY 2 19e. informant's Name/Reletionship (Type, Pnint) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 5631 DAYBREAK TERR. BALTIMORE, MD 21206 CLARA TERRY WEBB 20b. Plece of Disposition (Neme of cametery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, Stete Dete 1 Suriel 2 ☐ Cremetion 3 ☐ Removel from State 3/14/96 BALTIMORE, MD 4 ☐ Donetion 5 ☐ Other (Specify) GARDENS OF FAITH 21. Signature of Funerel Service Licans 22. Neme end Address of Fecility CVACH/ROSEDALE FUNERAL HOME 23a Part Crips the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardlec or respiretory erresponding. Approximete Interval Between Onset and Deeth Physician Immediate Ceuse (Finel disease or condition resulting in death) /Medical Acute anterolateral myocardial infarction 1 day DE CHELLING WAS BUT WEDLING STANFER Examiner Due to (or es e consequence of): Examiner Acute pulmonary edema The law requires that the death certificete be executed **buriel-transit** Sequentielly list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Diseese or Injury that Initieted events resulting in death) Lest Due to (or es e consequence of): Bilateral pneumonia Box 68760. ettending physician Physician/Medical eus Due to (or es e consequença of): Fracture of left femur ed by the detached Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? Acute renal failure, atherosclerotic cardiovascular 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ SUnknown Š 8 24b. Were autopsy findings eveilable prior to completion of cause of death? disease 24a. Was an eutopsy performed? Completed peen hes 1 ☐ Yes XX No 1 ☐ Yes 2 ☐ No certificate or Attending Physician: after death. Director: After this certific Be 25. Wes case referred to medical 26. Piece of Deeth (Check only one) Hospitel: X⊠ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 NO Yes 2 No funerel Certification: 27. Menner of Death 28d. Describe how injury occurred transferring 28a. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 5 Pending investigation 1 Natural from chair to chair and fell. March 7,1996 1 ☐ Yes 2 No 2 Accident the 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) á 4 Homicide filled in To the Hospital of within 24 hours at To the Funeral D completely filled it home 5631 Daybreak Terrace edical 29e. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) end menner as steted. (Check only one) 2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signeture end title of cartifier 29c. License number 29d. Dete signed (Month, Dey, Year) P08260 March 10, 1996 MD How 1+ Myin 17 30. Neme and address of person who completed ceuse of deeth (Item 23e) (Type, Print) 9000 Franklin Square Drive Htay Myint, M.D. Baltimore, MD 21237 31. Dete filed (Month, Day, Year) 32. Registrer's Signature State Registrar MAR

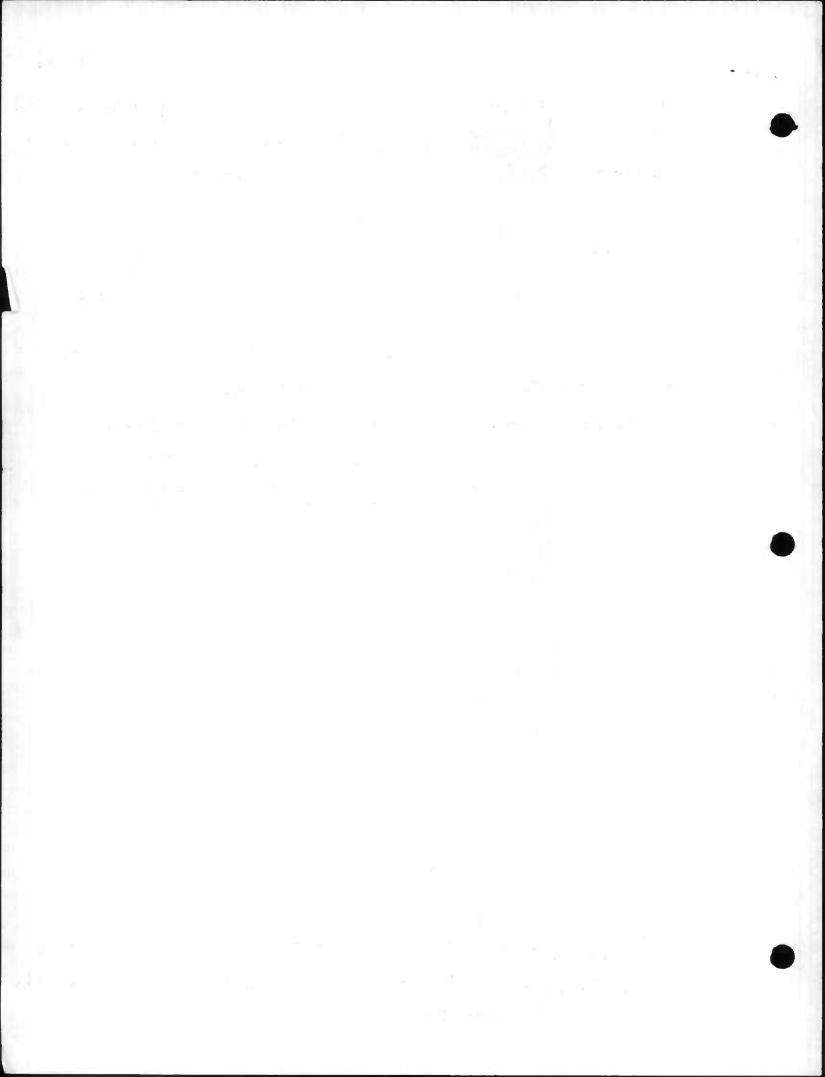
**DHMH 16 Rev 6/95** 



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene or

	4.4			Otate of Mil	arylaric		tificate of	Death		Reg. No.	b U/	461
	Physic /Medi		1. Decedent's Nama (First, Middla, L	Willran	43	Jr.			2. Data of De Month March	Day	X88 3. T	Tima of Death 2:20 PM
	Examii Funeral Director	ner	5. Social Sacurity Number 241–50–5659	onty Ger	e (In yrs. la	st birthday) Yrs.	If Undar 1 Yaar Months Days		Dia, Mo	HOW HOW	9. Birthplace (Country)	State or Foreign
	the Maryland r 28a-f show notified at	or	Usual Rasidence of Decedant  10a. Stata 10b. County  Md. Howa	ırd	10c. City,	Town or Loc	ation Columbia					sida City Limits
	death with the Maryland me 23a or 28a-f show r. mast be notified at	Funeral Director	10e. Street and Number 11052 Berrypick	Lane			10f. Zip Coda	21044		10g. Citizan of V		
020	or he	by	11. Marital Status  1 Nevar Married 2 Married  3 Widowed 4 Divorced	12. Was Dacedant Armed Forcas? 1♥ Yas 2 □ N If Yas, Giva Yaar or Datas:			as Dacedant of l Yas, specify Cub □ Yas 2½ No	Hispanic Origin? (S ean, Maxican, Puart Specify:	pecify Yas or No o Rican, atc.)	Specify	e - Amarican Indok, Whita, atc.	
21215-0020	yene.	Completed	15. Decedant's E (Specify only highast gi Elementary/Secondary (0-12)	ducetion ada completed) Collega (1-4or 5	5+)			pation during most of word ed) ems Analy			securit	
Maryland	s 1 and 2 should be filed I Hasith and Mental Hygid Item 27 is marked other other traumatic event, is	To Be C	17. Fathar's Na <i>ma (First, Middla, Las</i> Hudie L. Williams	*		_		18. Mother's Nar	na (First, Middla, Unknown	Maidan Sumam		
Mar	d 2 sho th and 7 is m traum		19a. Intormant's Name/Ralationship Lena Williams (	Type, Print) Spouse)				als Tana (		-		
Baltimore,	Pages 1 and 1 lent of Haaith rit: If Item 27 livy or other tr		20a. Mathod of Disposition  1 Burial 2 Cramation 3 [ 4 Donation 5 Other (Speci	Ramoval from Stata		nca of Dispos matary, cram	ition (Nama of atory or other pla Cemeter	4.0	Data		City or Town, St	
Balt	permit. Departm Importa any inju		21. Signature of Funaral Service Lice			Tor	Nama and Addre	Duccoll (	C Witzke	Funera	l Homes	7
	Physician /Medical Examiner	9.	23a. Part 1. Enter the disease, or conshock, or heart failure. List only Immediate Ceuse (Final disease or condition resulting in death)	a	5	Do not anta	She	ing, such as cerdiad	or raspiratory as	rest,	Apprintan Onsa	oximata val Between at and Death
x 68760,	certificate be executed iding physician and ise as the burial-transit	edical	Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Diseasa or Injury that initiated avants rasulting in death) Last	· Per	tora	s a consequence as a consequence	acut		sess udreit	-15	Do	y's
s, P.O. Box	8 E 8	by Physician	Part II. Other significant conditions	contributing to death be	ut not rasult	ting in the und	darlying causa gi	ven in Part I.		obacco uas con	ntributs to the c	ause of death?
Division of Vital Records,	> 10 0	Completed			<u> </u>				24a. Was perfo	an autopsy rmad? /as 2 \( \sigma\) No	of death?	prior to on of causa
Vita	sician: certific irector,	Be	25. Was casa ratarred to medical axaminar?  1 ☐ Yas 2 ☐ No	Hospitai:		200	Ott	her:	th (Check only o			
n of	g Physical distribution		27. Mannar of Death	26a. Data of Injur (Month, Pa)		R/Outpatient 28b. Time of Injury	3□ DOA 28c. Inju	4 LI Nursing H	loma 5 Rasid	now Injury occur		
Division	f or Attendin after death. Director: Af d in by the fu	ertificatio	1 Maturai 5 Panding 2 Accidant 3 Sulcida 6 Could not to determined	n Ny	A At hom	NIA	M 1	]Yas 2 □ No	28t. Location (S City or Tox	Street and Numb	per or Rural Rout	e Number,
	Ne Hospita n 24 hours Ne Funeral pletely fille		29a. Certifiar (Check only one)  1 Certifying Pl 2 Medical Example	nysician: To the best of ninar: On the basis of and mannar sta	axaminatio	adge, death on and/or inva	occurred at tha ti	ma, data and place opinion, death occu	, and dua to tha rred at tha tima,	causa(s) and ma	nnar as stated. and dua to tha c	ause(s)
	nat the death certificate be executed  W W W W W W W W W W W W W W W W W W W		29b. Signatura and titla of certifier	al hel	Z.		29c, Licen:	se number $34459$		29d. Data signed March	d (Month, Day, Y	1996
	10		30. Nama and address of person who	completed causa of de	aatt (Itam 2	23a) (Type, P	rint) Marder	1 Choice	e Lan	e Ca-	forsvil	le Mol
	Sta	te	31. Data filed (Month, Day, Year)	July Danda	ars Signatu	4.00						



B. BIRTNPLACE (State or Foreign Country)

West Virginia

intervel Between Onset end Dseth 10 minuta

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

February 29, 1996

YEAR

1996

9c. COUNTY OF DEATH Cecil

3. TIME OF DEATH

3:58 A

2. DATE OF DEATH MONTH DAY

February

Feb. 18, 1917

7. DATE OF BIRTH (Month, Day, Year)

4. SOCIAL SECURITY NUMBER

233-20-4941

Se, FACILITY NAME (If not institution, give street end number)

IF UNDER 1 YEAR

IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

, s 8	OR	76 Alda Drive		1	E1kton			Ceci	1	
Pages 1,	DIRECTO	Naryland Ceci		10c. CITY, TO	WN OR LOCAT	TION				od. INSIDE CITY LIMITS?  YES 2 X NO
nsit permit.	ERAL	10e. STREET AND NUMBER 76 Alda Drive				21921		U.S		T COUNTRY?
A I A 13-00A0  Il or attending physician.  for use as the burial-transit	BY FUN	1t. MARITAL STATUS 1 Never Merried 2 🔏 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 X YES IF YES, OIVE WAR OR D	2 NO	It yes, sp		IIC ORIGIN? (Specify n, Puerto Rican, atc.)	Yes or No — 1	Black, W	American Indian, White, etc.
r attend use as	TED	ts. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DECEDENT'S USUA (Give kind of works	done during mo	DN ost of working	16b. KIND OF	BUSINESS/INDU	STRY	
29	PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	Machine		ic	Indust	rial		
be det	E COMPLETED	17. FATHER'S NAME (First, Middle, Last) Samuel F.	Atwell			18. MOTHER'S NA	ME (First, Middle, Make Rose Bel		tice	
retained 5 should notified	TO BI	190. INFORMANT'S NAME (Typo/Print) Orpha S. Atwell		the second secon		and Number or Rural in Elkto	Route Number, City or n MD 21	Town, State, Zip (	lode)	
be be		20. METNOD OF DISPOSITION 1 A Burlet 2 Cremetion 3 Rem	noval from State 201	p. PLACE AND DATE OF DIS instary, crematory or other p	SPOSITION (No	ame of	9AT6 20c.	LOCATION — C	ty or Town,	, State
BALLIMOR after death, Page 6 ma y the funeral director, p moval. cal examiner must		4 Donation 5 Other (Specify)			22. NAME AI Hicks	ND ADDRESS OF FA Home for	Funerals	s, P.A.		
death certificate be executed within 24 hours after a stending physician and completely filled in by the ental Hygiene prior to burial, cremation, or remover int, or other traumatic event, the medical int, or other traumatic event, the medical	CERTIFICATION	IMMEDIATE CAUSE (Finsi disease or condition resulting in death)  Sequentisity list conditions, if eny, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST	b. Black DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):	seve	re				intervel Between Onset and Des
res that the igned by the earth and M injures any injures.	MEDICAL O	PART II. Other eignificant condition	ne contributing to death i	but not reculting in th	ne undarlyln	g cauea given in	PER	AN AUTOPSY FORMED?	CO	TERE AUTOPSY FINDING VAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
Ses a		DID TOBACCO USE CONT	RIBUTE TO CAUSE C	OF DEATH YES			N 🗆			
4 a a B	SICIAN:	EXAMINER?	HOSPITAL:	ОТ	HER:	W	6 Other (Specify)			
PHYSIC this cer with th	Y PHY	27. MANNER OF DEATH  1 Netural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. IN.	JURY AT ORK? YES 2 NO	28d. DESCRIBE HO	W INJURY OCC	JRED	
L DR ATTENDING P L DIRECTOR: After ti hours after death v	ED B	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, term, street acity)	t, factory, offic	:0	281, LOCATION (Str. City or Town, St		ir Rurai Rou	te Number,
DIVISION  TO THE HOSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR: After be filed within 72 hours after death IMPORTANT: If Item 28 is ma	COMPLET	(Orlock Orly)	BICIAN: To the best of my know							nd manner es stated.
TO THE HOSPITAL TO THE FUNERAL DE filed within 72 IMPORTANT: If	BE	29b. SIGNATURE AND TITLE OF ERTIFIE	My			29c. LICENSE NU DIS	MBER 3 14		6	Nonth, Day, Year)
	TOT.	30. NA AND ADDRESS OF PERSON W Farkas  31. Date Filed (Month, Day, Year)	mion Hospi	ital, Elk		mg 2	-1921			
		MAR 01 1996	Ali Studion	Randell						
			L/							DNMH-16 Rev

Thomas

1 X M 2 - F

5. SEX

E.

**Atwell** 

6. AGE (In yrs. lest birthdey)

79

DNMH-16 Rev 1/89

# Please Type or Print in Black Indelible Ink. Assure Ali Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dele of Deeth 3. Time of Death **Physician** FEBRUARY 18, 1996 ALLEN 12:40 MARY AM LINDA /Medical 4e. Fecliity Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY If Under 1 Yeer If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthdey) 8. Dete of Birth (Month, Dey, Year) Birthplece (State or Foreign Country) **Funeral** 1 M 2 XF Months Days Hours 222-32-3632 49 Yrs Director APRIL 2,1946 DELAWARE Usual Residence of Decedent death with the Merylend 10b. County 10c. City, Town or Location ir than "natural", or itama 23a or 28a-f ahow the Medical Examiner must be notified at 10d. Inside City Limits DELAWARE SUSSEX Director REHOBOTH BEACH 1 No 2 No 10e, Street and Number 10f. Zip Code 10g. Citizen of What Country? 124 SPRING LAKE CONDOMINIUM 19971 AMERICA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specity Cuben, Mexican, Puerto Rican, etc.) 11. Marital Stelus 14. Race - American Indien, Bleck, While, etc. filed within 72 hours after 1 ☐ Yes 2 🕱 No If Yes, Give 1 ☐ Never Married 2 ☐ Merried Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: à Specify: WHITE 3 ☐ Widowed 4 ☒ Divorced Year or Detes: Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within 7; Department of Health and Mental Hygiene. Important: if Item 27 is marked other than "na any injury or other traumatic avent, the Medit once. Elemantary/Secondery (0-12) 12YRS. Coilege (1-4or 5+) INVESTMENT BROKER FINANCIAL 2YRS. 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be WARREN LEWIS ALLEN. SR. DORIS ADELINE ALLEN ALLEN 2 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code)
REHOBOTH BEACH, 19e. Informent's Neme/Reletionship (Type, Print) DELAWARE 19971 WILLIAM R. MEARS, JR. 552 SPRING LAKE CONDOMINIUM 20b. Pleca of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete Buriel 2 Cremetion 3 Removel from Stele ODD FELLOWS CEMETERY 4 ☐ Donellon 5 ☐ Other (Specify) 2/21/96 SEAFORD, DELAWARE 21. Signature of Funegal Service Licen 22. Name and Address of Fecility
WATSON-YATES FUNERAL HOME, INC. SEAFORD, DELAWARE 19973 ations that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, a cause on each line. Approximete Intervel Between Onset end Deeth Physician /Medical Immediete Ceusa (Final disease or condition resulting in deeth) **Examiner** Due to (or as e consequence of) Examiner Sub-arachnoid Hemorr physician and s the burief-transit Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initieted events resulting in deeth) Lest Due to (or es a consequence of): Records, P.O. Box 68760. o rain herniation Physician/Medical Due to (or es a consequence of): attending erebra for Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Pertension à 24b. Were autopsy findings available prior to completion of cause of death? Completed 24e. Wes en autopsy performed? peen has page 2 2 No certificate 1 Yes 1 ☐ Yea 2 ☐ No Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director, I Be 25. Wes case referred to medical examiner? 26. Placa of Deeth (Check only one) Hospitel: 1 Inpatiant 2 ER/Outpetient 3 DOA 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 28a. Deta of Injury (Month, Dey Year) 27. Manner of Death 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? 5 Pending investigation 1 Neturel 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 3 Suicide 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide 29a. Certifier Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end plece, end due to the cause(s) end menner as steled.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, daath occurred at the time, dete end plece, and due to the cause(s) and menner stated. Medicai (Check only one) 29b. Signature end title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) N4034 30. Nama and addrass of person who complated causa of death (Item 23e) (Type, Print) 600 North Wolfe Street Baltimore Maryland Sheila Ko 21287 la

State Registrar

FEB 2 0 1996 ANG

31. Dete filed (Month, Day, Year)

32. Begistrer's Signetura

to a fine of the second of the

# TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNEDAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation. or removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 6876

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERII	FICALE	OF	DEATH	- 1	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest)						2. DATE OF	DEATH		YEAR	3. TIME OF DEATN
	RUSSELL	RAYMOND ALI	BERT				FEB.	20	199		1:00p. M
	4. SOCIAL SECURITY NUMBER		GE (In yrs. lest birthde)			IF UNDER 24 HRS.	7. DATE OF	BIRTH		BIRTHP	LACE (State or Foreign
	159-05-9917	1 X M 2 - F	82 YRS.	MONTHS	DAYS	HOURS MIN,	SEPT	. 13	1913	Country)	PA.
	9a. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY,	TOWN OR	LOCATION OF DE	ATN		9c. COUN	TY OF DE	ATN
DIRECTOR	220 MORRIS DRIVE			SAI	LISBU	JRY			WIC	OMIC	0
입	10a. STATE 10b. COUNT	Y	10c. C	ITY, TOWN OF	R LOCATIO	ON			_		10d. INSIDE CITY
E I	MD. WI	COMICO		CAT	LISBU	TDV					LIMITS?
ا دِ	10a, STREET AND NUMBER	COMICO		JAI		ZIP CODE			10g. CITIZ	_	HAT COUNTRY?
FUNERAL	220 MORRIS DRIVE	1				21801				U.	S.A.
BY FUN	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1X Y IF YES, GIVE WAR O WW TT AT	ES 2 NO		yes, spec	NDENT OF NISPAN city Cuban, Maxica NO Specify	n, Puerto Rice		or No-	14. RACE Black, Specify	— American Indian, White, atc.
유	15. DECEDENT'S EDU	ICATION	16a, DECEDENT	S USUAL OC	CUPATION		16b. KI	ND OF BUS	INESS/INDL	JSTRY	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT	of work done di use retired.)	lunng most	of working					
Ž	17. FATNER'S NAME (First, Middle, Last)	3	BROK	EK		16. MOTNER'S NA	45.451		ESTA	TE	
U C	CLARENCE R. AL	BERT				C. MAY			sumame)		
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILI	NG ADDRESS	(Street and	d Number or Rural I			, Stete, Zip	Code)	
임	VIRGINIA I. ALBE	RT	- 1			, SALIS					
	20a, METHOD OF DISPOSITION	noval from State	20b. PLACE AND DAT	E OF DISPOSI	-		DATE	_	CATION — C		rn, State
	4 Donation 6 Digitir (Specify)	- 0	WICOMIC		DRIAI	PARK	2/2	SAL	ISBUR	Y. MA	RYLAND
	21. SIGNATURE OF PIMERAL SERVICE LI	Saus	nel			FUNERA	CILITY				MD. 21804
	23. PART I. Enter the disesses, or ahock, or heert fellure.	complications that car	sed the death, Do	not enter	the mod	e of dylng, suc	h as cerdle	c or respi	ratory sm	est,	Approximate
	IMMEDIATE CAUSE (Final disease or condition			A 7	Fhu	~					Onset and Death
	resulting in death)	DUE TO (OR	AS A CONSEQUENCE	OF):		0					1
Z	Sequentially list conditions,	b									
¥ E	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR A	AS A CONSEQUENCE	OF):							
임	CAUSE (Disesse or injury that initiated events	C DUE TO (OR	AS A CONSEQUENCE	OFI:							
CERTIFICATION	resulting in deeth) LAST	4									
뜅		u,	·								
¥	PART II. Other algnificent condition	a contributing to deal	th but not resultin	g in the un	derlying	cause given in	Part I. 24	PERFOR		10	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
EDICAL							1	YES 2	NO		COMPLETION OF CAUSE OF DEATH?
ME						_					1 YES 2 NO
	DID TOBACCO USE CONT	RIBUTE TO CAUSI				UNCERTAI	N 🗆				
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DI	OTHER							
YSI	1 VES 2 NO	1 Inpatient 2 ER/	Outpatient 3 DOA			5 Residence	6 Other (S	Specify)			
PHYSICIAN:	27. MANNER OF DEATN  Netural 5 Pending	26e. DATE OF INJU (Month, Day, Ye		TIME OF	28c. INJU WOR	HC?	28d. DESCR	RIBE HOW II	NJURY OCC	URED	
BY	2 Accident Investigation			M		ES 2 NO					
COMPLETED	3 Suicide 6 Could not be 4 Nomicide determined	26a, PLACE OF INJ building, atc. (	URY — At home, fam Specify)	n, street, tacto	ory, office		28f. LOCATI City or	ON (Street e Town, State)	and Number	or Rurel Ro	oute Number,
Ë	29a. CERTIFIER 1 CERTIFYING PHYS	IICIAN: To the beat of my k	nowledge death occu	arred at the til	me dete s	and place, and due	to the cause	(a) and man	nor se state	ed 1	
B	anal	ER: On the basis of examin									and manner ee stated.
- 1	29b. SIGNATURE AND JUDIE OF CERTIFIE					29c. LICENSE NUI					
H	(HO)	Il nun							290. DATE	122	(Mgnth, Dey, Year)
2	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF	DEATH (ITEM 27) (T	me Print)		D 308			, (	150	116
	Charles n.	Silvia J		10	o fo	wer St.	Sal	ishur	y M	0 2	180 (
	31. DATE FILED (Month, Day, Year)		SIGNATURED CLOCK ROMAN				- 3-(		/		1- 1
	FFR 2.2 199	1 Salva allew	char Kardall								

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 5 may be retained by the hospital or attending physician.

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IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.

4

Jgrahas L.
31. DATE FILED (Month, Day, Year)
FEB 23 1996

								1			96	07465
	1 - FOR STATE REGISTRAR	STATE OF N		DEPARTI ERTIFIC					MENTAL HYGIEN REG. NO.	Ε		01400
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH	AY .	YEAR	3. TIME OF DEATH
	MA:	RY E.			1	79	Kin	2		22	1996	1530 m
		5. SEX	6. AGE (In yrs. las		ONTHS	t YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH Countr	HPLACE (State or Foreign
	214-28-2872	1 🗆 M 2 📈 F	77	YRS.	O. T. T.		noone		NOV a 26	1918	1000	MD.
	Sa. FACILITY NAME (If not institution, give stre	et and number)		9	b. CITY,	TOWN O	R LOCATIO	ON OF DE	EATH	9c. COU	NTY OF D	EATH
HECTOR	PENINSULA REGIONAL	MEDICAL	L CENTER		S	SALI	SBUR	Y		W:	ICOM:	ICO
נו	10e. STATE 10b. COUNTY			10c. CITY,	TOWN O	R LOCAT	ION					10d. INSIDE CITY
5	MD. WICO	MICO		SAI	LISB	URY						LIMITS?
	10e. STREET AND NUMBER			1		101	ZIP CODI	E		10g. CIT	IZEN OF V	WHAT COUNTRY?
LE CE	SCHUMAKER DR., B	LGD. 826	APT.	302			2	1801		1	U.S.A	Α.
FUNERAL	11. MARITAL STATUS	12 WAS DECEDEN		MED	13. V	MAS DEC	ENDENT C	F HISPAN	NIC ORIGIN? (Specify Yes	or No-	14. RACE	E — American Indian,
2	1 Never Merried 2 Merried 3 W Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES	10			2X NO		n, Puarto Rican, etc.) y:		Speci	k, White, etc.
	**				1					1		WHITE
ED	15, DECEDENT'S EDUCA (Specify only highest grade of	ompleted)	(G	CEDENT'S US ive kind of wor Do NOT use i	rk done d	furing mo	N it of workin	ng	16b. KIND OF BUS	SINESS/INI	DUSTRY	
COMPLE	Elementary/Secondary (0-12)	College (1-4 or 5	-)	TERIAL		STR	BUT	)R	CLOTH	ING 1	MFG.	
2	17. FATHER'S NAME (First, Middle, Lest)								ME (First, Middle, Melden	Surname)		
	SEWELL EMORY	GRIFF1	N						A MAE HOLL	,		
DE.	19a. INFORMANT'S NAME (Type/Print)			b. MAILING A	DDRESS	(Street a	nd Number	or Rural	Route Number, City or Tow	n, State, Zij	p Code)	
2	FAYE PETERS			33866	5 MT	. H	ERMOI	N RD	., PARSONSB	URG.	MD.	21849
- 1	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Ramov	al from State		AND DATE OF	DISPOSI	TION /Ne	me of				City or To	
	4 Donation 5- Other (Specify)		WICO	MICO 1	MEMO	RIA	L PAI	RK	SAL	ISBU	RY, M	MD.
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	0		22.1	NAME AN	D ADDRE	SS OF FA	CILITY			
5	* Dunlda	Dru	MAV		RO.	TIME	e Em	TED A	L HOME, SA	TTCDI	Van	MD 21904
	23. FART I. Enter the diseases, or co	replications the	t caused the de	eth. Do no	t anter	the mo	de of dy	ing, suc	h sa cardiac or resp	ratory ar	rest,	Approximata
	shock, or heart fellure. L							,				Interval Batween Onset and Death
	disease or condition resulting in death)	Bul	mur	4/7	4	en	くら	0/4	ر.			
	Treating in acting		(OR AS A CONSE									
Z	Sequentially list conditions, b.											
RIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSE	OUENCE OF):								
3	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSE	QUENCE OF:								
	resulting in death) LAST		,									
	d.											
AL	PART ii. Other significent conditions	contributing to	death but not	resulting in	the un	deriyin	ceuse	given in	Pert i. 24s. WAS AN PERFOR	AUTOPSY	24b	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL	rightim	3 / 3 -	•						1 _ YES 2	NO		OF DEATH?
Ž	·											1 YES 2 NO
Ž	DID TOBACCO USE CONTR	IBUTE TO CA		TH YES			UNC	ERTAI	иП			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSFITAL:			OTHER	R:						
2	27. MANNER OF DEATH	28a. DATE OF		28b. TIME	-	28c. INJ		sidence	6 Other (Specify) 28d. DESCRIBE HOW	N.IIIBY OC	CCUBED	
	1 Natural 5 Pending	(Month, C	Pay, Year)	INJUI	RY M	WO	RK?	NO	and begoing to		OUTLE	
1 67	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE C	F INJURY — At he	ome, farm, str	eet, facto	ory, offic			281. LOCATION (Street		or Rural	Route Number,
มี	4 Homicide detarmined	building,	etc. (Specify)						City or Town, State	)		
COMPLEIED	29a. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of	my knowledge, de	ath occurred	at the ti	lme, deta	and place	, and dus	to the cause(s) and ma	nner aa ste	eted.	
S	one) 2 MEDICAL EXAMINER											e) and manner ea stated.
- 1	296. SIGNATURE AND TITLE OF CERTIFIER	1	17				29c. LIC	ENSE NU	MBER	29d. DA	TE SIGNET	D (Month, Day, Year)
2 2	1.7.400	( )					DZ	15	MBER Y 6	▶ -	2/2	2/96
9										A		

ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	-	ter death with the State Dept. or Health and Mental Hyghene pinor to bunal, cremation, or removal.	8 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: T	cert	be filed within 72 hours after death with the State	MPORTANT: If item 28 is marked, or item

**BALTIMORE, MARYLAND 21215-0020** 

DIVISION OF VITAL RECORDS, P.O. BOX 6876

	1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF DEATH	-11	WELL	3. TIME OF DEATH	
			Poincair	е	Ab	don				February	27.1	996	3:16 A	м
	4. SOCIAL SECURITY NUME	BER	5. SEX	8. AGE (In yrs.	last birthday)	IF UNDE				7. DATE OF BIRTH (Month, Day, Year)			IPLACE (State or Foreign	,
	558-81-4922		1 M 2 - F	81	YRS.	MONTHS	DAYS	HOURS	MIN.	3/16/14			" ippine Is!	lan
	9a. FACILITY NAME (If not in	stitution, give s	street and number)			9b. CIT	Y, TOWI	OR LOCATI	ON OF DE	EATH	9c. COI	INTY OF D		
DIRECTOR	9100 Aqua L	ynn Ct	•			Ft.	Wa	shing	ton		Pri	nce (	George	
S S	10a. STATE	10b. COUNT			10c. CIT	Y, TOWN	OR LOC	CATION				T	10d. INSIDE CITY	$\neg$
Ha	Maryland	Princ	e George		Ft.	Was	hin	gton					LIMITS?	
AL	10e. STREET AND NUMBER						_	10f. ZIP COD	E		10g. Cl	TIZEN OF W	VHAT COUNTRY?	
FUNERAL	9100 Aqua L	ynn Ct	•					20744			USA	1		
5	11. MARITAL STATUS		12. WAS DECEDER			13.				NIC ORIGIN? (Specify )	es or No-	14. RACE	- American Indian, c, White, stc.	$\neg$
B	1 Never Married 2 X 3 Widowed 4 Dive			1 YES 2-1 194 1-194	6			ES 2 X NO		nn, Puerto Rican, etc.)		Speci		
	15. DEC	EDENT'S EDU	CATION	16a.	DECEDENT'S	USUAL C	OCCUPA	TION most of working		16b. KIND OF B	USINESS/IN		-	
COMPLETED	Elementary/Secondary (		College (1-4 or 5	+)	Teach	ise retired.)	during :	most of works	ng .	Uich	Cahaa	.1		
MP			4		reacii	lei				High	SCHOO	)T		0
8	17. FATHER'S NAME (First, M	liddle, Last)						16. MOT	HER'S NA	ME (First, Middle, Maide	n Sumame)			
BE (	Alejandro		Abdon					Fe	rnan	ida D	umlac	)		
0	190, INFORMANT'S NAME (				19b. MAILIN	G ADDRES	S (Stree	et and Numbe	r or Rural	Route Number, City or To	wn, State, Z	ip Code)		
-	Felicidad				same	as	ite	m 10					151	
	20a. METHOD OF DISPOSIT	ION on 3 🗆 Rem	noval from State	20b.PLAC	CE AND DATE	OF DISPO	SITION	(Name of		DATE 20c. 1	OCATION -	- City or To	wn, State	
	4 🗍 Donation 5 🗆 Other	(Specify)		Resu	rrect	ion	Cem	etery	3/2	2/96 C1	inton	, Md	•	
	21. SIGNATURE OF FUNERA	SERVICE LI	CENSEE					AND ADDRE		as Funera	1 Hom	10		
	MOWIE	Viles								1 Rd. Oxo			a 20745	
	23. PART i. Enter the d	iseases, or	complications the	et coused the	death. Do								Approximate	
	shock, or h		List only one car										Interval Between Onset and De	
	disesse or condition	nai		ìn	enite	ml	mel	ne trite	~				Iveral	
	reaulting in death)		DUE TO	OR AS A CONS	SEOUENCE (	OF):		ncer						10
z				Y-	rence	utie	a	ncer					Num	K
9	Sequentially list condit if any, leading to imme		DUE TO	OR AS A CON	SEQUENCE O	OF):		- <u>-</u>						
CERTIFICATION	cause. Enter UNDERLY CAUSE (Disease or inju		c											
E	that initisted events resulting in death) LAS		DUE TO	(OR AS A CON	SEOUENCE (	OF):								
EH	resulting in death) LAS	"	d											
	PART II. Other significa	ent condition	ns contributing to	death but no	t resulting	in the u	indarly	ing causa	givan in	Part I. 24e. WAS	IN AUTOPSY	24b.	. WERE AUTOPSY FINDIN	NGS
MEDICAL			_							PERF	ORMED?		AVAILABLE PRIOR TO COMPLETION DF CAUS	
EDI										1 TES	2 X NO		OF DEATH?	
-	DID TOBACCO U	ISE CONT	DIDLITE TO CA	VIISE OF DE	EATH V	ес П	NO		CEDTAL	N D			t YES 2 NO	
AN	25. WAS CASE REFERRED 1		T T		ACE OF DE	_			CKIA	N L L				$\dashv$
S	EXAMINER?	OMEDICAL	HOSPITAL:			OTHE	B.							$\dashv$
PHYSICIAN:	27. MANNER OF DEATH		1 Inpetiant 2		3 L DOA			injury at	eeldenca	6 Other (Specify) 28d. DESCRIBE HOW	/ IN ILIEN O	CCUBED		$\dashv$
	VZ.	Pending		Day, Year)		JURY		WORK?	¬ №0	284. DESCRIBE HOT	I INSUNT O	CCORED		
BY	2 Accident	Investigation	28a, PLACE	OF INJURY — At	home farm	atrest fac				281. LOCATION (Street	and Numb	er or Rivel 6	Dourte Mumber	_
	3 Sutcide 6 4 Homicide	Could not be determined	building	, etc. (Specify)	, , , , , , ,		01017, 0			City or Town, Sta		or or region?	TOOLS TAUTHOUS,	- 1
	29a. CERTIFIER					- 12								
COMPLET	(Check only		The state of the s							a to the cause(e) end n			a) and menner ea stated	d.
	296. SIGNATURE AND TITLE						26700							_
BE		OF SENTIFIE	11/2						ENSE NU	607 (md)		2/27/9	(Month, Day, Year)	
2	38. NAME AND ADDRESS O	F PERSON WI	10 COMPLETED CAL	ISE OF DEATH #	TEM 273 /3-	a Prints			, 4 lt	UT C.W.	1 2	./ 21/	70	
							n D	)d	I.I.	chimneten	Ma	207	1.1.	
	Thomas P.  31. DATE FILED (Month, Day,	Year)				ngco	M I	u. rt	• wa	rantimiston	, Ma.	2074	444	
	CCD 2	1996	Sales a	AR'S SIGNATUR	100									

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BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG, NO.								
	1. OECEOENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DATE OF DEATH 3. TIME OF DEATH		
	Nellie		Allen			February 27, 1996			
	4. SOCIAL SECURITY NUMBER 5. SEX	OCIAL SECURITY NUMBER 5. SEX 6. AGE (II		7	IF UNDER 24 HRS.	7. DATE OF BIRTH 8. BIF		RTHPLACE (State or Foreign	
	212-64-0759 1 D M 2 §	×	85 YRS.	MONTHS DAYS	HOURS MIN.	April 27,	1910 Wa	ashington, DC	
_	9e. FACILITY NAME (If not institution, give street and number			9b. CITY, TOWN	OR LOCATION OF OE	ATN	9c. COUNTY O		
DIRECTOR	Doctor's Community Hos	Lanham				e George's			
E	10m. STATE 10b. COUNTY	10c. CITY, TOWN OR LOCATION				10d. INSIDE CITY LIMITS?			
	Maryland Prince Geor	College Park				1 1			
MA	10e. STREET AND NUMBER	10f, ZIP CODE				10g. CITIZEN OF WNAT			
FUNERAL	6026 Westchester Park					•			
COMPLETED BY FU		2 NO If yes, specify Cuben, Me				e or No 14. R	RACE — American Indian, Black, White, etc.		
	3 X Wildowed 4 Divorced IF YES, GIVE WAR OR D		ATES 1 ☐ YES 2 X NO S			city:		White	
	15. OECEOENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working			18b. KIND OF BU	18b. KIND OF BUSINESS/INDUSTRY			
	Elementary/Secondary (0-12) College (1-4	or 5+)	life. Do NOT	use retired.)	ist or working			1000	
	12		Homemaker			Own Hor			
	17. FATNER'S NAME (First, Middle, Last)					(First, Middle, Maiden Surname)			
BE	Harry Stup  190. INFORMANT'S NAME (Type/Print)	Nellie Kussma  19b. MAILING ADDRESS (Street and Number or Rural Route Number, C							
2	Carolyn Schmelz		32 Linder Circle, Homosassa, Florida 34446						
	20a METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of								
	1 M Burlal 2 Cremetion 3 Removal from State 4 Donation 4 Other (Specify) Fort Lincoln Cemetery 02/29/96 Brentwood, Mai						Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND ADDRESS OF F			n's Sons Funeral Home, P.A.			
	4739 Baltimore Ave., Hyattsville,								
	23. PART I. Enter the diseases, or complication shock, or heart failure. List only on	s that caused	I the death. Do					Approximats	
CERTIFICATION	IMMEDIATE CAUSE (Final						Interval Between Onset and Death		
	Tobalting in doutry	2 Heart Failure					Weeks		
	DUE TO (OR AS A CONSEQUENCE OF):  Coronary Artery Disease							.,	
	Sequentially list conditions,		A CONSEQUENCE OF):					Years	
CAT	if any, leading to Immediate cause. Enter UNDERLYING	uncardial Infarct					Years		
Ē	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  C. And Old Myocardial Infarct DUE TO (OR AS A CONSEQUENCE OF):						, and		
HH	d								
AL C									
					PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
ME							1 TYES 2 NO		
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN								
10		HOSPITAL: OTHER:							
448	1 ☐ YES 2 💢 NO								
	XX Natural 5 Pending (M	(Month, Day, Year)			INJURY WORK?  1 YES 2 NO				
Э ВУ	2 Accident Investigation 3 Suicide 8 Could not be	/ — At home, ferm, atreet, fectory, office city)			281. LOCATION (Street and Number or Rural Route Number,				
TED	4 Homicide datarmined	City or Town, State				"			
COMPLET	29e. CERTIFIER (Check only)  1 A CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(s) and manner as atsted.								
MO	one) 2 MEDICAL EXAMINER: On the basia of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) end manner as stated.								
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)								
TO E	17.5 read 101 1 20757 2.27.96								
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)  A ROOM S. RAO. My 8100 900d Chele Nd. Lawham  20.706								
	31. DATE FILED (Month, Day, Year) 32 REGISTRAR'S SIGNATURE								
	FEB 29 1996 Jahr	- PURE GROWING	-						

### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Q Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Dete of Death 3. Time of Death **Physician** February 25, 1996 MOHAMED I. ALI 1:00 PM /Medical 4b. City, Town, or Location of Death 4e. Facility Name (If not institution, give street and number) 4c. County of Death Examiner LANHAM MAGNOLIA GARDENS NURSING HOME Prince Georges ff Under 1 Yaar | If Under 24 Hrs. | 6, Deta of Birth | Months | Deys | Hours | Min. | (Month, Dey, Year) 5. Sociel Security Number Birthplaca (State or Foreign Country)
 GUYANA 7. Age (in yrs. last birthdey) **Funeral** Deys 1X M 2□ F 213-23-2050 Yrs November Director 1931 Usuel Rasidance of Dacedant the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits 7 is marked other than "natural", or items 23s or 28s-f shor traumatic event, the Medical Examiner must be notified at Prince Georges MAryland Lanham X Yas 2 No Director 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? death with 6905 96th Avenue 20706 Canada Funeral permit. Peges 1 and 2 should be filed within 72 hours effer deat Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural" any injury or other traumatic events. 12. Wes Decedant Ever In U,S. Armed Forces? Was Decedant of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puarto Rican, atc.) 14. Rece - American Indian, Black, White, etc. 11. Marital Stetus 1 ☐ Yes 2 ☑ No If Yas, Giva Year or Datas: 1 ☐ Never Merried 2 ☑ Married 1 ☐ Yes 2 1 No by Specify: Caucasian 3 ☐ Widowed 4 ☐ Divorced 16a. Decedant's Usuel Occupation (Give kind of work done during most of working iffa. DO NOT usa retired) 15. Decedent's Education 16b. Kind of Businass/Industry (Specify only highast grada completed) Elemantary/Secondary (0-12) 12 Collega (1-4or 5+) Ogden Allied Security 17. Fathar's Nama (First, Middia, Last) 18. Mothar's Nama (First, Middla, Malden Sumama) Mohamed Ali Unknown Ali 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 1624 Angelwing Drive, Silver Spring, MD 20904 Noel K. Singh 20b. Place of Disposition (Nama of cematary, cramatory or other piace) 20a. Mathod of Disposition 20c. Location - City or Town, State 1 Durial 2 Cremation 3 Ramoval from Stete George Washington Cemetery 2/27/96 Adelphi, MD 4 ☐ Donation 5 ☐ Othar (Specify) f Funaral Service Licens 22. Name end Addrass of Facility Rendon/Hale Funeral Home endo 9013 Annapolis Road, Lanham, MD 20706 ions that caused tha daath. Do not antar tha moda of dying, such as cardiac or respiretory arrest, auga on each line. Approximata Intarval Batween Onset and Deeth Physician /Medical Immediata Cause (Final BDOMINAL CARCINOMATOSIS MON disease or condition resulting in death) Examiner Examiner ETASTATIC

Dua to (or as a consequence of): CIVER DIZEASE physician end the burial-transit Sequantially list conditions, if any, laading to immadiata cause. Entar Underlying Causa (Disaasa or Injury that initiated evants rasulting in death) Last CANCER P.O. Box 68760, COCON Physician/Medical use es the Dua to (or es a consequence of): been signed by the a should be detached f Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I. 23b. Did tobacco use contributa to the cause of death? ANEMIA 1 □ Yee 2 No 3 Probably 4 □ Unknown Division of Vital Records, þ 24b. Ware autopsy findings aveilable prior to complation of causa of death? Completed 24a. Was an autopsy performed? CHOCAN GITIS certificate hes 1 ☐ Yas 2 ♥ No 1 □ Yas 2 □ No I or Attending Physician: ofter death.

Director: After this certifica Be 25. Was casa rafarred to medical 26. Placa of Death (Check only ona) Othar: 4 Nursing Homa 5 ☐ Residence 6 ☐ Othar (Specify) 1 Yes 2 No 2 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA funeral 26a. Data of Injury (Month, Day Year) 27. Mannar of Death Certification: 28b. Time of 26d. Dascribe how Injury occurred 28c. Injury at Work? 1 Natural 5 Pending invastigation 1 ☐ Yas 2 ☐ No 2 Accident 6 Could not be 3 Suicide 28a. Placa of Injury - At homa, farm, straat, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicida Hospital 24 hours e 24 hours 152 Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the causa(s) and mennar as stated.

20 Medical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the causa(s) and mennar stated. 29a, Certifier Medical To the Within 2 To the 29b. Signatura and titla of certifier 29c. Licansa number 29d. Data signad (Month, Day, Year)

31. Deta filad (Month, Day, Year)

30. Nama and addrass of person who complated causa of daath (Itam 23a) (Type, Print) K, SVDHAKAR, MD, 7610 CARROLE Registrer's Signature

MAKUMA

AYE A

Registrar

. 1841 14

							Certificate of Death					Reg. No.			0 1	400
			1. Decedent's Nama (First, Middl	le, Last)								2. Date of Dea	ith	Ser.	3. Tim	e of Death
	Physic		Muriel B.							Month Feb.	7 1996		7:	45 A.M		
	/Medi Exami		4a. Facility Nama (II not institution	Apple	-					4b. City, To	wn, or L	ocation of Death		ty of Death	_	75 11011
7	Exami	ner			Bowie						Princ			C		
_	-	-	1405 Pennypack	6. Sax	7. Age (In yr	re last hirt	hday)	If Under 1	1 Yaar			8. Data of Birtl			-	
	Funeral		5. Social Security Number 217–30–3257	1 M 2⊠¥			rs.		Days		Min.	(Month, Day	, Year)	Cou	ntry)	ate or Foreign
	Director		Unknown Usual Residence of Decedant		59					<u> </u>		Nov. 1	7,1936	New	iork	
	and w		10a. Stata 10b. County		10c. (	City, Town	or Loc	ation							10d. Insid	a City Limits
	fenyl sho	ō	Maryland Princ	e George	i a D	owie										Yas 2 No
	he h	oct o	10e. Street and Number	e George	5 D	OWIE		100 77 6	0 1						***	
	5 68	급		ow I ama				10f. Zip (	Code	2071	6	10g. Citizen of Wha			-	
	72 hours after death with the Menyand naturel; or items 23s or 28s-f show digs! Examiner must be notified at	Funeral Director	1405 Pennypack				,									
	ep L	- Pe	11. Maritai Status	Armed	cedent Ever In Forces?	U,S.	13. W	Vas Deceda Yes, specif	ant of I	Hispanic Or an, Mexica	igin? (Sp n, Puerto	ecify Yas or No- Rican, etc.)		ca - Ameri ack, White,		n,
20	affe affe		1 Navar Married 2 Marr	II Yes. (	2 ₽ No Give		Il Yes, specify Cuban, Mexican, Puerto Ric						Speci	·		
8	ours	d by	3 ☐ Widowed 4 ☐ Divorced	Year or	Dates:								0,000	"y: Wh:	ite	
N.	72 h	Completed	15. Deceden (Specify only higher	t's Education	d)	16a.	Decede	ent's Usuel	Occup k done	pation during mos	t of work	16b. Kind of Busine			dustry	
2	ithin	de	Elementary/Secondary (0-12)	Coilege	(1-4or 5+)		life. D	O NOT use	e retire	ed)						
7	No. of the state o	ပ္ပ		2		Ta	x A	ccoun	tar	nt			Self	Emp1	oyed	
P	al H	Be	17. Father's Neme (First, Middle,	Last)								e (First, Middle,		me)		
<u>8</u>	Went Went Tree Tree Tree	Tol	Ben Block							В	ess1	e Levin	e 	_		
Maryland 21215-0020	sho and m		19a. Informant's Name/Reletions	ship (Type, Print)	Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town,							n, Stete, Zij	o Code)			
Baltimore, M	alth 27 i		Donald E. Appl	egate			140	5 Pen	nyp	acker	Lan	e Bowi	e Maryl	land	2071	6
	of Health of Health item 27 is		20a. Method of Disposition			. Place of	Dispos	ition (Nem	e o/			Date	20c. Location	-	own, Stat	a
	permit. Pages 1 and 2 should be filed within 72 hours after death with the Menylan Department of Health end Mental Hygiene. Important: If item 27 is marked other than "naturel", or items 23a or 28a-f show any injury or other treumatic event, the Medical Examiner must be notified at once.		1 Burial 2 Cramation		n Stata M			itan			v 2	8/96 Alexandria Virginia				
	it. P		4 Donation 5 Other (Specify)  Metropolitan Crematory 2/8/96 Alexandri  21. Signature of Funeral Service Licensea 22. Nama and Addrass of Facility													
ä	Depariment in police.		VD1.+0		0							uneral	Home, I	P.A.		
			nover c.	Coan	2 1/10	2.		16000	An	napol	is R	d. Bowi	e Md. 2			
			23a. Part1. Enter the diseasa, or complications that of used tha death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one causa on each line.											į		Between
	Physician		2-20-00 - 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	V										1	Unset	ind Death
	/Medical Examiner		Immediate Cause (Final disease or condition	dun	( can	Led								i		
	LAGITITIO	l.	resuiting in death)	0	Due to	(or as a c	onsequ	uence of):								
	p #	Examiner		<b>a</b> b										1		
	and trans		Cause (Diseasa or injury that initiated events rasulting In death) Last  Due to (or as a consequence of):													
Ö,	e ex															
68760,	eath certificate be executed attending physicien and for use es the burial-transit	lica														
9	ng p	Z e												I		
XO	that the death cer ed by the attendin detached for use															
œ.	death e atter	Physician	Part II. Other significant condition	ons contributing to	contributing to death but not resuiting in the underlying cause given in Part I.							23b. Dfd tobacco use contribute to the cau				se of death?
Ö	by the	hy	a in a time of the control of the co									191				4 □ Unknown
S, O	as that igned be be det	by P					_								,	
ĕ	requires that been signed b should be dete											24a. Was	an autopsy			sy findings
Record	> 200	lete										perfor	med?	00	vailable prompletion death?	of cause
æ	hes ye 2	Completed														
	ician: The k certificata he rector, page											1 U Y	es 2 10	1	Yes	2□ No
Vita	ysician: is certific director,	Be	25. Was case referred to medica examiner?	Hospital:					Ott	har:		h (Check only o				
o	this aldi	7	1 Yas 2 No	11	-	☐ ER/Out				4 LI N	ursing Ho	ome 5 Resid			fy)	
=	ing Ph After th funeral	on	27. Manner of Death 1 ☑ Natural 5 ☑ Pandin	g (Mo	e of Injury onth, Dey Year)	28b. T	ime of njury		c. Inju Wo			28d. Describe h	ow injury occu	irred		
S	or:	cat	2 Accidant investig 3 Suicide 6 Could					М	1	Yes 2	No					
Division of	or Attending after death. Director: After In by the fune.	Certification:	4 Homicide determ	ined 200. Pla	ce of Injury - At Iding, etc. <i>(Spe</i>	home, las cify)	rm, stre	et, factory,	office			28f. Location (S City or Tow		nber or Rur	el Route	Number,
	Tal of leading to the state of															
	To the Hospital or Att within 24 hours after d To the Funeral Direct competaly lilled in by	edical	29a. Certifier 1 Certifyin	g Physician: To the	ne best of my ki	nowledge,	death	occurred at	t the ti	ime, date ar	nd plece,	and due to the d	ause(s) and n	nanner as :	stated.	sa(s)
	the the															
	5 × 5 0	-	29c. License number 29d. Date signed (Month									Day, Yes	ar)			
F			(Myusa)	tod	your	N	1	4	2	123	0	7	egnica	wy 7	199	6
			30. Many any address of werson	completed ca	yse of death (it	egi 23a) (	Type, F	Print		,	0.	1 0		111		/
U.			Mucusto P.K.	drywe.	L/MIT	50	09	Ka	7/	newy	4	pa	1 M	12	27.	18
	Sta	ite	31. Date filed (Month, Day, Year)	00/ 12	Registrar's Sig	nature	1 14	/				111			/	
	Regist	rar	FEB 28 19	96° St.	AND ROTTO	LANDA	<b>4-4</b> .									

1 - STATE REGISTRAR

T.H.BURGESS, LT, MC, USN

1996

32. REGISTRAR'S SIGNATURE
Julia Savilson Randoll

	MAF	FEBRUARY 28 1996 2:25					2:25 I						
	4. SOCIAL SECURITY NUM 578 12 26		5. SEX	6. AGE (In yrs. I	est birthday) YRS.	MONTHS I	YEAR IF U	INDER 24 HRS.	(Mont	of BIRTH h, Day, Year) 13, 19		Country)	h., D.C
OR	9a. FACILITY NAME (# not / NATIONAL NA	VAL ME		NTER			BETHESDA				9c. COUNTY OF SEATH  MONTGOMERY		
ECTO	RESIDENCE OF DE	10b. COUNTY			10c. CIT	10c. CITY, TOWN OR LOCATION					10d. INS		
DIR	Maryland	Anne	Arunde	1		Rose Haven					1 TYE		
RAL	10e. STREET AND NUMBER						10f. ZIP						HAT COUNTRY?
ш 1	609 Calif	ornia				20714  13. WAS DECENDENT OF HISPANIC ORIGIN? (S					USA		
BY FUN	11. MARITAL STATUS  1 Never Married 2 X 3 Widowed 4 Div		12. WAS DECEDEN' FORCES? 1 IF YES, GIVE W	YES 2 X		If y	res, specify	NT OF HISPA Cuban, Mexica NO Specia	en, Puerto		or No—	14. RACE - Black, Specify	- American Indian, Whita, etc. White
MPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12) 12  18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use relierd.) Files Supervisor  Federal Govt. GA										GAO		
CO	17. FATHER'S NAME (First, Middle, Maiden Surname)  Charles Vernon Hall  Elizabeth C. Matthews												
BE	Charles Vernon Hall    Elizabeth C. Matthews												
2	19a. INFORMANT'S NAME (Type/Print)  Charles W. Brimmer/spouse  P.O. Box 56, Owings, MD 20736												
	20s. METHOO OF DISPOSITION  1X Burlal 2 Cremation 3 Removal from State  4 Donation 5 Other (Specify)  20s. PLACE ANDDATE OF DISPOSITION (Name of commentary, crematory or other place)  Cedar Hill Cemetery 3/4/96 Suitland, MD												
ı	1X Burial 2 Cremate 4 Donation 5 Other	Ion 3 🗆 Rame or (Specify)	oval from State	Ced	ar H	ill (	Cemet	ery	3/4	196	Suit	lan	d, MD
	22. NAME AND ADDRESS OF FACILITY  Rausch Funeral Home, P.A., O  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,												
													Approximat
		heart fallure.	a. OUE TO	EXTEN	SIVE EQUENCE O	SMALL	CELI	t dylng, suc	CANC	disc or respin			Approximat
TIFICATION	shock, or IMMEDIATE CAUSE (F disease or condition resulting in deeth)  Sequentisity list cond if sny, lesding to imm cause. Enter UNDEAL CAUSE (Disease or injust) intitiat initiated events	itions, ediete Ying jury	s. OUE TO OUE TO C.	EXTEN	SIVE SEQUENCE OF CERESEQUENCE	SMALL F): BROVA	CELI	t dylng, suc	CANC	disc or respin			Approximat
CERTIFICATION	shock, or IMMEDIATE CAUSE (F disease or condition resulting in deeth)  Sequentially list cond if sny, leading to imm cause. Enter UNDERLY CAUSE (Disease or in that initiated events resulting in deeth) LA	itions, ediete ying jury	a. OUE TO b. OUE TO C. DUE TO	EXTEN (OR AS A CONS (OR AS A CONS	SIVE SEQUENCE OF	SMALL FD: BROVA	CELI	LUNG	CANC	disc or respir	ratory srre	est,	Approximate interval Bett Onset and I
MEDICAL CERTIFICATION	shock, or IMMEDIATE CAUSE (F disease or condition resulting in deeth)  Sequentially list cond if sny, leading to imm cause. Enter UNDEAL CAUSE (Disease or in that initiated events resulting in death) LA	itions, ediete YING jury	B. OUE TO  C. DUE TO  d	EXTEN (OR AS A CONS  (OR AS A CONS (OR AS A CONS deeth but not	ISIVE JEQUENCE O JEQUENCE O	SMALL FP: CBROVA FP:	CELI SCULA	LUNG	CANC	disc or respin	AUTOPSY MED?	24b.	Approximate Interval Bett Onset and Conset a
MEDICAL CE	shock, or IMMEDIATE CAUSE (F disease or condition resulting in deeth)  Sequentially list cond if sny, leading to imm cause. Enter UNDERLY CAUSE (Disease or in that initiated events resulting in deeth) LA	itions, ediete YING jury	B. OUE TO  C. DUE TO  d	EXTEN (OR AS A CONS (OR AS A CONS (OR AS A CONS  (OR AS A CONS	SIVE BEOUENCE O BEOUENCE O TO THE TENNING	SMALL FF):  BROVA FF):  In the und	CELI SCULA	LUNG	CANC	CER  24a. WAS AN. PERFOR	AUTOPSY MED?	24b.	Approximate Interval Bett Onset and Conset a
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ED BY PHYSICIAN: MEDICAL CE	shock, or IMMEDIATE CAUSE (F disease or condition resulting in deeth)  Sequentisity list condition from the cause. Enter UNDERL'CAUSE (Disease or in that initiated events resulting in desth) LA  PART II. Other signification of the cause of	Itlons, ediete YING jury ST USE CONTI	B. OUE TO  B. OUE TO  C. OUE TO	EXTEN (OR AS A CONS (OR AS A CONS (OR AS A CONS  (OR AS A CONS  DEPLOY OF DE	SIVE JEQUENCE O  CERE JEQUENCE O  REQUENCE O  TO THE STATE OF THE STAT	SMALL  FP:  CBROVA  FP:  In the und  TH (Check or OTHER: 4   Nursit ME OF : JURY M	CELI SCULA erlying ca  o	LUNG  LUNG  LUNG  LE ACC  LUNG  LE ACC  LUNG  LE ACC  LUNG  LUNG  LE ACC  LUNG  LE ACC  LUNG  LU	CANCIDENT	ZER  24a. WAS AN. PERFOR  1 XYES 2	AUTOPSY MED? NO	24b.	WERE AUTOPSY FIN MAILABLE PRIOR TI COMPLETION OF CA OF DEATH?
PLETED BY PHYSICIAN: MEDICAL CE	shock, or IMMEDIATE CAUSE (F disease or condition resulting in deeth)  Sequentially list cond if sny, lesding to imm cause. Enter UNDERLY CAUSE (Disease or in that initiated events resulting in desth) LA  PART II. Other signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the significant	itions, ediete tyling jury st	B. OUE TO  B. OUE TO  C. OUE TO	EXTEN (OR AS A CONS  ACUTE (OR AS A CONS  (OR AS A CONS  deeth but not  LUSE OF DE  28. PL  ER/Outpatient  INJURY  ast. (Specify)  I my knowledge,	SIVE JEOUENCE O  CERE JEOUENCE O  REOUENCE	SMALL  F):  BROVA  F):  In the und  TH (Check or OTHER: 4   Nursit  AE OF JURY M  attreet, factor	CELI SCULA  erlying ca  erlying ca  o	LUNG  R-ACC:  Use given in Processing Street	CANCIDENT	24a. WAS AN. PERFOR  1 XYES 2  Per (Specify) SCRIBE HOW II	AUTOPSY MED?  NO  NJURY OCC	24b.  CURED  or Rural Ru	Approximate interval Bet Onset and I Onset
ETED BY PHYSICIAN: MEDICAL CE	shock, or IMMEDIATE CAUSE (F disease or condition resulting in deeth)  Sequentially list cond if sny, lesding to imm cause. Enter UNDERLY CAUSE (Disease or in that initiated events resulting in desth) LA  PART II. Other signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the significant	itions, ediete ying jury ST  USE CONTI TO MEDICAL  Pending Investigation Could not be detarmined  RTIFYING PHYSI DICAL EXAMINE	BUTE TO CA  RIBUTE TO CA  BUS COntributing to  CIAN: To the best of a	EXTEN (OR AS A CONS  ACUTE (OR AS A CONS  (OR AS A CONS  deeth but not  LUSE OF DE  28. PL  ER/Outpatient  INJURY  ast. (Specify)  I my knowledge,	SIVE JEOUENCE O  CERE JEOUENCE O  REOUENCE	SMALL  F):  BROVA  F):  In the und  TH (Check or OTHER: 4   Nursit  AE OF JURY M  attreet, factor	CELI SCULA erlying ca  or or or or or or or or or or or or or o	LUNG  R-ACC:  Use given in Processing Street	CANCIDENT	24a. WAS AN. PERFOR  1 XYES 2  Per (Specify) SCRIBE HOW II	AUTOPSY MED?  NO  NJURY OCC and Number	24b.  CURED  or Rural Ru  ed.,	Approximate interval Bet Onset and I Onset

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

BETHESDA MD 20889-5600

MD

01.416

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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31. DATE FILES MONTH, Day, MAY, MAR 0 5 1996

Jalin Dander Rardall

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF CERTIFICATE C			30 0/4/1							
	1. DECEDENT'S NAME (First, Middle, Lest) Lucille C. Bartz	2. DAT	REG. NO.  E OF DEATH TH DAY 20. 29, 199	YEAR 3. TIME OF DEATH  3. 0 7 A M							
	4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 X X 6. AGE (In yrs. lest birthday) 1 M 2 X X AND THE MONTHS DA	D IS IMPOSED TA MERE T DATE	E OF BIRTH	8. BIRTHPLACE (State or Foreign PENNSYLVANIA							
TOR		inton		nty of Death nce Georges							
DIRECTOR		F		10d. INSIDE CITY LIMITS? 1 YES 2 ND							
FUNERAL	100. STREET AND NUMBER 2871 ST. PETER'S CHURCH ROAD	10f. ZIP CODE 20601		10g. CITIZEN OF WHAT COUNTRY? UNITED STATES							
B	MIdowed 4 Divorced IF YES, GIVE WAR OR DATES	DECENDENT OF HISPANIC ORIG i, specify Cuban, Mexican, Puerto YES 2 N D Specify:		14. RACE — American Indian, Black, White, etc. Specify: WHITE							
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  12. College (1-4 or 5+)  12. SECRETARY  16b. KIND OF BUSINESS/INDUSTRY  16b. KIND OF BUSINESS/INDUSTRY  MARYLAND STATE POLICE  16c. KIND OF BUSINESS/INDUSTRY										
BE CON	17. FATHER'S NAME (First, Middle, Leat)  CARLSON EARLE CULVER  18. MOTHER'S NAME (First, Middle, Meiden Surname)  MABEL HOLT										
TO B	198. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2871 ST. PETER'S CHURCH ROAD, WALDORF, MD									
	204 METHOD OF DISPOSITION  XXBuriel 2 Cremetion 3 Removal from State  4 Donetion 5 Other (Specify)  PAUL 2 CHURC	H CEM., MARCH	4, 1996 WAI								
	21. SIGNATURE OF PUNERAL SERVICE LIGENSEE  WITH THE PURPLE CONTROL OF THE PURPLE CONTROL	e and address of facility att Funeral Ho O. Box 156, W	me, Inc.								
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heert failure. List only one cause on asch lins.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, if sny, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST  b. PRIMO MIA.  DUE TO (OR AS A CONSEDUENCE OF):  DUE TO (OR AS A CONSEDUENCE OF):	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa  b. Primmo IVIA.  DUE TO (OR AS A CONSEDUENCE OF):  c. JUNE TO (OR AS A CONSEDUENCE OF):									
MEDICAL C	DART II ON I Mississis Hell	lying cause given in Part I.	24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 XNO	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1   YES 2   ND							
PHYSICIAN: 1	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 ND  DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO  26. PLACE OF DEATH (Check only of the contribution of the contri	one)	her (Specify)								
BY	2 Accident Investigation	28a. DATE DF INJURY (Morith, Day, Year)  28b. TIME OF INJURY AT WORK?  M 1 YES 2 ND  28d. DESCRIBE HOW INJURY OCCURED									
PLETED	4 Homicide datermined Sulfaing, atc. (Specify)										
COMPLET		one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.									
TO BE		36 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type Print)									

5801 Allentown Road, Camp Springs, MD

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

						Certi	ficate of	Death		Reg. No.		01912		
	Dh		1. Decedant's Name (First, Middle, La	ist)					2. Date of De	ath	Veer	3. Time of Death		
7	Physici /Medi Examir	cal	Ralph Eugene I					4b. City, Town, o	Februa  Location of Deat		Yaar 1996 of Death	8:00pm		
_	Funeral Director	ier	613 Garner Ave 5. Social Security Number 6.5	Sex 7. Aga	(In yrs. last bii		f Undar 1 Yaar Ionths Days	Waldon If Under 24 Hr Hours Mir	rf s. 8. Date of Bir	Cha	rles 9. Birthpi Coun	place (State or Foreign try) Virginia		
	/lend		10a. Stata 10b. County		10c. City, Tow	vn or Locat	ion				1	0d. insida City Limits		
	Men a	ctor	Maryland Charles		Waldor	f						1□Yas 2√2No		
	th with th	al Director	10e. Street and Number 613 Garner Avenu	e			10f. Zlp Coda 20602	2		10g. Citizen of What Country? USA				
Maryland 21215-0020	d 2 should be filed within 72 hours efter death with the Meryland th and Menial Hyglene. 7 is marked other than "naturel", or items 23a or 28=4 show treumatic event, the Medical Examinational be notified at	by Funeral	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent E Armed Forcas? 1 Yas 2 No If Yes, Give Yaar or Dates:		ff Ya	13. Was Decedent of Hispanic Origin? (Speff Yas, specify Cuben, Mexicen, Puarto 1 ☐ Yes 2 ☐ No Specify:				ace - Amarican Indian, lack, White, etc. city:			
2	72 h	etec	15. Decedent's E (Specify only highast gro		16a.	(Give kin	t's Usual Occup d of work done	during most of w	orking	16b. Kind of B	f Business/Industry			
121	within ene. than	Completed	Elementary/Secondary (0-12)	College (1-4or 5-	+)		NOT use rettre	d)		Heavy	Fouri	nment		
5	Hygi other	Be Co	17. Father's Name (First, Middla, Last	)		1119	IIICCI	18. Mother's Na	ame (First, Middle			AIGH		
Var	Wents Wents rrked rric ev	ToB	unavailable	Bis	shop			L	ucille	ι	ınava:	ilable		
Jan	2 sho and 1 ie me		19a. Informant's Name/Relationship		19b						City or Town, Stata, Zip Code)			
more,	Fages 1 an nent of Heal int: If Item 2 iry or other		Charlene E. Bish	op-Wite	20b. Place 0			Avenue,	Waldorf	, MD 206		Ctata		
			1 \( \text{Burial 2 \( \text{Cramation 3 \( \text{Ramoval from Stata} \)} \) 4 \( \text{Donation 5 \( \text{Other (Specify)} \)} \)  Trinity Memorial Gardens 3-2-96 Waldorf,											
Bal	Departit Departit Imports eny inju		21. Signature of Edhafal Senfice Lice Ben Jemin Mat	dours	58	Hum	ama and Addra	mal Hom	e, Inc.	20604	0156			
			Ben jamin Mat 23a. Part1. Enter the disease, or com shock, or heart failure. List only	plications that caused tone cause on each line	the death. Do	not anter the	he mode of dyli	ng, such as cardi	ac or respiratory a	20504- rrest.	-nrze	Approximeta Interval Between		
	Physician /Medical											Onset and Death		
	Examiner		Immediate Cause (Final disaase or condition resulting In death)	a Lung								6 ma		
b.	11/1/18	Jer			Due to (or as a	consequer	nce of):				1			
oʻ	icate be executed physician and s the buriel-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disease or Injury	b	oue to (or aa a	consequer	nce of):							
BOX 68/60	es that the deeth certificate be executed igned by the ettending physician and be detached for use as the buriel-transit	Medical	resulting in death) Last  Due to (or as e consequence of):											
D	a deeth	Physician/	Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I.  23b. Did tobacco use contribu									the cause of death?		
J	ed by detacl									1 Yes 2 No 3 Probat				
Vital Records,	been s	Completed by							24a. Was	an autopsy	COL	ore autopsy findings ellable prior to mpletion of ceuse death?		
ř	The tarte he page	E O							10	Yes 2 No	10	Yas 2□ No		
Z	sician: The law certificate has lirector, page 2 a	Be	25. Was case referred to medical examiner?	11			Lau		eath (Check only o	one)				
0	Physic this o	. To	1 ☐ Yes 20 No 27. Manner of Death	Hospital: 1 Infopation 28a. Date of Injury		utpatient Time of	3LI DOA		Homa & Besilia	dence 8 DOth		0		
DIVISION	Attending Physician: ordeath. ector: After this certific by the funeral director.	ertification:	1 Natural 5 Pending Investigation 3 Suicide 8 Could not b	(Month, Day	Year) i	injury		yan Yes 2 □ No						
	X # = C	Certif	4 Homicide determined	28e. Place of Injur building, etc.	y - At home, fa (Specify)	arm, street,	factory, office		City or To		er or Hura	I Route Number,		
	To the Hospital or Attent within 24 hours after deat To the Funeral Director: completely filled in by the	edical	29a. Certifier Check only one) Certifying Ph	ysician: To the best of ninar: On the basis of e and manner state	examination an	e, death oc id/or invest	curred at the tir igation, in my c	ne, date and place plnion, death occ	e, and due to the curred at the time,	cause(s) and made,	and due to	ated. tha cause(s)		
	Within To the Com	Σ	29b. Signatura and titla of certifier 29c. Licansa number 29d. Date signed (Mon											
			* fourth	17-16	0 h		D 78	735	2_	2-1:	191	96		
			30. Name and address of person who				•							
	Sta	te	Krishan Math 31. Date filed (Month, Day, Year)	32 Registrar	's Signature			La Pl	ata, Mi	2064	16			
	Registr		MAR 0 5 19		Mudiar	Rardal	U,							

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunlat-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 -

1	MONTH DAY YEAR												3. TIME OF DEATH	
	STEPHEN	JOSE	PH	BARL	AS					MARC	H 02,	່ 199	6 YEAR	11:30 P.M
	4. SOCIAL SECURITY NUMB	BER	5. SEX	6. AGE (In	yrs. lest birti		DER 1 YEA		R 24 HRS.	7. DATE C	Day, Year)		8. BIRTN	PLACE (State or Foreign
	211-22-0707		1 XM 2 - F		65 Y	RS. MONTH	IS DAY	HOURS	MIN.	DEC	08, 19	30	Pen	nsylvania
	9e. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. C	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DE						EATH	
DIRECTOR	MALCOLM GRO		CAL CENT	ER		CAMP SPRINGS						PRI	GEORGES	
	10e. STATE	10b. COUNTY			10c, CITY, TOWN OR LOCATION							10d. INSIDE CITY LIMITS?		
	Maryland	Princ	ce George	e's		A	ccok	eek						1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER							10f. ZIP COL	17.			10g. CIT	IZEN OF W	HAT COUNTRY?
5	16605 Old Cabin Road								20607 USA					
5	1t. MARITAL STATUS	T EVER IN	IN U.S. ARMED 13. WAS DECEMBENT OF HISPAN								— American Indian, t, White, atc.			
	1 Never Married 2 Married FORCES? 1 Y YES, GIVE WAR OF													WHITE
- 11		Korean-v.								1				· · · · · · · · · · · · · · · · · · ·
2	15. DECEDENT'S EDUCATION (Specify only highest grade completed)				(Give ki	ENT'S USUA! nd of work do VOT use retire	one durino	most of work	ing	166.	KIND OF BUS	INESS/IN	DUSTRY	
COMPLEIED	Elementary/Secondary (6	+)				Anal			IIC C	2017	mont			
2	12 Senior Budget Analyst US Government  17. FATHER'S NAME (First, Middle, Last)  18. MOTNER'S NAME (First, Middle, Melden Surname)													
BEC	Stefan Barl	Stefan Barlas  10. MOTNER'S NAME (First, Middle, Melden Surneme) Anna Hebor								September 1				
2	Erma Mae Ba	,	Spouse		19b. MA	605 O	ld C	abin	or Rural Road	Route Numb	or, City or Town	n, Stata, Zi MD	2060	)7
	20a. METNOD OF DISPOSIT					DATE OF DISI			-	DATE	20c. LO	CATION -	City or To	wn, Stata
Ì	1 St Buriel 2 Crematic 4 Donation 5 Dother		oval from State	_ ceme	aryla	nd Ve	tera	ns' C	em.	3-6	- Che	ltenl	nam,	MD
ĺ	21. SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE			22. NAME AND ADDRESS OF FACILITY								
,	▶ Mark	MIS	Mary	10053		Huntt Funeral Home P. O. box 156, Waldorf, MD 20604-0								14 0756
	23. PART I. Enter the d		1001111		the death	Do not en								Approximate
	shock, or h	eert fsllure.	List only one car			20 1101 011	1101 1110		ymy, auc	on as card	iac or respi	i atory at	reat,	Interval Between
	IMMEDIATE CAOSE (FIIII)									Onest and Death				
	resulting in death)	7	a		CONSEQUEN									HIMOTES
,		_	SEPSIS											DAYS
2	Sequentially ilst condit if any, leading to imme	lons,		OR AS A	CONSEQUEN	ICE OF):								
HIIFICATION	cause. Enter UNDERLY	ING	c. METASTA	TIC N	NON-SI	ALL (	CELL	LUNG	CAN	CER				MONTHS
	that initiated events  DUE TO (OR AS A CONSEQUENCE OF):													
CER	resulting in desth) LAST													
	PART II. Other significe	ent condition	s contributing to	deeth bu	it not resul	iting in the	underl	ying ceuse	given in	Part I.			24b.	. WERE AUTOPSY FINDINGS
DICAL			PERFORMED? AVAIL								AVAILABLE PRIOR TO COMPLETION OF CAUSE			
2	-										1 1 165 2	K4 NO		OF DEATH?
2	DID TOBACCO U	ISE CONT	RIBUTE TO CA	AUSE OF	DEATH	YES I	] NO	[] UN	CERTAI	$\square$				t YES 2 NO
SICIAN:	25. WAS CASE REFERRED T			2	8. PLACE OF	F DEATH (Ch								
2	EXAMINER?		HOSPITAL:	ER/Outpe	rtlent 3 🗆 E	OTH	TER:	Nome 5 🗆 I	Residence	8 Other	(Specify)			
PH7	27. MANNER OF DEATH		28e. DATE O	FINJURY		b. TIME OF	-	INJURY AT			CRIBE NOW I	NJURY OC	CURED	
2		Pending Investigation	(Month, I	Jay, rear)		INJURY A	1	WORK?	□ NO					
- 11	2 Accident 3 Suicide 8	Could not be	28a. PLACE (	OF INJURY -		farm, atreet,	factory,	offica			ATION (Street I		er or Rural F	Route Number,
Li	4 Nomicide	determined	bulleting	, atta (opour	'97					City	or Town, State)			
ן ל	29a. CERTIFIER (Check only	TIFYING PNYS	ICIAN: To the bast o	f my knowle	dga, death o	occurred at t	ha time.	data and plac	e, and du	e to the ceu	se(s) end mar	ner as at	rted.	
29a. CERTIFIER (Check only one)   2   MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manipulation of the cause(e) and the cause(e) an									e) and manner as stated.					
- 1	29c. LICENSE NUMBER 29d. DATE SIGNED (Month)									(Month Day Year)				
2	Varies							02, 1996						
To, hame and address of person who completed cause of Death (ITEM 27) (Type, Print) 89 MEDICAL GROUP 1							1050	WEST	PER	TMETER ROAD				
A	JAMES W. OR	TMEYER	, MAJ, U	SAF,	MC						E BASI			762-6600
6	31. DATE FILED (Month, Day, MAR	Year)	32. REGISTR	AR'S SIGNA	TURE								,	
	MAR	0 9 195	10 July	do do	dear Ra	roball								
														DHMH-18 Rev 1/89

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 07474 Certificate of Death item#8 film g733 3/19/96 ag perFH 1. Decedant's Nama (First, Middla, Last) 2. Data of Death **Physician** 11:48 AM Barday February 28 harles J Oseph 1996 /Medical 4b. City, Town, or Location of Death 4a. Facility Nama (If not Institution, giva street and number) 4c. County of Death **Examiner** Itosp. tal Harve de Grace Hartord emorial Hartord If Undar 24 Hrs. 8. Data of Birth Month, Day, 16/18 7. Aga (In yrs. last birthday) If Undar 1 Yaar 5. Social Sacurity Number 6. Sax Birthplaca (Stata or Foraign Country) **Funeral** Months Days 10 M 20 F 717-07-555 Pennsylvania Director Usual Rasidance of Decedant with the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits ir than "natural", or Itams 23a or 28a-f ahow the Medical Examiner must be notified at Port Deposit 1 Yas 2 No Directo Maryland Cecil 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 25 Orchard Drive 21904 U.S.A. Funeral death 12. Was Decedant Evar in U,S. Armed Forcas? 13. Was Decedant of Hispanic Origin? (Specify Yas or No-lf Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, 11. Marital Status permit. Pages 1 and 2 should be filed within 72 hours after a Department of Health and Mentel Hygiene. Important: If them 27 is marked other than "natural; or iten any injury or other traumetic avant, the Mentel Event and Black, Whita, atc. 1 Navar Married 25 Married 1 ☐ Yas 2 ☑ No Baltimore, Maryland 21215-0020 1 ☐ Yas 2 KNo Specify: If Yas, Giva Yaar or Datas: Specify: þ White 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highast grada completed) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Businass/Industry Eleven Years College (1-4or 5+) Amtrak Railroad Electrician 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nema (First, Middla, Meldan Sumama) Allison J. Barclay Mary Helen Shaub 19a. Informant's Neme/Relationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Frances R. Barclay 25 Orchard Drive, Port Deposit, Maryland 21904 20b. Plece of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 12GBurial 2 ☐ Cramation 3 ☐ Ramoval from State St. Mark's Cemetery 3/4/96 Perryville, Maryland 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funaral Sarvice Licenses 22. Nama and Addrass of Facility Lee A. Patterson & Son Funeral Home 23a. Part I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximata Intarval Between Onsat and Death Massive Neart attack **Physician** day /Medical Immediata Causa (Final disaasa or condition resulting in death) Examiner nce of: Examiner ettending physician and for use as the burial-transit requires that the death certificate be assecuted Sequantially list conditions, if any, laading to immadieta causa. Entar Underlying Cause (Disaase or Injury that initiated evants resulting in death) Last Dua to (or as a consequence of) Division of Vital Records, P.O. Box 68760, Physician/Medical Dua to (or as a consequence of): ed by tha e Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributs to the cause of death? signed by the 1 Yes 20 No 3 Probably 4 Unknown þ 24b. Wara autopsy findings available prior to completion of causa of deeth? 24a. Was an autopsy periormed? Completed peed paga 2 s has cartificata 1 Yas 1 ☐ Yas 2 ☐ No funaral director, 25. Was casa rafarred to medical Be 26. Placa of Death (Check only ona) examinar/ 1X Yas 2□ No Hospital: Othar: 4 Nursing Homa 5 Rasidanca 8 Othar (Specify) 2 1 Inpatiant 2 □ ER/Outpatient 3 □ DOA this 27. Mannar of Death 28a. Date of Injury (Month, Day Year) 28c. injury at Work? 28d. Dascribe how injury occurred 28b. Tima of Certification: or Attending Fafter death. Aftar 5 Panding invastigation 1 Yas 2 No 2 Accidant 6 Could not be 3 Suicida 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) filled in by 4 Homicida 24 hours a Funeral D Hospital 1 Certifying Physician: To the best of my knowledge, death occurred at the time, deta and plece, and dua to the causa(s) and mannar as stated.

2 Medical Examinar: On the basis of exemination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the causa(s) and mannar stated. 29a. Certifier Medical completaly (Check only one) To the I within 2

State Registrar 31. Data filed (Month, Day, Year)

29b. Signatura and title of certifian

1996 MAR 01

ESADA Hege trar's Signated Mardall

NO

30. Nama and addrass of person who completed causa of death (Itam 23a) (Type, Print)

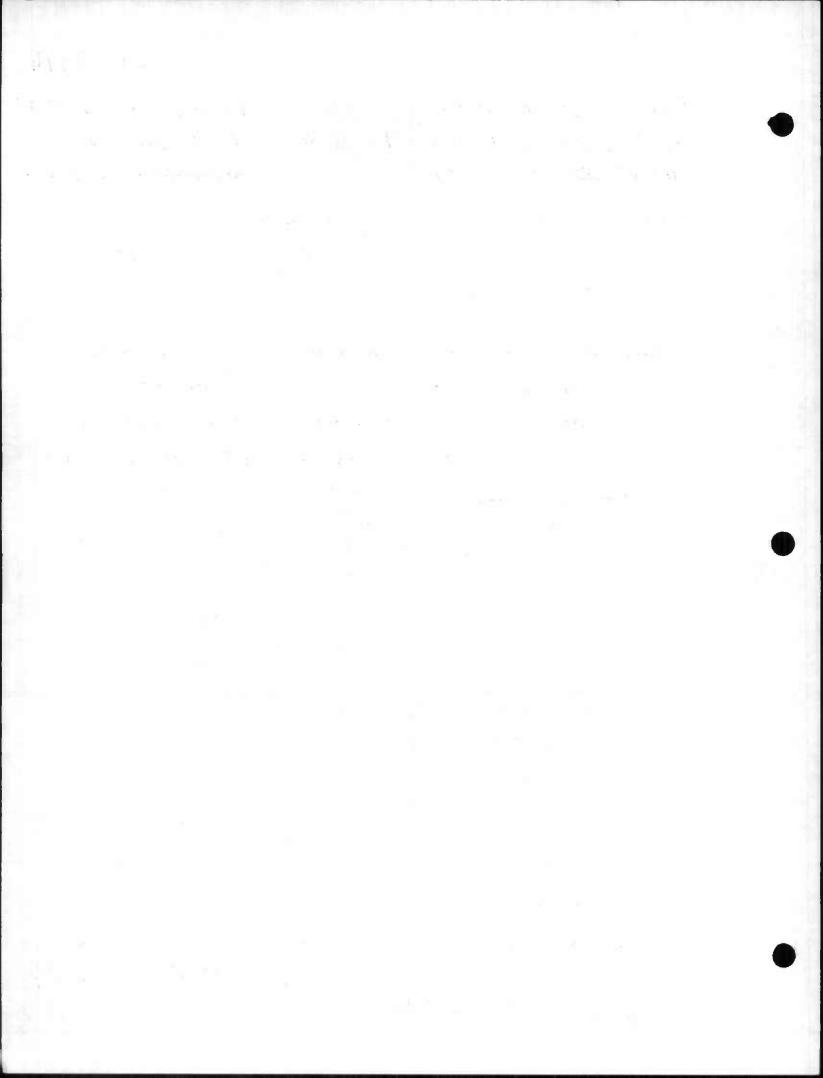
Jurgem.

29c. Licansa number

7 12205

29d. Data algned (Month, Day, Year)

2.28



	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed whim 24 hours are death. Page to may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should	be filed within 72 hours after death with the State Dept. of Health and Memai Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	for 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last) LUCILLE	INEZ BRYANT				2. DATE OF DEATH	98	3. TIME OF DEATH			
80	214-47-2146	1 □ M 2 X F 68	YRS. MOR	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Mogth, Day, 1990). 12-2-27	JA	INTHPLACE (State or Foreign AMESVILLE, VA.			
TOR	96. FACILITY NAME (If not institution, give stree  WATERVIE  RESIDENCE OF DECEMENT	of and number) W HEALTH CAR			BURY, M						
DIRECTOR	10a. STATE 10b. COUNTY	OMICO	10c. CITY, TO	OWN OR LOCATI		ALISBURY		10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	100. STREET AND NUMBER 47 HE	ARNE LANE		101.	ZIP CODE 218	01	10g. CITIZEN	OF WHAT COUNTRY?			
BY	11. MARITAL STATUS 1 (X) Never Merried 2  Merried 3  Widowed 4 Divorced	2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 V NO	If yee, spe		IIC ORIGIN? (Specify Yee n, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: BLACK			
COMPLETED	15. DECEDENT'S EDUCA (Specily only highest grade co		18a. DECEOENT'S USU (Give kind of work life. Do NOT use re DOMESTIC	done during mos tired.)		HOUSEW		87			
BE COM	17. FATHER'S NAME (First, Middle, Lest)  COLLINS BI	RYANT			16. MOTHER'S NA	ME (First, Middle, Meiden S LOVIE HAF					
TO B	19a. INFORMANT'S NAME (Type/Print) PATRICIA BRYANT 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) ADDRESS SAME AS ABOVE										
	20e/ METHOD OF DISPOSITION 1 Deutel 2 Cremetion 3 Remove 4 Denation 6 Other (Specify)	al from State cerre	PLACE AND DATE OF D	P"CHURCH	H CEM.	2-17 POC		CITY, MD.			
ě	21. SIGNATURE OF FUNERAL SERVICE LICENSET  22. NAME AND ADDRESS OF FACILITY JOLLEY MEMORIAL CHAPEL  1213 JERSEY ROAD, SALISBURY, MD. 21801										
CERTIFICATION	23. PART I. Enjer the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heert fellure. Liet only one ceuse on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL C	PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I.  24e. WAS AN AUTOPSY PERFORMED?  1 VES 2 NO										
ICIAN:		HOSPITAL:	6. PLACE OF DEATH	Check only one)							
ED BY	1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be determined	28s. DATE OF INJURY (Month, Day, Year)  28s. PLACE OF INJURY building, etc. (Speci	28b. TIME O	F 28c. INJU Y WOI M 1 Y	JRY AT RK? ES 2 NO	a 6 Other (Specify)  28d. OESCRIBE HOW INJURY OCCUREO  281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLET	anal .	AN: To the best of my knowledge. On the bests of examination						use(s) end manner as stated.			
TO BE C	29b. SIGNATURE AND THE OF CERTIFIER	1		29c. LICENSE NUMBER  29d. DATE SIGNED (Morrit), Day, You  27 1/86							
-	DR. W. ROBINS  1104 HEATHWAY DRIVE: SALISBURY, MD. 21801										
	31. DATE FILED (Month, Day, Year)  FEB 22 1996  32. REGISTRAR'S SIGNATURO  January Day  And January Day  32. REGISTRAR'S SIGNATURO										

The second of the second

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TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directior, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	LINEDAL DIDECTOR, story this restrictors has been signed by the other part of the property of
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

JA 8

FOR STATE REGISTRAR		STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I CERTIFICATE OF DEATH							MENTAL HYGIENE REG. NO.					
1. DECEDENT'S NAME (First,		. James	s Br	ryan					2. D/	3. TIME OF OEATH				
4. SOCIAL SECURITY NUMB		5. SEX		(In yrs, last		JF UNDER 1 YE			ebruary		15	199	IPLACE (State or Foreign	
217-30-7580		1 M 2 F		8	YRS.		YS.	IF UNDER 24 HRS. HOURS MIN.	(M	onth, Day, Year)	2.7	ryland		
9a. FACILITY NAME (If not in	stitution, give si	treat end number)						R LOCATION OF D	DEATH 9c. COUNT					
Wicomico		ing Hom	e		Salisbury					Wicom			100	
10e. STATE	10b. COUNTY	,			10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY		
Maryland	Word	ester			Ocean City								LIMITS?	
10e. STREET AND NUMBER					101. ZIP CODE			ZIP CODE			10g. CI1	IZEN OF V	WHAT COUNTRY?	
13601 N. O	cean R	d.						21842				USA		
11. MARITAL STATUS	N U.S. ARN				ENDENT OF HISPA			or No-	14. RACI	E — American Indian,				
Never Metried 2   Metried   FORCES? 1   YES 2 NO   IF YES, GIVE WAR OR DATES   WWW II								ecify Cuban, Mexic 2 X NO Speci		rto Rican, etc.)		Spec	k, White, etc. #y: ite	
15. DECEDENT'S EDUCATION 16a. DECED (Specify only highest grade completed) (Give ki						USUAL OCCU	PATIC	ON .	T	16b. KIND OF BUS	SINESS/IN			
Elementary/Secondary (0		College (1-4 or 5	+)	life.	Do NOT us	ork done durin a retired.)	g mo	st or working						
12		1		Bro	ker					Real	Esta	te		
17. FATHER'S NAME (First, M	,,							ts. MOTHER'S N	AME (Fir	st, Middle, Meiden	Surname)			
Charles J		Bryan S	r.					Glady		Laws				
19a. INFORMANT'S NAME (7	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			19b.				nd Number or Rural						
Patricia H.	Bryan				1360	1 N. O	се	an Rd.,	0ce	ean City	, MD	218	42	
20e. METHOD OF DISPOSIT tX Burlel 2 Cremetic 4 Donetion Other	on 3 🗌 Ram	oval from State	_ 20th	netery, cren	nd date of other Ceme	etery	N (Ne	me of	1		len,		own, State	
21. SIGNATURE OF FUNERA	n 9	1. Chor	W)OC	aA.		Но	11	oway Fur Snow Hi	nera	al Home	iehu	irv M	n 21801	
23. PART L shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in deeth)	eert fellure. nal	List only one ce	use Dn e	each line.				PW					Approximate Interval Betwee Onset and Deal	
Sequentially list condit if any, leading to imme- cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS	diete ING Iry	b. DUE TO		A CONSEC			-	115	D	Wen	50	•	yenz	
PART II. Other signification of the signification of the significant o	til	Mc	deeth b	put not re	-cy	n the under	riying	g ceuse given in	Part I	24a. WAS AN PERFOR	RMED?	24b	b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?  1  YES 2 NO	
DID TOBACCO U	SE CONT	RIBUTE TO CA	AUSE C	OF DEAT	TH YE	S   NC		UNCERTA	IN [					
25. WAS CASE REFERRED T EXAMINER? 1 YES 2 X NO	O MEDICAL	HOSPITAL:	FR/Out			OTHER:		a E / Postdor		When /Co#-1				
27. MANNER OF DEATH		28a. DATE O	F INJURY	patient 3	28b, TIM			e 5 Residence		DESCRIBE HOW	NJURY O	CUREN		
	Pending Investigation	(Month,	Day, Year)		INJ	URY	WO	PRK7 YES 2 NO						
3 Sulcide 8 Could not be determined 28a. PLACE OF INJURY — At home, tarm, street, tectory, office building, etc. (Specify)								•		LOCATION (Street City or Town, State)		er or Rural	Route Number,	
CONDUCT DITTY		ICIAN: To the best of											e) end menner ee stated.	
29b. SIGNATURE AND TITLE						7.56		29c. LICENSE NU	JMBER		29d. DA	TE SIGNED	D (Month, Day, Year)	
30. NAME AND ADDRESS O	F PERSON WH									Md 2			-2096	

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				State of Ma			of Health and I	Mental Hy	giene 9 Reg. No.	6 074	77
	Physic	ian	Decedent's Name (First, Middle, Last)					2. Date of De Month	eath Day	3. Time of	Death
·	/Medi Exami	cal	THELMA 4e. Facility Name (If not institution, give stre	C. BUT	LER		4b. City, Town, or I	FEBRUAL ocation of Death	RY 22 19 h 4c. County	96 12:2 of Death	5PM_
	Funeral Director		Prince George's  5. Social Security Number  6. Sex  577-48-6641	7. Age	al Cen (In yrs. last bi 34	rthday) If Under 1 \	Chever: Year If Under 24 Hrs. Ays Hours Min.	8. Date of Bir (Month, Da 4/15/	Princ	e George 9. Birthplace (State or Country) Wash., D.	r Foreign
	pue *		Usual Residence of Decedent  10e. State 10b. County		10c. City, Tow	m or Location		10d. inside Cit			
	Menyi	tor	Md. P.G.		Fair	mount He	ights			1˷ Yes	
	th with the 23a or 28	ai Director	10e. Street and Number 721 59th Aven	ue		10f. Zip Co 2 0	<sup>de</sup> 743		10g. Citizen of V	What Country?	
020	2 should be filed within 72 hours after death with the Meryland and Merital Hygiene. Is marked other than "natural", or Hems 23a or 28a-1 show raumatic event, the Medical Examinat must be notified at	by Funerai	11. Maritel Status  1 Never Married 2 Married  3 Wildowed 4 Divorced	Was Decedent E Armed Forces? 1  Yes 2 No If Yes, Give Yeer or Dates:		13. Wes Decedent If Yes, specify	of Hispenic Origin? (Si Cuban, Mexican, Puerto No Specify:	pecify Yes or No o Rican, etc.)	14. Rac Blac Specify	e - Americen Indian, k, White, etc. Black	
Maryland 21215-0020	thin 72 ho e. an "natur Medical	Completed	15. Decedent's Educati (Specify only highest grade of Elementary/Secondary (0-12)	on om <i>pleted)</i> College (1-4or 5+		Decedent's Usual C (Give kind of work of life, DO NOT use r	ccupation one during most of wor etired)	king	16b. Kind of B	Kind of Business/Industry	
27	Hygien ther th		12th 17. Father's Neme (First, Middle, Last)		E	levator	Operator	e (Firet Middle	U.S. Governm		
ylan	S d la	To Be	WilliamHarr	se Flet	cher						
o,	Peges 1 and ent of Health It: If flam 27 y or other to		19a. Informent's Name/Relationship (Type, Barbara M. Willi				reet and Number or Ru Ovis Ave.				743
			20a. Method of Disposition 1 △ Burlal 2 □ Cremetion 3 □ Rem	ovel from State	20b. Place o	of Disposition (Neme ary, cremetory or othe	of plece)	Date	20c. Location -	City or Town, Stete	
			4 □ Donetion 5 □ Other (Specify)	oval from State	Ft. I	incoln c		/27/96	Brentw	ood, Md.	
	Department Important any injur		21. Signature of Funeral Service Licensee	0.5	11-	H S Wash	ddress of Facility shington Brcoughs	& Sons	Inc.		
)	Physician /Medical Examiner	) i	23a. Part1. Enter the disease, or complicat shock, or heart failure. List only one of the complex of the comple	HYPERTE	NSIVE		dying, such as cerdiac			Approximate Interval Betwoen Consett and E	ween
,60,	icate be executed physician and s the burief-transit	cai Examiner	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury			RTIC ANEUR consequence of):	RYSM				
Box 687	ding		that initieted events reaulting in death) Last	D	tue to (or as e	consequence of):					
р. О. В	y the	Physician/Med	Part II. Other significant conditions contrib	uting to death but	not resulting I	n the underlying ceus	e given in Part i.		tobacco use co Yes 2□ No	ntribute to the cause of	of death? Unknown
Hecords,	been should	Completed by							an autopsy ormed?	24b. Were eutopsy fi evailable prior to completion of co of death?	0
	0 - 0	Com						10	Yes 2 No	1 ☐ Yes 2 ☐	No
Vital	Physician: The ribis certificate oral director, pag	Be	25. Was case referred to medical examiner?	nitai:			26. Place of Dea				
Division of	i or Attanding Phys after deeth. I Director: After this d in by the funeral di	ertification: To	27. Manner of Death  Netural 5 Pending Investigation	1 Li Inpatien 28a. Dete of Injury (Month, Day	Year) 28b.	Time of 28c. Injury	Injury at Work?  1 Yes 2 No	28d. Describe	dence 6 □Oth how injury occur	red	
2	pital or At ours after o eral Direct filled in by	O	4 Homicide determined	building, etc.	(Specify)	arm, street, factory, of		City or To	wn, State)	per or Rural Route Num	Der,
	To the Hospital or within 24 hours after To the Funeral Dir completely filled in	edicai	29a. Certifier (Check only one) 1	in: To the best of On the basis of e and manner state	examinetion an	e, death occurred et ti d/or investigation, in	ne time, date and place my opinion, death occur	, and due to the rred et the time,	ceuse(s) and ma date and piece,	anner as stated. and due to the cause(s)	)
	within 2 To the	W	29b. Signature and title of certifier	Your	roy 1	10 D	0 54 0 /	-	29d. Dete signe	d (Month, Dey, Year)	196
			30. Name and address of person who comp		V .		av Center	Dw (	h	1+ MA 20	770

State Registrar Dete filed (Month, Day, Year) 1996

ARR 01 1996

ARR 02 1996

MAR DE 1935 W. M. M. Sandar

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 2. Data of Death 1. Decedent's Nama (First, Middla, Last) 3. Tima of Death Month **Physician** 02 HALLIE BUCHANAN 1996 21 3:30 AM /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Magnolia Gardens Nursing Center Prince George's Lanham 7. Aga (In yrs. last birthday) If Undar 1 Yaar If Under 24 Hrs. 5. Social Security Number Date of Birth (Month, Day, Year) Birthpiaca (Stata or Foraign Country) **Funeral** 1□M 250 F Months Days Hours Min 229-16-6714 Director Virginia Usual Residance of Decedent with the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show the Medical Examiner must be notified at 1 X Yas 2 ☐ No MD Prince George's Director Seat Pleasant 10e. Street and Number 10f. Zlp Code 10g. Citizen of What Country? 6 items 23s 7107 Giddings Drive 20743 U.S.A. Pages 1 and 2 should be filed within 72 hours after death nent of Health and Mental Hyglene. Int: If Item 27 Is marked other than "natural", or Items 23. Funeral 12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yas 2 ☑ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puerto Rican, etc.) Race - American Indian, Black, White, atc. 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: Black Ď 3 € Widowed 4 Divorced Completed 18a. Decedent's Usuai Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedent's Education (Spacify only highast grada complated) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Coilege (1-4or 5+) Private Homemaker 6th 17. Fathar's Name (First, Middla, Last) 18. Mother's Nama (First, Middle, Maiden Surnama) Be Floyd Ferguson Nina Saunders 19a. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Routa Number, City or Town, Stete, Zip Code) Department of Health ar important: If item 27 is any injury or other treuonce. Shelby J. Walker/Daughter 7107 Giddings Dr., Seat Pleasant, MD 20743 20b. Placa of Disposition (Nama of cematary, cramatory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 Oremation 3 Ramoval from Stata 02/26/ Carver Memorial Gardens 1996 Donation 5 Other (Specify) Martinsville, VA Signature of Fundami Service License 22. Nama and Addrass of Facility J.B. JENKINS FUNERAL HOME 23a. Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory errest,

Approximately 101/12. Approximata interval Between Onset and Death **Physician** /Medical Immediate Cause (Final Carcinoma of the Stamph with Metastasis disaasa or condition resulting In death) Examiner physician and the burial-transit Hospital or Attending Physicien: The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of) Records, P.O. Box 68760, Physician/Medical Dua to (or as a consequenca of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause givan in Part I. 23b. Did tobacco use contribute to the cause of death? Degerative Arthritis 1 Yes 25 No 3 Probably 4 Unknown signed I þ 24b. Were sutopsy findings available prior to completion of causa of death? 24a. Was an autopsy performed? Be Completed s certificate has b director, page 2 s 2 LINO 1 □ Yas 20 No Division of Vital director, 25. Was casa referred to medical examiner? 28. Piace of Death (Check only one) Other: Nursing Home 5 Residence 8 Other (Specify) 2 1 ☐ Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 27. Menner of Deeth 28e. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred Medical Certification: After 1 Naturai 5 Pending death. 1 ☐ Yes 2 ☐ No 2 Accident Investigation after death Director: A d in by the f 3 Sulcide 6 ☐ Could not be determined 28f. Location (Street and Number or Rural Routa Number, City or Town, Steta) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homlcide To the Hospital o within 24 hours aff To the Funeral Di completely filled in TC Certifying Physician: To the best of my knowledge, daath occurred at the time, data and piace, and due to the cause(s) and manner as steted.

2 Medical Examinar: On the basis of axaminetion and/or investigation, in my opinion, death occurred at the time, data and piaca, and due to the cause(s) and manner stated. 29a. Certifier 29d. Date signed (Month, Day, Year) 2/21/96 29b. Signature and title of certifiar 29c. Licansa number 037934 30. Neme and address of person who completed cause of deeth (Item 23e) (Type, Print) 7500 Greenway Centa Drive Green bed-10 20770 6 Stephanie Trifoglio MD

31. Date filed (Mohith, Day, Year) 32, Registrer's S 32 Registrer's Signetura State Selli Miridan FEB 27 1996 Registrar

DHMH 16 Rev 6/95

BALTIMORE, MARYLAND 21215-0020

	1, DECEDENT'S NAME (First, Middle, Lest)  2. DATE OF DEATH  AND C. DANTIEL DUDY IS CON.  3. TIME OF DEATH  MONTH DAY YEAR								3. TIME OF DEATH				
JAMES DANIEL BURLESON												11:50 AM	
	4. SOCIAL SECURITY NUMBER	it birthday)	IF UNDER					7. DATE OF BIRTH 8.			IPLACE (State or Foreign		
	242-36-5277	1XXM 2 🗆 F	66	YRS.	MONTHS	DAYS	HOURA	MIN.	(Month, Day, Year) JULY 3, 19		929 North Caro		th Carolina
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY	, TOWN	OR LOCAT	ION OF DE		J, 1		NTY OF C	
DIRECTOR	MALCOLM GROW MEDI	CAL CENT	ER		CAMP	SP	RINGS	5			PRIN	CE C	SEORGES
일	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN (	OR LOCA	TION						10d. INSIDE CITY
PIG	Maryland Pri	nce Georg	e's	Fe	ort V								LIMITS? 1 TES 2 X NO
RA						10	1. ZIP COD						WHAT COUNTRY?
FUNERAL	9203 Fort Foote						207	<u> </u>				J.S.	
BY FU	1 Never Married 2/12 Married 31 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W Retired	YES 2 1	NO		II yes, s	pecify Cub	en, Mexica Specify	n, Puarto Ri	(Specify Yes can, atc.)	or No —	Blac	E — American Indian, k, Whita, atc.
	15, DECEDENT'S EDU	CATION	16a. DE	CEDENT'S	USUAL O	CCUPATI	ON		16b.	KIND OF BUS	SINESS/IN	DUSTRY	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	Ma	live kind of . Do NOT u	work done se retired.)	during m	ost of work	ing	1				
7	12	consign (1-4 di 3 i	·	. S.	Air	For	CE			Mil-	itarv	ī	
0	17. FATHER'S NAME (First, Middle, Last)				****	101	_	THER'S NA	ME (First, Mi	ddle, Maiden			
0	John Brown Burle	eson						Tev	ie Qu	een			
BE	19a. INFORMANT'S NAME (Type/Print)	BOIL	19	b. MAILING	ADDRES	S (Street	and Numbe			K, City or Tow	n, State, Zi	p Code)	
임	Grace Burleson												20744
			20b. PLACE					U	DATE				own, Stata
	20a. METHOD OF DISPOSITION  1 N Burlal 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from State	comotoni ce	amatan, or o	other place!			m 2	1				Virginia
	21. SIGNATURE OF FUNERAL SERVICE LIC		IVITIII	gron	1Va L J	NAME A	ND ADDRI	ESS OF FA	CILITY	IALL	THRE	on.	ATLETUTS
	N. 011	///								unera			
	23. PART I. Enter the diseases, or o	ran	\		. (	5160	0xo	n Hi	11 Rd	. 0xo	n Hi	11.1	Md. 20745
7	ahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	<u>LUNG CA</u>			OF):								Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
8	d												
MEDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in								PERFORMED?  ANAILABLE COMPLETS OF DEATH		b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN									1   TES 2   NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH 125 LA INO LA UNICERIAIN LA UNICERAIN LA UNICERAI												
2	EXAMINER? HOSPITAL: OTHER:												
¥	1 YES 2 NO	1 Inputient 2	·	28b. TII	_		me 5 □ F	Residence	6 Other	(Specify)	N HIDY O	CHIDED	
	1XX Natural 5 ☐ Pending	(Month, E			JURY	W	ORK? YES 2	□ NO	200. DE30	JAIDE HOW	MOONT O	CONED	
B	2 Accident Investigation	28e PLACE (	YE IN HIDY At be	ome form	etrant for				281 1 004	TION (Ctmot	and Mounts	n or Dunal	Cauta Alumbaa
TED	3 Suicide 8 Could not be datarmined 28e. PLACE OF INJURY — At home, farm, streat, factory, office building, stc. (Specify) 28s. PLACE OF INJURY — At home, farm, streat, factory, office City or Town, State) 28s. LOCATION (Street and Number or Rural Ro City or Town, State)								Houte Number,				
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE												(a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	R	1				29c. LK	CENSE NU	MBER		29d. DA	TE SIGNE	D (Month, Day, Year)
BE	Mary Beth	Jackso	n 100-				MD	0454	41-L				BRUARY 1996
임	30. NAME AND ADDRESS OF PERSON WE	IO COMPLETED CAU	SE OF DEATH (ITE	EM 27) (Typ	e, Print)								
	Mary Beth Jack			1m Gi	row N	led.	Ctr	., Ar	ndrew	s Air	Ford	ce, l	Base, Md.
	31. DATE FILED (Month, Day, Year)	32 REGISTR	AR'S SIGNATURE	Lit									

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BALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS,	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIENE				
	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH							3. TIME OF DEATH		
	Bessie	Mae	Bailey		02-20-9		6:30 PM M			
	4. SOCIAL SECURITY NUMBER 5.	SEX 8. AGE (h		UNDER I YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		HPLACE (State or Foreign		
1	245-42-1058-A  9e. FACILITY NAME (If not institution, give street		75 YRS.	NTHS DAYS	HOURS MIN.	April 2,	1919	N.C.		
œ	Southern Mar			Clin		AIII		PG		
DIRECTOR	RESIDENCE OF DECEDENT									
REC	10+. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	ON			10d. INSIDE CITY LIMITS?		
ā		PG	S	Seabro				1 X YES 2 NO		
FUNERAL	10e. STREET AND NUMBER			101.	ZIP CODE		200	WHAT COUNTRY?		
NE	9522 Elvis Lan				20706			U.S.		
	11. MARITAL STATUS 12  1 Never Married 2 Married	2. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, spe	cify Cuban, Mexical	IC ORIGIN? (Specify Yes n, Puerto Rican, atc.)	or No- 14, RAC Black	E — American Indian, ck, White, etc.		
BY	3 Nidowed 4 Divorced	IF YES, GIVE WAR OR DA	TES	1 TYES	2 NO Specify	:	Spe	Black		
	15. DECEDENT'S EDUCAT	ION	16a. DECEDENT'S US	UAL OCCUPATION	N	16b. KIND OF BUS	INESS/INDUSTRY	Didox		
ET	(Specify only highest grade con Elamentary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use n	c done during mos etired.)	t of working					
MPL	llth		Practio	cal Nu	rse	Catho	lic Un:	iversity		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	m)	• ]			ME (First, Middle, Meiden S				
BE		Thomas Ba	iley		M€	ena Hinna	nt			
0	190. INFORMANT'S NAME (Type/Print)  Earlie J. Terr	-11				Noute Number, City or Town		0706		
						Seabrook,		0706		
	20a. METHOD OF DISPOSITION  1 N Burial 2 Cremation 3 Ramova		PLACE AND DATE OF I			DATE 20c, LOC	ilson,			
1 N Burlet 2 Cremetton 3 Ramoval from State  4 Donestion 5 Other (Specify)  21. SECHATURE OF FUNERAL SERVICE LICENSEE  22. MAME AND ADDRESS OF FACILITY AUSTLIN ROYSTER Funeral										
	1	A 1		Aus	tin Roy	Street,	eral Ho	onie		
$\neg$	23. PART I. Enter the diselless, or con-	folications that caused	the death to not					Approximate		
- 1	shock; or heart failure. Lis	I only one cause on er	SC41-Hate	depression and the con-	COLOR OF THE LINE	ne de		Interval Between Onset and Death		
	IMMEDIATE CAUSE (Final	( mison	tue o H	Part	Jan	we		212h		
	resulting in death) a	DUE TO OR AS A	сонвермение от	Copor	/			70		
z	57									
5	Sequentially list conditions, if any, leading to immediate DUE TO JOR AS ANCORSEQUENCE OF):									
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	LV	/					014		
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO THE AS A	CONSTRUCTORS:							
GE										
AL	PART II. Other significant conditions of	ontributing to death be	ut not resulting in	the underlying	cause given in	Part I. 24s. WAS AN PERFOR		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
PHYSICIAN: MEDIC						1 YES 2	NO	COMPLETION OF CAUSE OF DEATH?		
ME					/			1 - YES 2 - NO		
Ä	DID TOBACCO USE CONTRIE				UNCERTAIN	10				
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		THER:						
1YS	t YES 2 V NO t	Inpatient 2 ER/Outp	28b. TIME (			8 Cher (Specify) 28d, DESCRIBE HOW IN	HIEV OCCUPED			
	1 Natural 5 Pending	(Month, Day, Year)	INJUR		RK?	200. DESCRIBE NOW II	430HT OCCURED	- 1		
ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE OF INJURY	— At home, farm, stre			281. LOCATION (Street a	nd Number or Rural	Route Number,		
TED	4 Homicide datarminad	building, atc. (Spec	eny)			City or Town, State)				
COMPLET	29e. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my knowl	ledge, death occurred	at the time, data	and place, and due	to (he cause(s) and man	ner as stated.			
M	One) 2 MEDICAL EXAMINER:							(a) end manner ea stated.		
	296. SIGNATURE AND TITLE OF CERTIFIER	~	11	1-1	29c. LIQENSE NUI	ABER	29d. DATE SIGNE	D (Month, Daly, Year)		
) BE	man	NIMI	) All	was	12)-	24538	· 2	121196		
2	30. NAME AND ADDRESS OF PERSON WHO C				2	01. 4.=	-			
	L. BERWA, M			ANCH	HYE,	CLINTON	'wo	20735		
	FEB 28 1996	32 AGGISTRA D'S SIGN.	ATUR							
	I ED	11/								

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# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

07481

					OC	illiloate of	Dealli		Reg. No.		
	Physic /Medi		Decedent's Neme (First, Middle, Last GI,ENIS	BROWN	(AARON)			2. Dete of De Month FEBRUA	RY 24 1		3. Time of Death 07:52 A.M
7	Exami	ner	4a. Fecility Neme (If not Institution, give	street end number)			4b. City, Town, or I	ocation of Deel	h 4c. County	of Deeth	
			MALCOLM GROW MEDI				CAMP SPR		PRINC	E GE	ORGES
	Funerai Director		5. Social Security Number 6. Security Number 263-79-8396 Usuel Residence of Decedent	7. Age (I	n yrs. lest birthday) 28 Yrs.	Months Deys		8. Dete of Bi (Month, De FEB 06		9. Birthp Coun BAI	lace (State or Foreign ITAMAS
	Maryland A show	tor	10a. Stete 10b. County PRINCE (		Dc. City, Town or Lo LANDOVI					1	0d. Inside City Limits
	h with the 23a or 28a	ai Director	10e. Street end Number 701 BAIN DE	Vhat Coun							
020	filed within 72 hours efter deeth with the Maryland Hygiene. tither than "natural", or items 23a or 28a-f show ent, the Medical Examiner must be notified at	by Funeral	11. Marrial Stetus  1 Never Merried 2 Merried  3 Widowed 4 Divorced	12. Wes Decedent Eve Armed Forces? 1 Tyes 2 □ No If Yes, Give Year of Detes:		Wes Decedent of If Yes, specify Cul 1 ☐ Yes 2 No	Hispanic Origin? (S ben, Mexican, Puert Specify:	pecify Yes or No Rican, etc.)		e - Americ k, White,	etc.
21215-0020	ges 1 and 2 should be filed within 72 ho it of Health end Mental Hygiene. If item 27 la marked other than "natur or other traumatic event, Ins Medical	Completed	15. Decedent's Ed (Specify only highest grad Elementery/Secondery (0-12)	ucation	16e. Dece (Give life.	DO NOT use retir	e during most of wor ed)	king	16b. Kind of Bu		
	Hygier ther th		17. Fether's Neme (First, Middle, Last)	1	0.	.s. AIR		ne (First. Middle	, Maiden Sumem	e)	
lan	fental rked o	To Be	HARRISON JOS	EPH AARON				111			RISON
Maryland	and 2 should be filed within saith end Mental Hygiene. n 27 la marked other than "! ser traumatic event, ma Max		HARRISON JOSEPH AARON  19e. Informent's Neme/Reletionship (Type, Print) RICHARD BROWN/ HUSBAND  19b. Meiling Address (Street end Number or Rural Route Number, City or Town, S 701 BAIN DRIVE # 103, LANDOVER								
Baltimore,	permit. Peges 1 and 3 Department of Health Important: If Item 27 any Injury or other tr once.		20e. Method of Disposition  1 🗷 Burial 2 □ Cremetion 3 □ Removel from Stete  4 □ Donetlon 5 □ Other (Specify)  20b. Plece of Disposition (Name of camelery, cremetory or other plece)  FLORIDA MEMORIAL MARCH 2,1996 ROCK								
Balti	permit. Pego Department of Important: if any injury of		21. Signeture of Funeral Service Licans	Mar			ress of FecilitySTO				2922
1	Physician /Medical Examiner	ber .	23e. Pert1. Enter the disease, or companions, or heart failure. List only of the companions of the com	e. MASSIVE I		EMBOLIS		or respiretory (	errest,		Approximete Interval Between Onset end Death
	ocuted nd transit	Examiner	Sequentielly list conditions, if any, leading to immediate	b. DEEP VENO	OUS THROM e to (or es e consec					-	
68760,	certificate be executed ding physicien end use es the buriel-transit	Icai Ex	cause. Enter Underlying Ceuse (Disease or Injury thet Initieted events	C. Due	e to (or es e conseq	quence of):				1	
ох 68	n certificate be executed anding physicien end use es the buriel-transit	in/Medicai	resulting in deeth) Lest	d							
s, P.O. B	that the death ed by the etter deteched for	by Physicia	Pert II. Other signifficant conditions contributing to death but not resulting in the underlying cause given in Pert I.  1 Yes 245								the causs of death?
Records	aw requir	Completed b							s en eutopsy ormed?	CO	ere autopsy findings elleble prior to mpletion of cause deeth?
B	The ate h	Com						1 🕮	Yes 2□No	1.0	XYes 2□ No
Vital	Physician: The this certificate ral director, pag	Be	25. Wes case referred to medical examiner?	Hospitel:	V		26. Place of Dea				
of	this aldi	10	1 AYes 2 No 27. Manner of Death	1 L Inpatient	2 ER/Outpetier	nt 3LI DOA			how injury occur		γ)
Division	fle fle	cation	1 Neturel 5 ☐ Pending 2 ☐ Accident investigation	28a. Dete of Injury (Month, Dey Yo	98r) 28b. Time o injury	W	ork? ☐Yes 2☐No	200. Describe	now injury occur	90	
Divi	h 0 h	Certification:	3 Suicide 6 Could not be determined	28e. Plece of Injury building, etc. (5		reet, fectory, office		28f. Location City or To	(Street end Numb wn, Stete)	er or Rura	i Route Number,
	To the Hospital or within 24 hours efter To the Funeral Dir completely filled In	edicai (	29e. Certifier (Check only one)	aician: To the best of m finar: On the basis of ex- end menner steted	aminetion end/or In	h occurred at the t vestigetion, in my	time, dete end plece opinion, deeth occu	, end due to the rred et the time	cause(s) and ma date end plece,	end due to	tated. the cause(s)
	To the To the	W	29b. Signeture and title of cartifier	0		29c. Licer	nse number		29d. Dete signe	d (Month,	Dey, Year)

State Registrar

FEB 28

29c. License number MD044574L

29d. Dete signed (Month, Dey, Year) FEBRUARY 26, 1996

30. Name and address of person who completed cause of death (Item 23e) (Type, Print) 89 MEDICAL GROUP 1050 WEST PERIMETER ROAD

CAROL A HART MAI USAF MC SUITE C1-7 ANDREWS AIR FORCE BASE MD 20762-6600 CAROL A. 1433. Dete filed (Month, Dey, Year) 2 8 1996 CAROL A. HART, MAJ, USAF, MC

32. Registrer's Signeture

A STRUCTURE

State

Registrar

# Please Type or Print in Black Indelible Ink. Assure Ali Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 07483 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death Month **Physician** ERIC WILLIAM **BROWN** February 24, 1996 11:00pm /Medical 4a. Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** 7100 Mahogany Drive Landover, MD Prince Georges If Under 1 Year | If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthdey) Birthplace (State or Foreign Country) **Funeral** Days Hours 119 M 2□ F 437-21-5683 Yrs. Director 34 Dec 21 1962 New Orleans LA Usual Residence of Decedent 10a Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show the Medical Examiner must be notified at 1 X Yes 2 No Directo Maryland Prince Georges Landover, Maryland the 10e, Street and Number 10f. Zip Code 10g. Citizen of What Country? with 8 Itams 23a 7100 Mahogany Drive 20785 United States death Funeral 12. Was Decedent Ever in U.S. Armed Forcas? 1 ☐ Yes ≥ 25 No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) Race - American Indien, Biack, White, etc. Peges 1 end 2 should be filed within 72 hours after onent of Health and Mental Hygiene. Int: If Item 27 is marked other than "naturel", or Item 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 X No Specify: **Black** þ Specify: 3 ☐ Widowed 4 ☐ Divorced Completed 16a, Decedent's Usuai Occupation 15. Decedent's Education 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) (Specify only highest grade complated) Elementary/Secondary (0-12) Coilege (1-4or 5+) School Bus Driver P.G. Cnty. Pub. Sch. 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Stanley H. Cass Elizabeth Y. Brown 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street end Number or Rural Route Number, City or Town, State, Zip Code) Department of Health as Important: If item 27 is any injury or other traugence. Jerome R. Davis/Cousin 7100 Mahogany Drive Landover, Maryland 20785 20b. Placa of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 1 Buriai 2 Cremation 3 Removei from State 3/4 4 ☐ Donation 5 ☐ Other (Specify) Cedar Hill Cemetery Suitland, MD. 21. Signeture of Financial Service Licenses 22. Name and Address of Facility
Alexander S. Pope Funeral Homes 5538 Marlboro Pike Forestville, MD. 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximate Interval Between Onset end Death Physician /Medical Immediata Causa (Finai Cardiopulmonary Arrest disease or condition resulting in death) Examiner Due to (or as a consequence of): Examiner HIV Disease of Leukodystrophy The lew requires that the death certificate be executed Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): attending physician e for use as the buriel-Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequence of): Part II. Other algrifficant conditions contributing to death but not resulting in the underlying cause given in Part I. been signed by the s should be detached 23b. Did tobacco use contribute to the cause of death? 1 Yea 2 No 3 Probably 4 Unknown و ک Be Completed 24b. Were autopsy findings available prior to 24a. Was an autopsy performed? completion of cause of death? certificate hes t irector, page 2 s 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No Hospital or Attending Physician: '24 hours after death.' Funeral Director: After this certifica wely filled in by the funeral director, p. 25. Was case referred to medical 26. Placa of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yes 2 No 27. Manner of Death 28a. Date of Injury (Month, Day Year) Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending 1 Staturai 1 ☐ Yes 2 ☐ No investigation 2 Accident 3 Suicide 6 Could not be Location (Street end Number or Rurel Route Number, City or Town, State) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledga, daath occurred at tha tima, data and place, and due to tha causa(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, daath occurred at tha time, data and placa, and due to the cause(s) and manner stated. To the Hospi within 24 hou To the Funer completely fil 29a. Certifiar Medical 29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year)

31. Dete filed (Month, Dey, Year) State Registrar

FEB 2 9 1996



M 29264

February 27, 1996

3 room MD.

30. Name and addrass of person who completed causa of death (item 23a) (Type, Phint)

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  THE FINERAL DISCENDER After this certificate has been signed by the attending physician and completely filled in by the tuneral directic page 5 should be detached for use as the burnal-transit nermit. Pages 1, 2, 3 should	is marked,
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	FOR 1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF H		MENTAL HYGIEN						
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH 3. TIME OF						
	Farl Holloway	BRIGGS In.				жонти о <i>Fehruaru</i>			8:30P M			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (	in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH			NCE (Stete or Foreign			
	229–42–6724  9s. FACILITY NAME (If not institution, give s	1₹M2□F 59	vAs.	MONTHS DAYS	HOURS MIN.	12-23-36		Newport, News, V				
œ	Dr's Comm. Hospi				Marria av		9c. COUNT		н			
DIRECTOR	RESIDENCE OF DECEDENT	Lai		Lamail	Marylar	10	PG					
Ä	10e. STATE 10b. COUNT	Y	10c. CIT	Y, TOWN OR LOCAT	TON			10	d. INSIDE CITY LIMITS?			
	MD P	3	Ade	elphi, Ma	aryland		_	12	YES 2 NO			
₹ I	10e. STREET AND NUMBER				. ZIP CODE		10g. CITIZE	N OF WHA	T COUNTRY?			
FUNERAL	1907 Saratoga Dr.				20783		USA					
5	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 X YES				IIC ORIGIN? (Specify Yen, Puerto Ricen, etc.)	s or No 14	RACE -	American Indian, hite, etc.			
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES		2 NO Specify			Specify: I	echy Black			
	15. DECEDENT'S EDU	CATION	16e. DECEDENT'S	USUAL OCCUPATION	ON	16b. KIND OF BU	SINESS/INDUS					
	(Specify only highest grade Elementery/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during mo	st of working				-			
립		2 years	Housing	Manager		Housing	Autho	ritv				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden						
BE	Earl H. Briggs S	c			Olee Ov	vens Brigg:	3					
10	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or Tox		ode)				
-	Adrienne Briggs		1907	Saratoga	Drive A	delþhi, M	207	83				
	20e. METHOD OF DISPOSITION  1X Suriel 2 Cremation 3 Rem	ioval from Stata20b	PLACE AND DATE	OF DISPOSITION (Na	ma of		CATION - CI	y or Town,	State			
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LI		mony Me	em. Park			ndover	, MD				
		/ / \			ND ADDRESS OF FA							
	+ 6 dwark	Halmer			UNERALS, I lbum Driv	e. Capitol H	eidits.	MD 2	0743			
	23. PART i. Enter the diseases or shock, or heart fellure.	complications that caused List only one cause on e	ach line	not enfer the mo	de of dying, auc	h as cerdiac or resp	iratory arres	it,	Approximate Interval Between			
	IMMEDIATE CAUSE (Final	17	0	1					Onset and Death			
	disease or condition resulting in death) e. Censel faclure											
	DUE DO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	immediate CAUSE (Final disease or condition resulting in death)  Due po (or as consequence of):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury Due to lost as a consequence of):											
¥.	if any, leading to immediate cause. Enter UNDERLYING	cause. Enter UNDERLYING										
Ĕ	CAUSE (Disease or injury that initieted events	DUE TO (OR AS A	CONSEQUENCE O	m: OJ								
ᇤ	resulting in death) LAST	d										
	PART ii. Other algnificent condition	na contributing to death h	ut not resulting	in the underlying	Course olven in	Part i. 24a. WAS AF	AllTOREV	745 W	RE AUTOPSY FINDINGS			
S S			ot not resulting	with the dilderrying	g couse given in	PERFO		AV	ARABLE PRIOR TO			
MEDIC						1 TYES	2 🎉 NO	OF	DEATH?			
Σ	DID TOBACCO USE CONT	PIRLITE TO CALISE C	E DEATH Y	ES I NO I	1 UNCEPTAI			1	YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			TH (Check only one)	JONCERIAN							
Sic	EXAMINER?	HOSPITAL:	atlent 3 DOA	OTHER:	o 6 🗆 Basidanaa	6 Other (Specify)		-				
H	27. MANNER OF DEATH	28e. DATE DF INJURY	28b. TIR	WE OF 28c. INJ	URY AT	28d. DESCRIBE HOW	INJURY OCCU	RED				
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	IN		YES 2 NO							
	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm,	atreet, fectory, offic	•	28f. LOCATION (Street		Rural Rout	e Number,			
TED	4 Homicide determined					City or Town, Statu)						
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my know	ledge, death occur	red at the time, data	end place, and due	to the cause(s) and ma	nner es stated					
OM		ER: On the basis of axaminatio							nd manner as stated.			
ш	29b. SIGNATURE AND TITLE OF CENTION	n / /			29c. LICENSE NUI	меея	29d. DATE	SIGNED (M	ogsh, Day, Yeer)			
0	Mal	ne a	5		D32	747	1 2	151	26			
2	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	e, Print)	A - A	947	WCG or	ina	d'			
	voluge	J welcon		74 UM	CU VORB	ou multis	02 1	us;	2072/			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE				_					
- 1	PED 28 1	D SELECT BELLEVILLE										

Annual Control

while we have the wife of the state of

	PER	MEÕ	TEMS: 23 PART I, 27, FILM G-733 3/22/96 t	Last)		Certificate			Rep	g. No.		3. Time of Death	
4	/Med		CLENDENING	LEWIS	BAR	(ER			MARCH	$0\overset{\text{Day}}{3}$ , 1	996	1025 AM	
j	Exami	ner	4e. Fecility Neme (If not institution,					4b. City, Town, or Loc		4c. County			
		Ш	PATUXENT RIVE					LEXINGTO			MARY		
	Funeral Director		5. Social Security Number 218-45-1645  Usual Residence of Decedent	. Sex 7. 1⊠ M 2□ F	Age (In yrs. last bir	Months	Year Days 27	Hours Min.	8. Dete of Birth (Month, Day, 1) ec. 4,			lace (State or Foreign try) 1 and	
	pud Man		10a. State 10b. County		10c. City, Tow	n or Location					1	0d. Inside City Limits	
	Marylan f show	ō	Maryland St. M.	2 22 1 0	p.	ark Hall						1 ☐ Yes 2 💆 No	
	the 28s	Director	10e. Street and Number	ary s	F	10f. Zip (	code		10	g. Citizen of \	What Coun	trv?	
	With po of		Lot C5 Garrett F	la mir			667			N-Oile FO			
	eath	era	11. Meritel Status	12. Was Decede	nt Ever In U.S.		-		oify Yes or No-	U.S	. A . e - Americ	an Indian	
	fler d	Funeral	1⊠ Never Married 2 Married	Armed Force	s?			Hispenic Origin? (Specify Yes or No Iban, Mexican, Puerto Rican, etc.)			k, White,		
020	o', o	þ	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Yeer or Dete	7	1 ☐ Yes 2	No.	Specify:		Specify	Whi	te	
Maryland 21215-0020	filed within 72 hours effer death with the Maryland Hygiene. ther than "natural", or ferms 23a or 28a-f show ont, the Medical Examiner insist be notified at	De le	15. Decedent's	Education	16a.	Decedent's Usual	Occup	petion	11	6b. Kind of B	usiness/Inc	lustry	
218	hin 7	Completed	(Specify only highest Elementary/Secondary (0-12)	completed) College (1-4c	or 5+)	life. DO NOT use	retire	during most of working d)	9				
21	filed within Hygiene. other than	NO.	n/a		n/				n/a		a		
pu	0 = 0 =	Be	17. Father's Name (First, Middle, La	st)				18. Mother's Name	(First, Middle, Me	alden Suman	10)		
<u>la</u>		To	Jason Peter	Bark	er			Raina	Daniel	le	Lewi	. S	
an	d 2 should th end Men 7 is marke treumatic	-	19a. Informant's Name/Relationship	(Type, Print)	19b	. Mailing Address (	Street	t end Number or Rural	Route Number,	City or Town,	Stete, Zip	Code)	
	m E L 2		Jason Peter Barker (Father) Lot C5 Garrett Park, Park Hall, Maryland 20667										
altimore,	ages 1 end of Healt if Nem 2		20a. Method of Disposition  20b. Place of Disposition (Name of cemetery, crematory or other place)  20c. Location - City or Town, Stete										
Ĕ	Peges nent of I int: If Ite		4 □ Donation 5 □ Other (Spe		(0	litan Crema			7/1996 AI	exandri	a. Vir	ginia	
23a. Part1. Enter the disease, or complications th					sed the death. Do r	P.O. Box	270	ardiner Funer	n. Marvlar	nd 20650	1	Approximate	
7	Physician /Medical Examiner		shock, or heart failure. List or Immediate Cause (Final disease or condition resulting in death)		EN INFANT D	EATH SYNDRO	ME			_		Interval Between Onset and Death	
п		100	I Tarrier with Tarrier		Due to (or as a	consequence of):							
	pet nsit	Examiner		b									
_6	be executed siclan end bunal-transit	Xai	Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying		Due to (or as a	consequence of):					i		
760,	siclar buni	10	Cause (Disease or Injury										
687	certificate Iding phys	edic	resulting In death) Last										
XO	attending for use	2	•	d									
m		icia	Part li Other elemifleent conditions	contribution to death		the condent in a con-		una la Mart I	02h Did toh			the server of death	
P.O.	that the ed by th detache	y Physician/M								20 No		the cause of death'	
Records	law requires as been sign 2 should be	ompleted by							24a. Wes an performe		COL	ere autopsy findings elieble prior to mpletion of cause death?	
	0 - 0	mo.							1 Yes	2 🗆 No	10	Yes 2□ No	
Vital	ician: Th	Se C	25. Was case referred to medical					28. Place of Deeth	/ /				
>	ysicie s cer direct	OB	examiner? 1∑Xes 2□ No	Hospital:	atient 2 SER/Ou	tpetient 3□ DOA	Oth				er (Specifi	()	
ion of	£ 5 0	tlon: T	27. Manner of Death  1XXNaturei 5 Pending  2 Accident Investigat	28a. Dete of Ir (Month, I	4.5		c. Injui		8d. Describe how			,	
<b>Division</b>	I or Attending Fafter death.  Director: After d in by the funer	ertification:	3 Suicide 6 Could not 4 Homicide determine	be 28e. Place of	Injury - At home, fa etc. (Specify)				8f. Location (Stre City or Town,		er or Aura	l Route Number,	

To the Hospital or Attending Physician: The law requires that the death cer within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the attendir completely filled in by the funeral director, page 2 should be detached for use

29e, Certifier (Check only one)

MARIO F.

31. Dete filed (Month, Day, Year)

Medical

1 Certifying Phyeician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner aligned.

O.C.M.E

29b. Signafi

29c. License number 29d. Date signed (Month, Day, Year)

MARCH 04,

1996

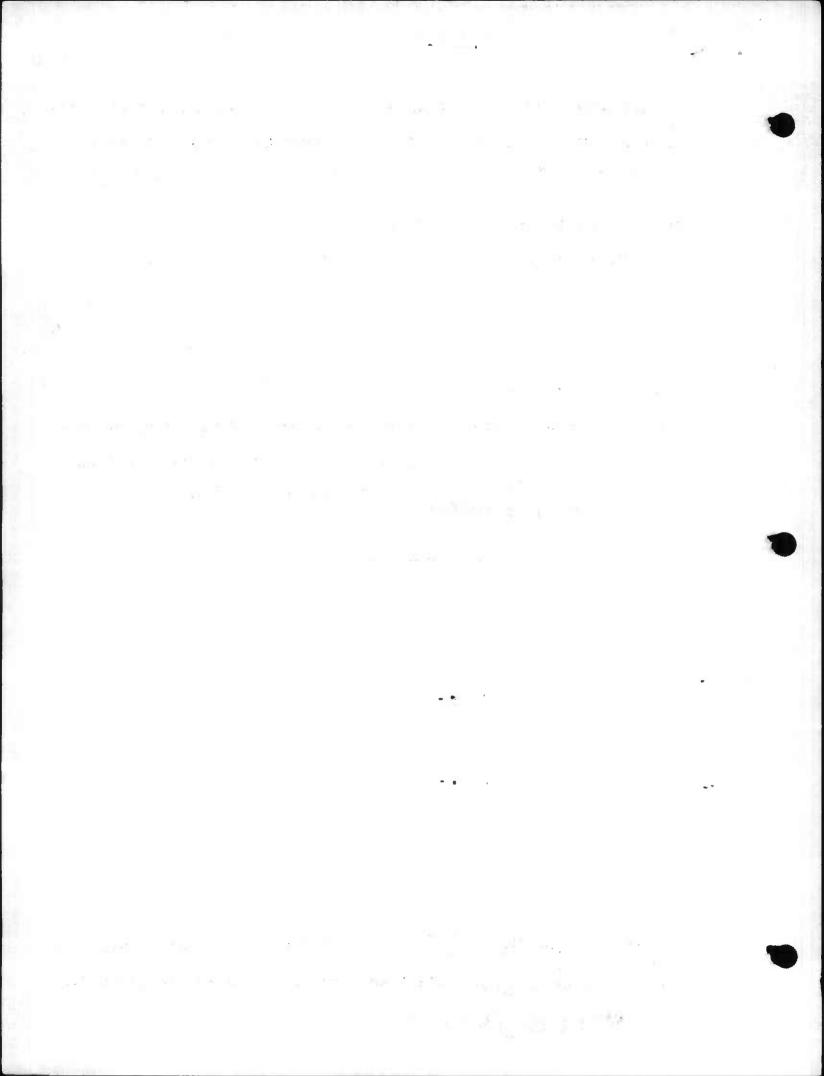
30. Name end address of person who completed cause of

(Item 23a) (Type, Print)
111 Penn Street, Baltimore, Maryland 21201

State Registrar

GOLVE

32. Registrar's Signature



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

ITEMS: 23 PART I, 27, PER MEO FILM State of Maryland / Department of Health and Mental Hygiene G-733 3/29/96 t.t Certificate of Death

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U	1	4	Q	0

	Exami Exami Funera Director
Baltimore, Maryland 21215-0020	permit. Peges 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health end Mental Hygiene. Important: if item 27 is marked other than "natural", or thems 23a or 28a-f show any injury or other traumatic event, the Medical Examiner must be notified at any injury or other traumatic event, the Medical Examiner must be notified at once.

**Physician** /Medical Examiner

Examiner tha death certificate be executed physician and s the burial-trans Physician/Medical 89 usa signed t þ The law requires Completed eged ai or Attending Physician: To safter death.

ii Director: After this certificated in by the funeral director, pe Be Certification: To To the Hospital or A within 24 hours after To the Funeral Dirac completely filled in b

Box 68760,

P.O.

Records.

Division of Vital

1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of the **Physician** Month BUSH LAVELLE MARCH 06,1996 16:00 P dical 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth niner UNIVERSITY HOSPITAL BALTIMORE **BALTIMORE** If Under 1 Year If Under 24 Hrs.

Months Deys Hours Min. 5. Sociel Security Number 7. Age (In yrs. last birthdey) 8. Date of Birth (Month, Dey, 9. Birthpiece (State or Foreign Country) 1□M 2 1 F Months Yrs 220-66-1519 40 May 5,1955 Maryland Usuei Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location 10d. inside City Limits 1 ☐ Yes 2 No Directo Maryland St. Mary's Lexington Park 10e. Street end Number 10f. Zlp Code 10g. Citizen of What Country? 4 Baja Lane 20653 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Meritel Stetus 14. Rece - American Indien, Bleck, White, etc. 1⊠ Never Merried 2 Married 1 ☐ Yes 2 🔀 No If Yes, Give Yeer or Detes: -1 ☐ fes 2 No Specify: Specify: Black þ 3 Widowed 4 Divorced Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Mail Clerk 12th grade Mailing Service 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) Be William Bush Elizabeth Benjamin Mary Johnson 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Sister Helen E. Ford P.O. Box 1274, Lexington Park, Maryland 20653 20b. Pleca of Disposition (Name of cametery, cremetory or other plece) 20a. Method of Disposition Dete 20c. Location - City or Town, Stete 1 Buriel 2 □ Cremetion 3 □ Removel from State 4 □ Donetion 5 □ Other (Specify) Bethesda United Methodist Ceme. 3/12/96 Valley Lee, Maryland 21. Signetyry of Funeral Service Licensee 22. Neme and Address of Fecility Mattingley-Gardiner Funeral Home, P.A. P.O. Box 270, Leonardtown, Maryland 20650 aroune Part. Extends the decease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart fellure. List only one cause on each line. Approximete Intervel Betw Onset end Death immediate Cause (Final disease or condition resulting in deeth) CARDIAC ARRYTHMIA COMPLICATING HYPERTHYROIDISM Due to (or es e consequenca of): Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury Due to (or es e consequença of) thet initiated events resulting in deeth) Lest Due to (or es e consequence of): Pert II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown 24b. Were eutopsy findings evaileble prior to completion of cause of deeth? 24e. Wes en eutopsy performed? 1 Yes 2 No 1 Yes 2 No 25. Wes case referred to medical examiner? 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1⊠ Yes 2□ No 1 M Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Menner of Deeth 28e. Dete of injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 28c. injury et Work? 5 Pending 1 Naturel Investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Pleca of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) 4 Homicide 1 Certifying Phyeician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. 29a. Certifier 29b. Signature and title of certify 29c. License number 29d. Dete signed (Month, Dey, Year) MARCH 07,1996 OCME 30. Name and eddress of person who completed cause of deeth (item 23e) (Type, Print)

A . When My 111 Penn Street, Baltimore, Maryland 21201

37 Registrates Signeture Randall

. . .

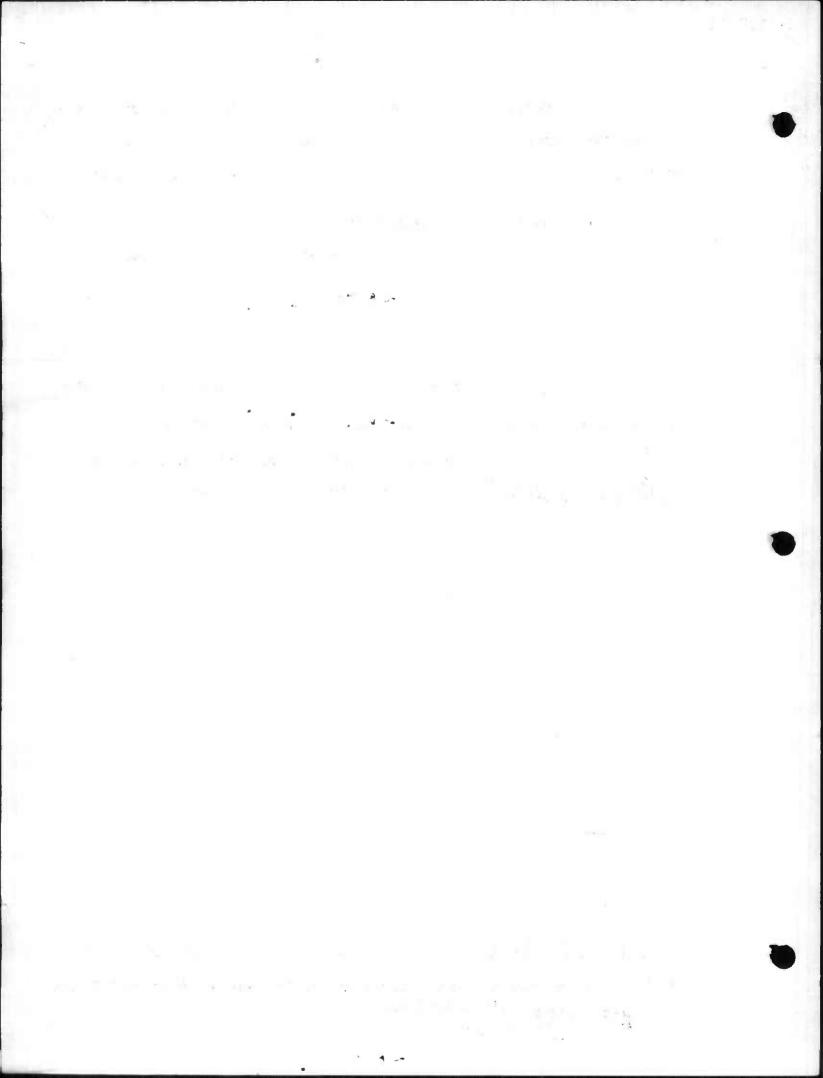
State Registrar

ARYDMOS 31. Dete filed (Month, Dey, Year)

MAR 1

4 1996

**DHMH 16 Rev 6/95** 

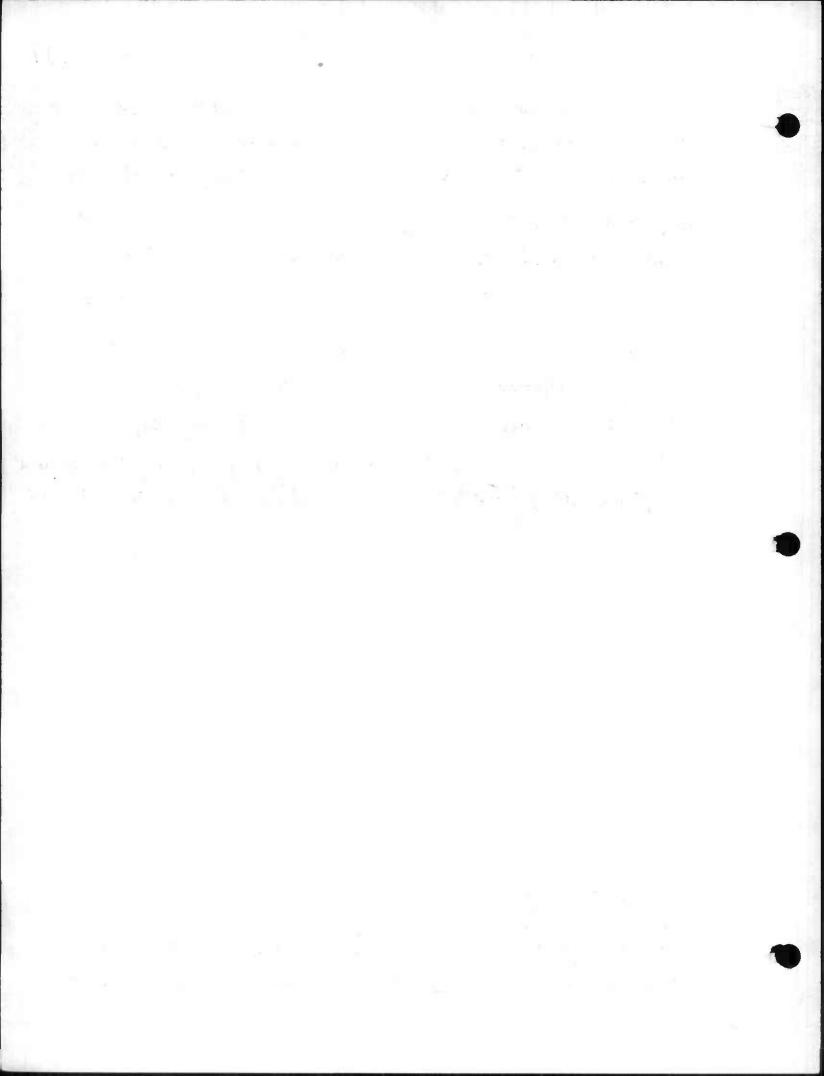


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death **Physician** FEBRUARY CATHERINE CHASE 20 1996 06:43 AM /Medical 4a. Facility Nama (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Prince Georges Hospital Cheverly Prince George's If Undar 1 Yaar Months Days If Undar 24 Hrs. Hours Min. 5. Social Security Number 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Birthplaca (State or Foreign
 Countly) **Funeral** ,1930 MARY 219-36-8033 Yrs. 660 **Director** Usual Rasidence of Dacedant 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at Yas 2□No Largo Maryland Prince Georges Funeral Directo 10e. Straat and Number 10f. Zlp Coda 10g. Citizen of What Country? South 20772 10108 permit. Pages 1 and 2 should be filed within 72 hours after death v Department of Heelth and Mentel Hyglene. Important: If item 27 is marked other than "natural", or Items 23s any injury or other traumatic event, the Mour 12. Was Decedant Evar In U,S Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Ricen, atc.) 11. Marital Status 14. Race - Amaricen Indian, Black, Whita, atc. 1 Nevar Married 2 Married ☐Yas 2 No Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify. Specify: Black Completed by 3 Widowed 4 □ Divorced Yaar or Datas: 16a. Decedant's Usual Occupation (Give kind of work done during most of working life, PO NOT use retired) 15. Decedant's Education (Specify only highest grade completed) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) Collaga (1-4or 5+) Homemaker Domestic 12 17. Father's Name (First, Middle, Last) 18. Mothar's Nama (First, Middle, Malden Sumame) H. George Hawkins 19e. Informent Neme/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) Largo Maryland 20772 Janet ( Diber Daughter 10108 Compus Way South
20b. Placa of Disposition (Name of cemetery, crematory or other place) 20a. Mathod of Disposition Data 1 Burlai 2 ☐ Cremation 3 ☐ Ramoval from Stata St. Mary's Cotholic Cemetery February 28, 1996 4 ☐ Donation 5 ☐ Othar (Specify) 22. Nama and Addrass of Facility Aguasco, Maryland 20608 Adams tuneral Home 23a. Part1. Enter the disease or complications that caused the death, shock, or haart failure. List only one cause on each line. Do not anter the mode of dying, such as cardiac or respiratory arrest, Physician CerebrouAscular acciden Immediata Causa (Finel disaasa or condition rasulting In daath) /Medical **Examiner** Due to for es e consequence of):

Well Physician/Medical Examiner The law requires that the death certificate be executed the buriel-trensit Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Cousa (Diseasa or injury that initiated events rasulting In daath) Last Dua to (or as a consequence of) Box 68760, Dua to (or as a consequence of): US9 P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Wiknown by Division of Vital Records, 24b. Wara autopsy findings available prior to completion of ceuse of death? 24a. Was an autopsy Completed performed? page 2 1 Yas 2 DNO 1 Yas 2DNo or Attending Physician: 25. Was cese rafarred to medicel axaminer?
1 ☐ Yes 2 ☑ No Be 26. Plece of Deeth (Check only one) Hospitel: Othar: 4 Nursing Homa 5 Residence 6 Othar (Specify) Medical Certification: To 1 Inpatient 2 ER/Outpatient 3 DOA After this funeral 28a. Dete of injury (Month, Day Year) 27. Menner of Deeth 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred 1 Natural 5 Panding Invastigetion 1 ☐ Yas 2 ☐ No 24 hours efter death. Funeral Director: A 2 Accidant 6 Could not be datarmined 3 Suicida 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) filled in by 4 Homicida Hospital Descritiying Physician: To the best of my knowledge, deeth occurred at tha tima, data and place, and dua to tha ceuse(s) end mannar as steted.

Medical Examines: On the basis of axamination and/or invastigation, in my opinion, daath occurred at tha tima, data and place, and dua to the causa(s) and mannar stated. 29a. Cartifiar 2 Medical Examine within 2 To the 29c. Licansa number 29b. Signatura 29d. Data signed (Mogth, Day, Year) 96 201 30. Nama and address of person who completed ceusa of death (Item 23e) (Type, Print) Greenway CTR DR. Greenbelt CLLAK MI) 31. Data filed (Month, Day, Yeer) 32. Registrar's Signatura State Julia Davelson Randall MAR 0 4 1996 Registrar



Pages 1, 2, 3 should

BE

2

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

HANDRAKANT

MAR 0

96 07488 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 3. TIME OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MARCH David 8, AGE (In vrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year, IF UNDER 1 YEAR IF UNDER 24 HRS. a. BIRTHPLACE (State or Foreign 53 2 34 - 66 - 8 96 9 1 XM 2 | F May 28 West Virginia 96. CITY, TOWALOR LOCATION OF DEATH 9c. COUNTY OF DEATH MANY/MOD HOSPITAL OUTHERN PLINCE DIRECTOR KINTON GEONGE RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Anne Arundel Lothian 1 YES 2 X NO 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 20.7.11 10g. CITIZEN OF WHAT COUNTRY? 6140 Fisher Station Road U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 V YES 2 NO IF YES, GIVE WAN OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 XNO Specify: 1 Never Merried 2XX Merried Specify: BY 3 Widowed 4 Divorced 1968 Caucasian COMPLETED 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15 DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) Restaurant Owner Duffy's. III 17. FATHER'S NAME (First, Middle, Last, 18. MOTHER'S NAME (First, Middle, Maiden Sumame) Dallo Lawrence E. Cumbaw Mary BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
6140 Fisher Station Road Lothian Md. 20.7.11 2 Linda L. Cumbow 20b. PLACE AND DATE OF DISPOSITION (Name of nd Date of Disposition (Name of Prist Charles) of other place Episphany Epis Charles matory FOURSANDLUICE BOTOWN. Medo. h8 Clinton, Maryland 4 Donation 8 Other (Specify) 22. NAME AND ADDRESSIDE OF SILITY 21. SIGNATURE OF FUNERAL SERVICE CICENSEE Lee Funeral Home, Inc. 6633 Old Alexandria Ferry Rd Clinton, Md 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdied of respiratory arrest, shock, or heart failure. Liet only one cause on each line. Interval Between Onaet and Death IMMEDIATE CAUSE (Finel disease or condition Metastatic adenocarcinoma of colon month resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24e. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO 1 YES 2 NO PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES INO I UNCERTAIN A 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1 inpatient 2 - ER/Outpetient 3 - DOA OTHER: 27. MANNER OF DEATH 28c, INJURY AT WORK?
1 YES 2 NO 28a. DATE OF INJURY (Month, Day, Year) 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 2 Accident 5 Pending Investigation BY 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER

(Check only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(a) and manner es stated. 2 MEDICAL EXAM INER: On the basis of examination and/or investigation, in my opinion, death occured at the lime, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CENT 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

8926

32. REGISTRATUS SIGNATURE

5 1996 -MAZY AND NOON 2073

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Pages 1, 2, 3 should

permit.

the burial-transit

2

30. NAME AND XOORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM Type, Print)

32 AEGISTHAR'S SIGNATURO
JULIA D'AUNION PAROLL

John F. Fenwick, M.D.

1996

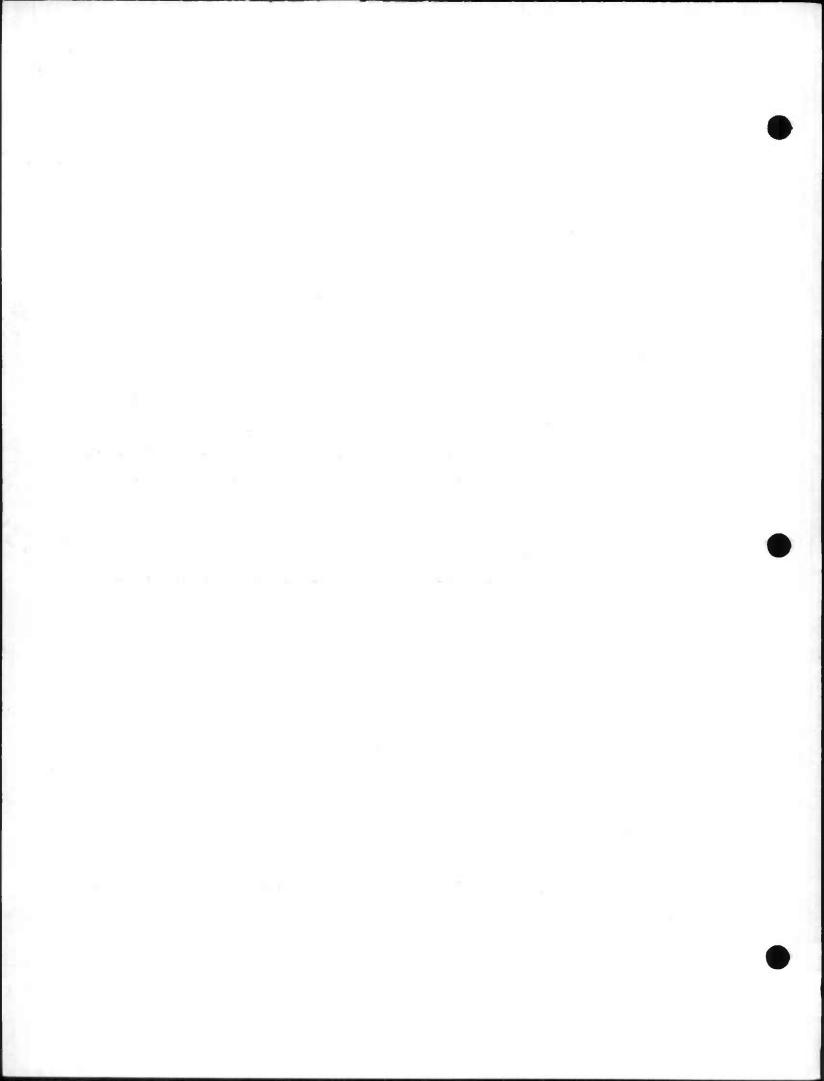
31. DATE FILED (Month, Day, Year)
MAR U

TO THE HOSPITA
TO THE FUNERAL
DE filed within 72
IMPORTANT: II

HE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospi	HE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached ed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR March 5, 1996 5:20 p. Mary Catherine Churchill 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 1 M 2 F 216-22-1378 72 January 26,1924 Washington, D.C. 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR St. Mary's Nursing Center St. Mary's Leonardtown RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland St. Mary's Leonardtown 13 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 236 Jefferson Street 20650 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—II yea, specify Cuban, Mexicen, Puerto Ricen, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2; 1 Never Married 2 Merried Specify: 1 YES 2 X NO Specify: ВY 3 Widowed 4 Divorced White 16a. DECEOENT'S USUAL OCCUPATION ETED 15. DECEDENT'S EDUCATION 16b. KINO OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done life. Do NOT use retired.) College (1-4 or 5+) Elementary/Secondary (0-12) COMPL 12th grade 2 years Receptionist Sales 17. FATHER'S NAME (First, Middle Last) 18. MOTHER'S NAME (First, Middle, Meiden Surneme, Benedict Booth Katherine Mattingly Love Sophia BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Sarah Churchill Long P.O. Box 10, Leonardtown, Maryland 20650 20s. METHOD OF DISPOSITION
1 X Burlel 2 Cremetion 3 Re
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State Aloysius Cemetery 3/9/1996 Leonardtown, Maryland 21. SIONATUM OF FUNERAL SERVICE LICENSEE, 22. NAME AND ADDRESS OF FACILITY Mattingley-Gardiner Funeral Home, P.A. uchael Jardener P.O. Box 270, Leonardtown, Maryland 20650 23. PART I./Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, ahock, or heart failure. List only one cause on each line. Interval Between Onset and Death **IMMEDIATE CAUSE (Final** disease or condition 1196 nemmera reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): 1991 S'Eusman Poll Cursumue as tates CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF). If any, leading to immediate cause. Enter UNDERLYING **CAUSE** (Disease or injury DUE TO (OR AS A CONSEQUENCE OF). that initiated eventa reaulting in death) LAST PART ii. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 | YES 2 | NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES ☐ NO ☐ UNCERTAIN 🗹 PHYSICIAN: 28. PLACE OF DEATH (Check only one, 25. WAS CASE REFERRED TO MEDICAL OTHER:
4 K Nursing Home 5 Residence 8 Other (Specify) HOSPITAL: 1 - YES 2 NO ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. MANNER OF DEATH 28e. OATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO В 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town State) 6 Could not be determined COMPLETED 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIONED (Month, Day, Year) BE 3.6.96

Leonardtown, Maryland 20650



Ca	OX 68760 BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should he has State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
NAME ArTHUR	ECORDS, P.O. B	quires that the death certificate	n signed by the attending physical Health and Mental Hygiene pr	ows any Injury, or other t
NAME	DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL DR ATTENDING PHYSICIAN. The law re-	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 sh

TO BE COMPLETED BY FUNERAL DIRECTOR

	FOR STATE OF MARYLAND	DEPARTM			D MEN	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) Arthur Came				P	PATE OF DEATH	28,1		3. TIME OF DEATH 00 43 M
	4. SOCIAL SECURITY NUMBER  233-34-7919  5. SEX  1 X M 2 F  70	YRS. MON		IF UNDER 24 HP	Ju	Month, Day, Year) ne 22, 1		West	t Virginia
OR	9e. FACILITY NAME (If not institution, give street and number) Union Hospital of Cecil County		Elkton	R LOCATION O	F DEATH		Cec	il	АТН
DIRECTOR	RESIDENCE OF DECEDENT  100. STATE  10b. COUNTY  Maryland Cecil	10c. CITY, TO Elkt	WN OR LOCAT	ION					10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL (	100. STREET AND NUMBER 2056 Singerly Road		101.	ZIP CODE 21921				ZEN OF W	HAT COUNTRY?
В	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	X NO	If yes, spe		xicen, Pu	RIGIN? (Specify Yee erto Rican, etc.)	or No—		— American Indian, , White, atc.
COMPLETED	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)	Give kind of work in Do NOT use ret	done during mo			Buildin			uction
BE CON	17. FATHER'S NAME (First, Middle, Last)  Jay Cameron			18, MOTHER'S		First, Middle, Maiden S enee Hic		1	
TO B	190. INFORMANT'S NAME (Type/Print) Beulah Cameron					Number, City or Town kton, MD			
	20b. METHOD OF DISPOSITION  LA Buriel 2 Cremation 3 Ramoval from State  4 Donation 5 Other (Specify)	CEAND DATE OF DI Crematory or other points	sposition (Na Memor	ial Pa	rk 1	3 <sup>A</sup> T 20c. LOC 996 E1k	ton,	Mar	yland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Donald S. Hicka					unerals, St., Elk			21921-5521
	23. PART I. Enter the diseases, or complications that ceused the abock, or heert feliure. List only one ceuse on each IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. ACUST MY  DUE TO (OR AS A CO	Ine.  OCHUM  NSEQUENCE OF:	H 1	NEM	un	o W			Approximata interval Batween Onaet and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. COND NATY OUE TO (OR AS A COID OF A COID OF AS A COID OF A COID OF	MRA NSEQUENCE OF: SUER NSEQUENCE OF): WSWW	ERY	ALD	7431	Kun	n B	Hso	Co luv.
PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions contributing to death but r					PERFOR	IMEO?	24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
CIAN	DID TOBACCO USE CONTRIBUTE TO CAUSE OF D 25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL:	PLACE OF DEATH (		UNCER	IAIN L				
BY PHYS	1 VES 2 NO 1 Inpatient 2 ER/Outpatie  27. MANNER OF DEATH  1 Natural 5 Panding Investigation  2 Accident		Nursing Hom		280	Other (Specify)  1. DESCRIBE HOW II	NJURY OC	CURED	
8	3 Sulcide 8 Could not be determined 28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, atres	it, factory, offic	•	281	LOCATION (Street a City or Town, State)	and Numbe	r or Rural F	Route Number,
COMPLET	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge one)  2 MEDICAL EXAMINER: On the best of axemination en								e) and menner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER  Glade Grander Grander			29c. LICENSI	4 G				(Month, Day, Year) 8-96
0	TO And NAICRA. M.T.	118 NO	orth.	St	E	IK to	N,	Ma	8-96
	MAR 01 1996 Julia Saudian Ra	rdall							

3. TIME OF DEATH

1:12

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

White

1 YES 2 X NO

Approximate

Onset and Death

unnedul

24b. WERE AUTOPSY FINDINGS

OF DEATH? 1 TES 2 NO

AVAILABLE PRIOR TO COMPLETION OF CAUSE

6. BIRTHPLACE (State or Foreign

Maryland

10g. CITIZEN OF WHAT COUNTRY?

USA

Specify

9c. COUNTY OF DEATH

Wicomico

aM

REG. NO. 2. DATE OF DEATH DAY

February 11, 1996

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First Middle | ast)

RUTH

5 SEY

GLADYS

10

20 1996

4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 1 M 2 F DAYS HOURS 214-28-3152 January 5, 1907 funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY TOWN OR LOCATION OF DEATH DIRECTOR 4825 Meadowlark Dr. Salisbury RESIDENCE OF DECEDENT 10a STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION Maryland Wicomico Salisbury FUNERAL 10a STREET AND NUMBER 4825 Meadowlark Dr. hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yea, specify Cuban, Mexicen, Puarto Rican, atc.)

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 ★ Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION t6b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 11 0 Homemaker Domestic once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Sumeme) te Frederick G. Elmore Caroline B. Colonna notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Lewis R. Carman Jr. 4825 Meadowlark Dr., Salisbury, MD 21801 9 20s. METHOD OF DISPOSITION

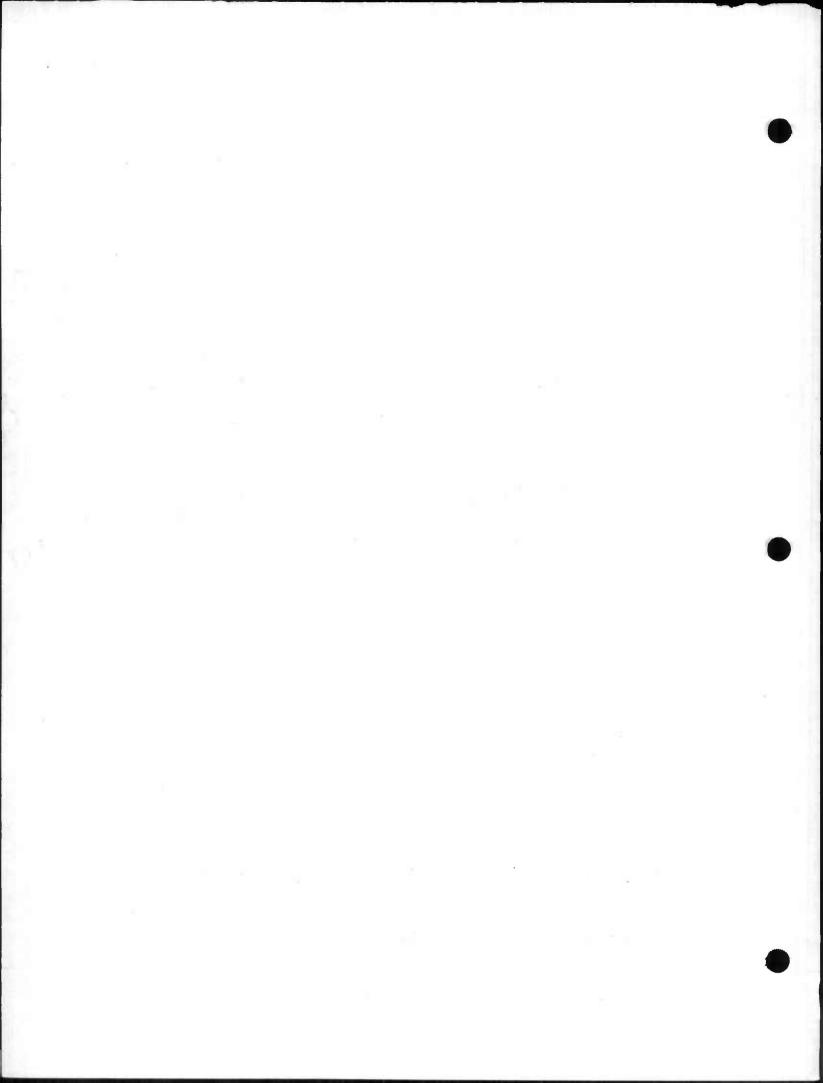
1 Disposition | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Meth 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must Wicomico Memorial Park Salisbury, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Javid Holloway Funeral Home 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiretory arrest, 501 Snow Hill Rd., Salisbury, MD 21801 filled in by the filon, or removal. medical shock, or heart fallurs. List only one ceuse on each line. IMMEDIATE CAUSE (Final the disease or condition DUE TO (OR AS A CONSEQUENCE OF): has been signed by the attending physician and completely f Dept. of Health and Mental Hygiene prior to burial, crematio 1.23 shows any injury, or other traumatic event, th listrusclustic Cordi vasenta disense HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr injury DUE TO (OR AS A CONSEQUENCE OF) that initiated aventa resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY MEDICAL t TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO LA UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF DEATH (Check only one) this certificate has have the State D Hem HOSPITAL:
1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA OTHER: 4 Nursing Home 5 Rasidence 8 Other (Specify) 6 28a. DATE OF INJURY (Month, Oay, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending 1 YES 2 NO L DIRECTOR: After the hours after death w BY Accident 28a. PLACE OF INJURY — At home, farm, atreet, factory, offica building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide determined 29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated TO THE HOSPITAL OF TO THE FUNERAL D Be filed within 72 ho 2 MEDICAL EXAMINER: On the basia of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER 8 Warrey M. D D 33905 0 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) VIRGINIA A ANY M.D. POF PO Boy 2949 SALISBURY Md. 21802-2949

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

CARMAN

6. AGE (In yrs last hirthday)



				State of M	larylan			f Health a of Death			giene	6	07492
	<b>2</b> 1.1.1.		1. Decedent's Nama (First, Middla, L	ast)						2. Date of Dea	ath	Vaaa	3. Time of Death
	Physic /Medi		JEFFERY				C	COX		Month FEB.	23 199	6 Yaar	10:27 A
3	Exami		4a. Facility Name (If not Institution, g	COURSE CONTRACTOR				4b. City, To	wn, or Loc	ation of Deeth	4c. County	y of Death	
			PENINSULA REG						ISBUR		WICO	MICO	
	Funeral Director		5. Social Security Number 6. 220–58–4685 Usuel Residence of Dacadant	Sax 7. A	ga (In yrs. I 52		If Under 1 Ye	eer if Under eys Hours	Min.	8. Data of Birt (Month, De Jan 16	, Year) , 1944	9. Birthp Cour Nort	place (State or Foreign http:) h Carolina
	/land		10e. Stete 10b. County		10c. City	y, Town or Local	tion					1	0d. fnsida City Limits
	the Marylar 28a-f show	tor	MD Wicomio	00	Sa	lisbury							1 ☐ Yes 2 No
	or 28	Funeral Director	10e. Street end Numbar		1		10f. Zip Cod	ja			10g. Cltizan of	What Cour	ntry?
	sth w	ral	300 N. Kaywood I	Drive			2180	)1			U.	S.A.	
020	21215-0020  within 72 hours after death with the Maryland jiene. Then "natural", or items 23s or 28s4 show the Medical Examiner must be nothing at		11. Merital Stetus  120 Navar Married 2 Marriad 3 Widowed 4 Divorced	12. Wes Dacedant Armed Forcas' 1  Yas 2 X If Yas, Giva Year or Datas:	?	If Y	s Decedant as, specify (	of Hispanic Ori Duban, Maxican No <i>Specify</i> :	gin? (Spec n, Puerto F	city Yes or No- lican, atc.)		ce - Amaric ck, Whita, y:	
2-0	2 hou	ted by	15. Decedant's I	Education	-	16e. Decedan	nt's Usual Oc	cupetion	4 - 6 - 1 - 4-2-		16b. Kind of B	usinass/In	dustry
Baltimore, Maryland 21215-0020	THE REAL PROPERTY.	Completed	(Spacify only highast g Elamentary/Secondery (0-12) 9th grade	Collega (1-4or	5+)	lifa. DO	NOT usa ra	nician	#3		Highw	av_Ad	ministrati
and	12 should be filed in and Mental Hygis I is marked other traumatic event, tr	Be	17. Fethar's Nama (First, Middla, Las	st)							Melden Surnar	na)	
7	should by and Menta	2	Frank Cox	Control of the second		401 14:77	F. 11 . 12 . 10 .			Cober			
Ma	C1 c0 c0 c0		19a. Informant's Neme/Ralationship Pauline Cobert	(Type, Pnnt)							or, City or Town MD 21		Code)
re,	- 1 E t		20a. Mathod of Disposition		20b. Pl	laca of Dispositi	on (Nema o	f	Jul	Data	20c. Location		own, Stata
mo			1 ABurial 2 ☐ Cramation 3 4 ☐ Donation 5 ☐ Othar (Space			ematary, cremat gs Memor			2	/28	Baltim	ore.	MD
alti	permit. Pag Department Important: If any Injury o		21. Signature of Funeral Service Lice		- 1			dress of Facilit				,	
Ö	Deg du de			16	_			Watsor			ome oury, M	D 210	01
	Physician /Medical Examiner		23a. Part1. Entar tha disaasa, or cor shock, or haart fallura. List onl Immediata Ceuse (Final disaasa or condition resulting in daath)	y one cause on aach l	ina. NPG	Do not antar	Unos	dying, such as	cardiac or	respiretory ar	rast,	1	Approximata Interval Between Onsat and Death
	D #	ner			200 10 (0.	. as a someoque	1100 01/.						
8760,	ate be executed whysician and the burial-transit	I Examiner	Sequantially list conditions, if any, leading to immediate causa. Enter Underlying Cause (Disasa or injury c.										
9	leath certificate to attending physical for use as the total for use as	//Medical	that initiated avents rasulting in death) Last	d	Due to (or	es a consequar	nce of):						
O. Box	the che	Physician/Me	Part II. Other significant conditions	contributing to death b	out not resu	ulting In the unde	ariying ceuse	givan in Pert I					the cause of death?
S, D	the de	by Pt								10	Yss 2 YNo	3 Pro	bably 4 Unknown
Records	aw require is been si 2 should	Completed b									an eutopsy med?	av	ara autopsy tindings aliabla prior to mplation of ceuse death?
	age to the	Com								100	es 2 No	10	Yas 20 No
Vital	iclan: T certifica rector, p	Be (	25. Was cesa raferred to medicel examinar?						of Daeth	(Check only o	na)		
of	this aldi	. To	1 <sup>™</sup> Yes 2 No 27. Mannar of Death	Hospital:	-23		3 DOA		-		lance 8 Oth		
Lo	0 0 0	tion	1 □ Natural 5 □ Pending	28a. Date of Inju (Month, Da		28b. Time of Injury	1 1	njuryat Work? 1 1 Yes 2 □ 1			ow injury occur		White war
Division	of or Attending after death.  Director: After d in by the fune	Certification:	2 Accidant investigation 3 Sulcida 6 Could not detarmined	ma, farm, straat			2	8f. Location (5 City or Ton	ion (Straet and Number or Rural Routa Number, or Town, State)				
	To the Hospital within 24 hours a To the Funeral C completely filled	edicai	29a. Certifiar (Check only one)  1 Certifying P 2 Medical Exa	hysician: To the bast minar: On the basis o and mannar st	of my know f axaminati	viedge, death oc	ccurred at th tigation, in n	a tima, dete and ny opinion, daar	d place, ar	nd dua to tha	ausa(s) and m	annar as s	ated.
	To the within 2 To the comple	Σ	29b. Signatura end titla of certifiar	. 1			29c. Lic	ense n <i>u</i> mber			29d. Data signe	d (Month,	Day, Year)
			> Mayneeld	Mule			0.	C.M.E	•	]	FEBRUA	RY 2	4, 1996
	•0		30. Nama and addrass of person who	completed ceusa of o	death (Item	23e) (Type, Pri	nt)						

P State Registrar 31. Data filed (Month, Day, Year)
FEB 2 6 1996
32. Begistrery Sign

111 Penn Street, Baltimore, Maryland 21201



BALTIMORE, MARYLAND 21215-0020

ages 1, 2, 3 should

DIRECTOR

FUNERAL

BY

8

ET

COMPL

8

10

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

8

2

a

6

DIVISION OF VITAL RECORDS, P.O. BOX 6876

TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DRECTOR: After this certificate has been signed by the attending physician on completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per filled in 22 burs after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. To hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1/13 YEAR CONNER MARY Н. 24 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. AGE (In vrs. lest birthday) 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign Oh. 2, 1960 1 M 2 X F 221-46-7465 36 Feb. DE. 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH WICOMICO PENINSULA REGIONAL MEDICAL CENTER SALISBURY RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY De. Sussex Delmar 1 YES 2 X NO 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 101, ZIP CODE P.O. Box 32 19940 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian. Black, White, alc. If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES ZXX NO Specify: 1 Never Married 2 Married 3 Widowed 4 Divorced White 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working) 16b, KIND OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Machine Operator 12 Asphalt Co. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Rufus James Hitch Irene Bailey Hitch 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Robin J. Conner P.O. Box 32 Delmar, De. 19940 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, Slata | Buriel 2 | Cremation 3 | Removal from State Laurel Hill Cemetery 2-27 Laurel, De. 21. SIONATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Short Funeral Home, Inc. William 700 West St. Laurel, De. 19956 23. PART I. Enter the diseases, or complications that gaused the death. Do not enter the mode of dying, such as cardisc or respiratory strest, shock, or heart failure. List only one cause on each line. Approximate interval Between **Onset and Death** IMMEDIATE CAUSE (Final disease or condition SUBANACHNOIN
DUE TO (OR AS A CONSEQUENCE OF): HENNANTERE E 164 reaulting in death) PRESUMED ANTERIOR COMPONERTING PATORY ANELNYSM Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST PART ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 TYES 2 NO OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one EXAMINER? HOSPITAL:
1 Inpetient 2 ER/Outpetient 3 DOA OTHER: 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 26c. INJURY AT WORK? 1 Natural 2 Accident 5 Pending investigation 1 YES 2 NO 3 Suicide 26s. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 261, LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 4 Homicide

29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurad at the time, data and piece, and due to the cause(a) and manner as stated.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

29c. LICENSE NUMBER 028587 29d. DATE SIGNED (Month, Day, Year) D2.24-94

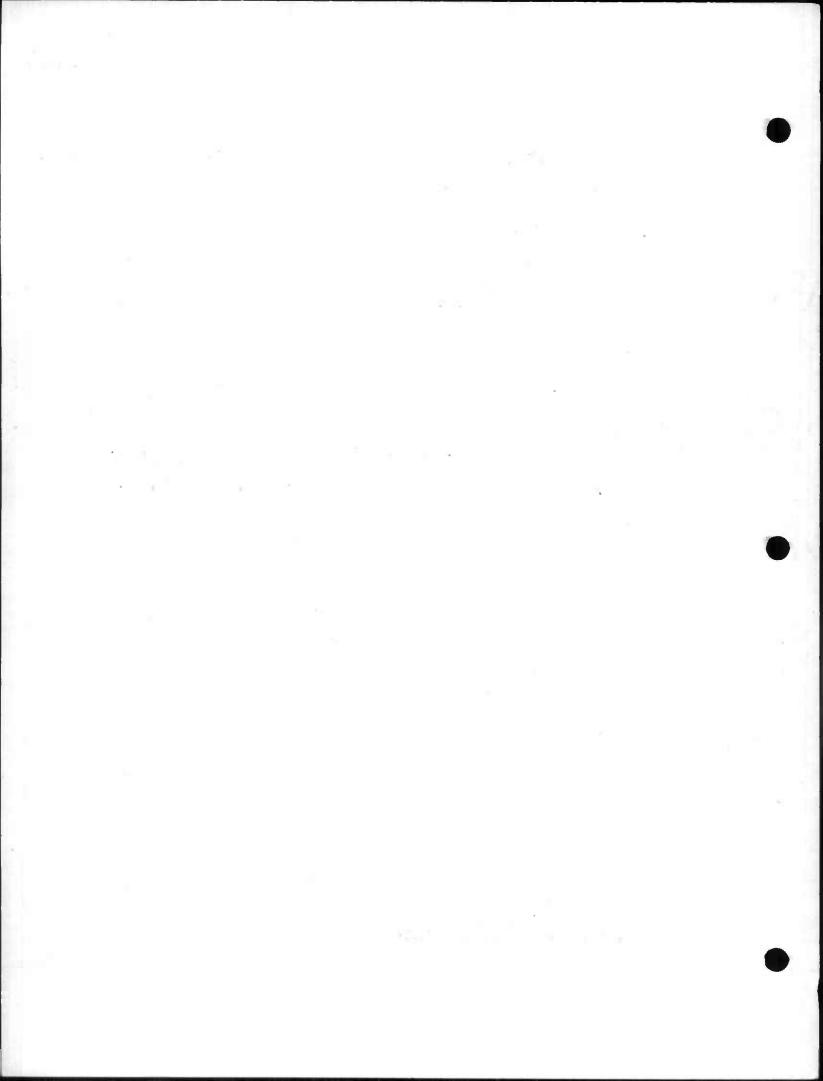
560 RUERSHIS Dr. SAUSSMY EDWIN It. MD. 31. DATE FILED (Month, Day, Year)

FEB 26 1996

32. MEGISTRAR'S SIGNATURED Jako d'author Rawall

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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	ID / DEPARTING			WENTAL HYGIEN	E					
	1. DECEDENT'S NAME (First, Middle, Last)		4 .			2. DATE OF OEATH		3. TIME OF DEATH				
- 7	LARRY MALACHI	(	Chris	Loohe		2 18	year 96	1948 M				
		SEX 6. AGE (In )		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year), 11-4-24	6. BIRT	HPLACE (State or Foreign				
	9e. FACILITY NAME (If not institution, give street		91	b. CITY, TOWN O	R LOCATION OF DE		9c. COUNTY OF I					
DIRECTOR	PENINSULA REGIONAL	MEDICAL CEN			SBURY		WICOM					
<u>ښ</u>	10e. STATE 10b. COUNTY		10c. CITY, 1	OWN OR LOCAT	ION			10d. INSIDE CITY				
	MD. WIC	COMICO	FRU	ITLAND				1 - YES 2 NO				
ERA	505 SLAB BRIDGE	ROAD		101.	21826		10g. CITIZEN OF USA	WHAT COUNTRY?				
BY FUNERAL		. WAS DECEDENT EVER IN U FORCES? 1 X YES IF YES, GIVE WAR OF DATE KORE	2 NO		city Cuben, Mexica	IIC ORIGIN? (Specify Yee n, Puerto Ricen, etc.)	Blac	E — American Indian, ik, White, etc.				
COMPLETED	15. OECEDENT'S EDUCATION Of the Communication of th		Ba. DECEDENT'S US (Give kind of work life. Do NOT use n	k done during mo:	N at of working	16b. KIND OF BUS	INESS/INDUSTRY					
4	Elementary/Secondery (0-12) C	college (1-4 or 5+)	LABOR			POULTRY	PROCESS	SING PLANT				
Ö	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maiden						
8		CHISTROPHER	1			ELIZABETH						
2	190. INFORMANT'S NAME (Type/Print) FREEMAN CHRISTOPHE	ER			AS ABO	Route Number, City or Town	n, State, Zip Code)					
	20e. METHOO OF DISPOSITION  1 Suriel 2 Cremation 3 Removal  4 Donetion 5 Other (Specify)		VETERAN				CATION — City of T					
	21. SIGNATURE OF FUNERAL SERVICE LICENS		101011			CILITY JOLLEY						
	· Loretta B.	Jolley				DAD, SALISE						
	23. PART I. Enter the diseases, or come shock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	l only one cause on eec	liac		de of dying, suc		ratory arrest,	Approximate Interval Batween Onset and Death				
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST											
MEDICAL	Jongert	ontributing to death but	Faila	the underlying		1 YES 2	MED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?  1 YES 2 NO				
AN	25. WAS CASE REFERRED TO MEDICAL		PLACE OF DEATH		ONCERIAI	4 🗆						
PHYSICIAN:		OSPITAL:		THER:	e 5 Residence	8 Other (Specify)						
ξ	27. MANNER OF DEATH	28e. OATE OF INJURY (Month, Day, Year)	28b. TIME (	OF 26c. INJ		26d. DESCRIBE HOW I	NJURY OCCURED					
BY	1 Natural 5 Pending 2 Accident Investigation	(month, Day, roar)	INSOR		ES 2 NO							
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — building, etc. (Specify	At home, ferm, stra	et, fectory, offic		28f. LOCATION (Street a City or Town, Stete)	and Number or Rural	Route Number,				
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSICIAL (Check only one) 2 MEDICAL EXAMINER: C	N: To the best of my knowled						(s) end manner ee stated.				
8	29b. SIGNATURE AND TITLE OF CHITCHEN	J. /2	an Mis	)	29c. LICENSE NUI	MBER	29d. DATE SIGNE	19/9/				
임	30. NAME AND ADDRESS OF PERSON WHO C		H (ITEM 27) (Type, Pi	rint)	DP:	viside	2	Sell un				
	31. DATE FILED (Month. Day, Year) FEB 2 6 1996	32. PEGISTRAN'S SIGNAT	URE Partall			J. SING	m.	1218				



State of Maryland / Department of Health and Mental Hygiene 96 07495

					C	Certificate d	of Death		Reg. No.		
	Dhuais		1. Decedent's Name (First, Middle, L					2. Date of Dec		Vaar	3. Time of Deeth
J	Physic /Medi		BESSIE	COL	e			Feb	23 19	146	9:20 Am
J.	Exami		4e. Fecility Name (If not institution, gr	ve street end number	r)		4b. City, Town, or L	ocation of Death	4c. County	of Deeth	
	Service N		HOLY CROSS HOS				Silver Sp		Montg	omer	У
	Funeral			Sex 7. A 1 ☐ M 2 🖾 F	ige (In yrs. last birtho 97 Yr	Months De	ear If Under 24 Hrs. eys Hours Min.	(Month, Da	y, Year)	Coui	
	Director		578-28-1244 Usual Residence of Decedent		97			Jan. 1	6, 1899	Remn	mington, VA
	/land		10a. Stete 10b. County		10c. City, Town o	r Location					10d. Inside City Limits
	Man	tor	District of Colu	ımbia	Wa	shington					1⊠Yes 2□No
	th the	irec	10e. Street end Number			10f. Zip Coo	de		10g. Citizen of V	Vhat Cou	ntry?
	th wil	ai	3375 Blaine St	reet, N.	Ε.	20	0019		Unite	ed Si	tates
	r dea	Funeral Director	11. Maritei Stetus	12. Was Deceden Armed Forces		13. Was Decedent	of Hispenic Origin? (Sp Cuben, Mexican, Puerto	pecify Yes or No-		e - Americk, White,	can Indian,
Maryland 21215-0020	72 hours efter death with the Maryland "natural", or Itema 23a or 28a-f show idical Examiner must be notified at	by	1 ☐ Never Married 2 ☐ Merried 3X Widowed 4 ☐ Divorced	1 ☐ Yes 2 K If Yes, Give Year or Dates		1□ Yes 2🔀		, , , , , , , , , , , , , , , , , , , ,	Specify		egro
5-0	72 ho	eted	15. Decedent's E (Specify only highest gi	ducation	16a. D	ecedent's Usual Oc	ccupation one during most of work	dna	16b. Kind of Bu	siness/In	idustry
21		Completed	Elementery/Secondery (0-12)	Coilege (1-4or	11	fe. DO NOT use re	etired)				
2			8 17. Fether's Name (First, Middle, Las	41		Domes		Camera a second		riva	te
and	S a b	Be		<i>(</i> )			18. Mother's Nam	ett Ric		8)	
7	d 2 should be the end Mental I is marked of traumatic eva	To	Joseph Gibson  19a. Informent's Name/Relationship	(Type Print)	106 A	Inilina Address /St	reet end Number or Rui			Ctate 7h	- Codel
	the state of		John T. Cole, Jr				treet, Silv				
ē,	s 1 end 2 If Health e Item 27 Is other tra		20e. Method of Disposition	SUII	20b. Piece of D	isposition (Neme o	1	Date	20c. Location -		
Baltimore,			12 Burial 2 ☐ Cremation 3 € 4 ☐ Donation 5 ☐ Other (Special		9	cremetory or other	onal Ceme.	2/1/06	Aloxand	ria	VΛ
alti	permit. Pege Department of Important: If any Injury or 2005.		21. Signeture of Funerel Service Lice		ATexaliu	22. Neme end Ad		3/1/90	Alexand	LLa,	VA
Ö	Per a g		Dal. TH	tont	TIT		FUNERAL HO				10 10 100
			23a how. Enter the disease, or cor hock, or heart feilure. List only	plications that cause	d the death. Do not	enter the mode of	nning Road,	or respiratory er	ashingto	on,	D . C . Approximate Interval Between
S	Physician		mnock, or neer fellure. List only	one cause on eech	line.					i	Interval Between Onset end Deeth
а	/Medical		Immediate Cause (Finel disease or condition	60	11.00	- haa	01.1.				2du
п	Examiner		resulting in death)	ө.	ue to (or es e cor	nsequence of):	warus			1	1
	P #	iner		asses	mules	Carel	w concert	on De	cax.	(	541-
	certificate be executed ding physician end use es the burial-transit	Examiner	Sequentially list conditions,	0.	Due to (or as a cor			-0.0		1	-
68760,	cian cian buria		Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury	c							
387	phys the	edical	thet initiated events resulting in death) Lest		Due to (or as e con	sequence of):					
	nding p			d						į	
Box	atter for t	Physician/									
o	the school	hysi	Part II. Other significant conditions			e underlying cause	given in Pert I.			-	o the cause of death?
٣,		by Pl	aperas	Tuy par	emore			10'	Yee 2L(No-	-3   Pro	bably 4 🗌 Unknow
of Vital Records,	requires t								an autopsy		ere eutopsy findings
ပ္ပ	- LI 60	piet						репо	med?	co	railable prior to empletion of cause death?
Ž	0 - 6	Completed						101	res 2 1 No		☐ Yes 2☐ No
Ta.		Be C	25. Was case referred to medical				26. Plece of Deat		100		
>	5 00	To	examiner?	Hospital:	ent 2 ER/Outpe	atient 3 DOA	Other: 4 Nursing Ho	ome 5 Resid	ience 6 □Othe	ar (Specil	(y)
0			27. Menner of Death  1 Neturel 5 Pending	28e. Date of Inj (Month, De	ury 28b. Tim	e of 28c. i	njury at Work?	28d. Describe h	now injury occum	ed	- 109
Division	Attending ir death. betor: Afte by the fune	Certification:	2 ☐ Accident investigation 3 ☐ Suicide 6 ☐ Could not be			М	1 ☐ Yes 2 ☐ No				
<u>&gt;</u>	or Attendate deat Olrector:	THE STATE OF	4 Homicide determined	286. Place of in	ijury - At home, farm tc. <i>(Specify)</i>	, street, fectory, off	ice	28f. Location (S City or Tow	Street and Numbe vn, Stete)	er or Run	al Route Number,
			29e. Certifier 15 Certifying Pl								
	Hospita 24 hours Funeral etely filled	edical	(Check only one)	niner: On the basis of end mapners	of examination end/o	eeth occurred at the r investigetion, in n	e time, dete end place, ny opinion, deeth occur	and due to the c red at the time, o	cause(s) and ma dete end place, a	nner as s and due to	itated. o the cause(s)
	To the Within 2 To the comple	Me	29b. Signeture and title of certifier	0//	10100.	29c. Lic	ense number	13	29d. Detersigned	(Month.	Dev. Year)
	- s + o		my way of	Loube	140	DO	A .		2/2/8/	2	
	(2)		30. Name and address of person who	completed cause of	death (Item 23a) /Tu		00 11		10114		
			Myron L. Ler				Wheaton, M	aryland	20902		
	Sta	te	31. Date filed (Month, Dey, Year)	32 Regist	rar's Signature						
	Registr		MAR 01 199	16 Jahra	hudson lan	648					

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State of Maryland / Department of Health and Mental Hygiene 9 5

Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Death 3. Time of Death **Physician** FDITH CHAVERS 12:37 Pm February 26 1996 /Medical 4a. Facility Nama (if not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Prince GEORGE'S FORT WASHINGTON MEDICAL CENTER FORT WASHINGTON If Under 1 Year | Months Days If Under 24 Hrs. Hours Min. 8. Data of Birth (Month, Day, Year) JUNE 27, 1922 5. Social Security Number 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foreign Country) **Funeral** 1□M 2XF Yrs 229-36-3838 Director 73 VIRGINIA Usual Rasidance of Decedent permit. Pagas 1 and 2 should be filed within 72 hours after death with the Maryland Department of Haalth and Mental Hygiene. Important: if Item 27 is marked other than "natural", or home 23a or 28a-1 show any injury or other traumatic event, the Medical Exerciper must be notified at once. 10a. Stata 10b. County 10c. City, Town or Location 10d. inalde City Limits 1 Yas 2 No Director MARYLAND PRINCE GEORGE'S UPPER MARLBORO 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 7609 LOCRIS DRIVE 20772 UNITED STATES Funeral 12. Was Decedant Evar in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 1 ☐ Yas 2X No If Yas, Giva Yaar or Datas: 1 Nevar Marriad 2 Married Baltimore, Maryland 21215-0020 é é Specify 3 ☐ Widowed 4 ☑ Divorced BLACK 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Buainess/Industry Eiamantary/Secondary (0-12) Collaga (1-4or 5+) CATERER 12 SELF-EMPLOYED 17. Fathar'a Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maldan Surnama) JOHN W. HICKS NANNIE THOMAS 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Street end Numbar or Rural Routa Number, City or Town, State, Zip Code) MARIE E. HAMLIN, DAUGHTER 7609 LOCRIS DRIVE, UPPER MARLBORO, MARYLAND 20772 20b. Placa of Disposition (Nema of cematary, crematory or other place) 20a. Method of Disposition Data 20c. Location - City or Town, Stata 1 ☑ Burial 2 ☐ Cramation 3 ☐ Ramoval from State 4 ☐ Donation 5 ☐ Other (Specify) FORT LINCOLN CEMETERY 3/1/96 BRENTWOOD, MARYLAND 21. Signature of Funarai Saryice Licana 22. Nama and Addrass of Facility
FORT LINCOLN FUNERAL HOME, INC. 3401 BLADENSBURG RD., BRENTWOOD, MD 20722 Part f. Enter tha disease, or complications that caused tha daath. Do not enter tha mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on each line. Approximata Interval Batween Onsat and Death **Physician** /Medical Immediate Causa (Final Acute Myocardial Infanction disaasa or condition resulting in death) ~30 minutes **Examiner** Coremany Artery Disease
Dua to (or as a consequence of): 4edrs physician and the burial-transit Sequentially list conditions, if any, laading to immediate cause. Enter Underlying Couse (Diaasa or Injury that initiated eventa resulting in death) Last Hypertension years Physician/Medical Dua to (or as a consequanca of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? signed by d be detact 1 Yes 2 No 3 Probably 4 ☐ Unknown Disbetes mellitus; Convulsive Seigures, Aspinstini of 24b. Wara autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? peeu Gastric Contents, Emesis 1 Yas 2 No 1 ☐ Yas 2 ☐ No Division of Vital 25. Was casa refarred to medical Be 26. Placa of Death (Check only ona) 1X Yas 2 No Other: 4 Nursing Homa 5 Rasidenca 6 Other (Specify) 2 1 Inpatiant 2 ER/Outpatient 3 DOA 뿧 27. Manner of Death 1 Netural 28b. Time of 28d. Dascribe how injury occurred 28c. Injury at Work? Certification: Affar 5 Panding 1∏Yas 2∏No 2 Accidant Invastigation I or Attend after doath Director: 6 Could not be datamined 3 Suicide 28e. Plece of Injury - At home, ferm, street, factory, office building, atc. (Specify) 28f. Location (Street end Number or Rural Routa Number, City or Town, Stata) 4 Homicida To the Hospital or pethin 24 hours at To the Funeral Di 1 Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the causa(s) and manner as stated.

Wedical Examinar: On the basia of examination and/or invastigation, in my opinion, deeth occurred at the time, dete end place, end due to the causa(s) and manner stated. 29e. Certifier Medical 29b. Signatura and titja of cartifiar 29c. License number 29d. Data signed (Month, Day, Year) Surger MD D25925 February 26, 1996 30. Name and address of person who completed cause of deeth (Itam 23a) (Type, Print) #205, 7720 WISCONSIN AVE BETHESde Md 20814 J. BERGER MD 22 Raistrar's Sign are

**DHMH 16 Rev 6/95** 

State Registrar

State of Maryland / Department of Health and Mental Hygiene

						Cer	tificate o	f Death	7		Reg. No.		
			1. Decedent'a Name (First, Mid	dle, Last)	1					2. Date of De	ath	cons	3. Time of Death
	Physic		KEILIE	$\supset$	CHAS	C				Month 2	2	96	8:04A
	/Medi Examii		4a. Facility Name (If not instituti	on, give street and		124		4b. City, To	own, or Loc	ation of Death	1		
	LXAIIII	iici	University of	Maryland	Medical	System	n	B	altim	ore	Ral	timo	re City
Н	Funeral		5. Social Security Number	6. Sex	7. Age (In yrs.		If Under 1 Ye			8 Date of Birt	h		
	Funeral Director		578-90-7774	1□M 2K□F		Yrs.	Montha Day	/s Hours	Min.	(Month, Da	y, Year)		lace (State or Foreign
			Usual Residence of Decedent							NOV. 12	1908	wasii	ington, D.
	ylenc		10a. State 10b. Count	У	10c. Cit	y, Town or Lo	cation					10	Od. Inside City Limits
	Man Man	ţ	Maryland Prin	ce George	, ,	Temple	H:11c						1 ☑ Yes 2 ☐ No
	285	Director	10e. Street and Number	ee ocorp.		rempre	10f. Zlp Code	9			10g. Citizen of	What Coun	try?
	V III	ō	6303 Brinkley	C+			207	. n			**	1 0.	
	ine 2	Funeral	11. Marital Statua	12. Was De	ecedent Ever in U	.S. 13. V	2074 Vas Decedent of Yes, specify C		rigin? (Spec	cify Yes or No-	Unite	e - Americ	
	The factor of th	Fu	1 X Never Married 2 ☐ Ma		Forces?	l I	Yes, specify C	uban, Mexica	n, Puerto F	lican, etc.)	Bla	ck, White,	etc.
21215-0020	be filed within 72 hours efter death with the Maryland niel Hygiene.  Id other than "natural", or flems 23a or 28a-f show avent, the Michcel Exerticet must be notified at	Ď	3 ☐ Widowed 4 ☐ Divorce	If Yes,		1	I□Yes 2121N	lo Specify	:		Specify	v: B1	Lack
ŏ	2 hou	8	15. Decede	nt'a Education		16a. Deced	lant's Usual Occ	cupation			16b. Kind of B	usiness/inc	Justry
215	within 72 ene. then "nat	Completed	(Specify only high Elementary/Secondary (0-12)	est grade complete		(Give I	kind of work do OO NOT use ret	ne during mo: ired)	st of workin	g			
212	with jiene the	Eo	1 2	College	B (1-4or 5+)	N	ursing	Assist	ant		Pri	vate	
	should be filed withind Mentel Hygiene.  marked other than imatic avant, to M	Be C	17. Fathar's Nama (First, Middle	, Last)				1		(First, Middle,	Maiden Surnan		
a	id be ked o	ToB	Arthur S.	Chase				(	Swenda	olyn Pa	lmer		
Maryland	s 1 and 2 should f Heelth and Man tem 27 is marke other traumatic	-	19a. Informant's Name/Relation	ishlp (Type, Print)		19b. Mallin	a Address (Stre				er, City or Town,	State, Zio	Code)
M	C1 - = B		Gwendolyn Tama		11						ills, Ma	- 1	
a)	Heelth Heelth John 27		20a. Method of Disposition	Id Dulwe.	20b, F	Place of Dispos	sition (Name of		., 16	Date	20c. Location		
0	nt of		1 ⊠ Burlal 2 ☐ Cremation		m State	* .	natory or other p			06.406			
III	rtand		4 Donation 5 Other (	The State of the S	LI		1emoria:			26/96	Suitlar	id, Ma	aryland
Baltimore,	permit. Peges 1 end Department of Heelth Important: If Item 27 any Injury or other tr once.		21. Signature of Funeral Service	Doensey /_	1		Name and Add			E. Inc.			
	20140		John 1,	Stew	art 11	6 40	001 Beni	ning Ro	oad,	N. E. V	Vashingt	on, I	). C.
В			233 Fart1. Enter the disease. (	ir complications that at only one cause of	at caused the deat n each line.	h. Do not ente	er the mode of o	fylng, such as	s cardiac or	respiratory ar	rrest,		Approximate Interval Between
	Physician												Onset and Death
1	/Medical		Immediate Cause (Final disease or condition	100	50	EPSIS							3 DAYS
п	Examiner	١.	resulting in death)	d.	Due to (d	r as a consaq	uance of):					1	
-	v =	ine		- N	ECROTI.	SING	FASO	CILTIS	ŝ			į,	12 DAY
	deeth certificete be executed e ettending physician and ed for use es the buriel-transit	Examiner	Sequentially list conditions,	D		r as a conseq	3					i -	
0,	e exe ian a uriel-		if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	)								1	
68760,	nysic he bi	Medical	that initiated events resulting in death) Last	C	Due to (o	r as a consequ	uence of):					1	
	diffice pt	Ped	Tosulary in dodainy cast	I.								1	
Вох	h cel andir	2		d								1	
_+	0 0 0	Physician/	Part II. Other significant condit	lons contributing to	death but not res	ulting in the ur	derlving cause	given In Part	1.	23b. Dld 1	tobacco use co	ntribute to	the cause of death?
P.0	requires that the de been signed by the thould be detached	hy								10	- 11		bably 4 Unknow
	es tha	by P											
Records,	n sig									24a. Was	an autopsy	24b. Wa	are autopsy findings ailable prior to
CO	- 40	Completed								репо	rmed?	cor	mpletion of cause death?
Re	The lew ate hes b page 2 s	E								400	to other		
a	T: T	e Co	05 11/	-1						101		1	Yes 200 No
Vital	Physician: The this certificate ral director, pag	0	25. Was cesa referred to medic examiner?	Hoenital:				Other:		(Check only o			
of	this aldi	To.	1 Yas 2 No 27. Manner of Death	. ')	-	ER/Outpatien	1 3LI DOA	4 L N			dance 6 Oth		')
	h. After funer	Certification:	1 Natural 5 ☐ Pend		te of Injury onth, Day Year)	28b. Time of fnjury	V			od. Describe i	10W Injury occur	160	
Sic	or Attending effer deeth. Director: After in by the fune	cat	2 Accident Inves 3 Sulcide 6 Could	tigation				Yas 2		of transfer of	Dec 4 4 8 5 1		10-1-111
Division	or Attended efter deetl Director:	E	4 Homicida deter	mined 28e. Pla	aca of Injury - At he ilding, etc. <i>(Specif</i>	ome, farm, stre y)	et, factory, office	00	2	81. Location (3 City or Tov		ber or Hura	/ Route Number,
		1 1									_		
	To the Hospital within 24 hours of To the Funeral I completely filled	edical	(Check only 2 Medica	ing Physician: To t I Examiner: On the	the best of my kno basis of examina	wledge, death tion and/or inv	occurred at the	time, date a	nd place, a	nd due to the	causa(s) and made and place.	anner as st	ated. the cause(a)
	the the the plant		one)	and ma	anner stated.								
	To	Σ	29b. Signature and title of certifi					ense number			29d. Date signe		
١,			1 XMe	leden	M.	2	1) 4	4510	6		2/2	1/98	5
1	2)		30. Name and address of person	n who completed ca	Ause of death (Itan	n 23a) (Type, I	Print)	_			/	1	
(	9		B. NELSON	22 Sc	DUTH G	REEN	EST,	BAL	TIM	ORE,	MD	2/2	01
	Sta	ate	31. Date filled (Month, Day, Yea	oc A	. Registrar's Signa	iture							
	Registr		FEB 28 1	130 300	apothistican	Markell							

TO ST SEE had Michael See To

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

**Physician** /Medical Examiner

4a. Facility Name (If not institution, give street and number)
UNIVERSITY OF MARYLAND MEDICAL SYSTEM

X1□M 2□F

MARCH 4b. City, Town, or Location of Death

3 Time of Death 1996 0224

WILLIAM

Baltimore

If Under 24 Hrs.

4c. County of Death Baltimore City

**Funeral** Director

28a-f show

23a or

or items

"natural".

the Medical Exactiner count be notified at

Director

Funeral

2

Completed

Be

death with the Maryland

after

filed within 72 hours

permit. Pages I and 2 should be filed withit Department of Health and Mental Hygiene. Important: If item 27 is marked other than any injury or other trainment.

Physician /Medical

Examiner

attending physiclan for use as the buria

signed by the a

page 2

certificate

To the Hospital or Attending Physician: within 24 hours after death.

To the Funersf Director: After this certifics completely filled in by the funeral director, i

the

88

that the death certificate be executed

The law

Box 68760

P.O.

Records,

Division of Vital

Examiner

Physician/Medical

þ

Completed

Be

Certification: To

Medical

Baltimore, Maryland 21215-0020

Usual Residence of Decedent 10a State 10b. County

213-22-9442

**EDWARD** 

1. Decedent's Name (First, Middle, Last)

10c. City, Town or Location

8. Date of Birth (Month, Dey, Year) Hours Nov 4,

2. Date of Deeth

 Birthplece (State or Foreign Country) New Jersey

10d. Inside City Limits

Maryland

5 Social Security Number

Dorchester

Cambridge

Yrs.

7. Age (In yrs. last birthdey)

67

DUNN, SR.

1 Yes 2 □ No

10e. Street end Number

209 Virginia Avenue

10f. Zip Code 21613

If Under 1 Year

Days

Months

10g. Citizen of Whet Country? US

1 Never Married Married

12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 No If Yes, Give

 Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Yes 2 No Specify:

 Race - American Indian, Biack, White, etc. White

15. Decedent's Education (Specify only highest grade completed) College (1-4or 5+) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired)

16b. Kind of Business/Industry

Elementary/Secondary (0-12)

3 ☐ Widowed 4 ☐ Divorced

The

Truck Driver

Transportation

17. Father's Name (First, Middle, Last)

Phillip L. Dunn, Sr.

18. Mother's Name (First, Middle, Maiden Surneme) Ethel Stanton

19a. Informant's Name/Relationship (Type, Print)

19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code)

209 Virginia Avenue Cambridge, Maryland 21613

Ellen M. Dunn

20b. Place of Disposition (Neme of cemetery, crematory or other pleca)

3/9

20c. Location - City or Town, State Wilmington, Delaware

20a. Method of Disposition

↑□ Burial 2 □ Cremation 3 □ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)

Silver Brook Cemetery

22. Name and Address of Facility Thomas Funeral Home, P.A.

700 Locust Street Cambridge, Maryland 21613

21. Signature of Funeral Service Licensee

23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

SUSPECTED PULMONARY EMBOLISM

Approximate Interval Between Onset and Death

Immediate Cause (Final disease or condition resulting in death)

Due to (or as a consequence of):

INSTANT SEV MONTHS

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that Initiated events resulting in death) Last

ESOPHAGEAL CANCER

Due to (or as a consequence of):

Due to (or as a consequence of):

23b. Did tobacco use contribute to the cause of death? 1K Yes 2□ No 3 Probably 4 Unknown

24a. Was an eutopsy performed?

24b. Were autopsy findings available prior to

1 ☐ Yes 2 X No

completion of cause of death? 1 ☐ Yes 2 X No

25. Was case referred to medical examiner? 26. Place of Death (Check only one) Hospital:

28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify)

1 Yes 2 No 27. Manner of Death

1 Natural

2 Accident

3 Suicide

4 Homicide

5 Pending investigetion

6 Could not be determined

1 Inpatient 2 ☐ ER/Outpatlent 3 ☐ DOA 28a. Date of Injury (Month, Day Year)

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

28b. Time of

28c. Injury at Work? 1 ☐ Yes 2 ☐ No

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred

28f. Location (Street end Number or Rurel Route Number, City or Town, Stete)

29a. Certifier

12 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and placa, end due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, end due to the ceuse(s) and manner stated.

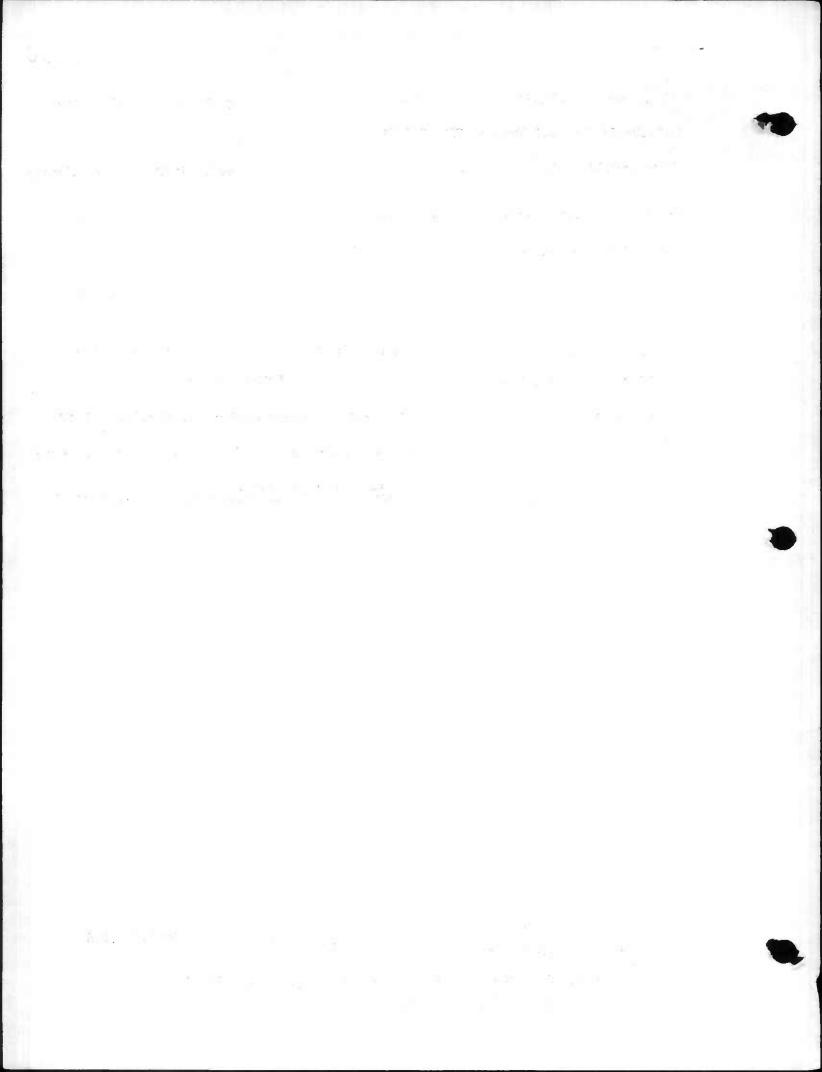
29b. Signature and title of certifier non 29c. License number 10045123 29d. Date signed (Month, Dey, Year) MARCH 2 1996

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

RON. REISS M.D. 22 S. GREENE ST.BALTIMORE, MD #21201

State Registrar 31. Date filed (Month, Day, Year) MAR 0 5

Pegistraris Signature



TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death cartificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attenting physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attenting physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR STATE REGISTRAR	STATE OF MARY			HEALTH AND	MENTAL HYGIEN		
	Y LEE DEWEY				FEBRUARY	27 1996	
4. SOCIAL SECURITY NUMBER 058-30-2876	1 <b>X</b> ] M 2 🗆 F	60 YRS	MONTHS DAY	A HOURS MIN.	AUG. 5, 1	935	BIRTHPLACE (State or Foreign Country) NEW YORK
Sa. FACILITY NAME (If not institution, give st  NATIONAL NAVAL  RESIDENCE OF DECEDENT		TER		VN OR LOCATION OF D	EATH	9c. COUNTY	ONTGOMERY
100. STATE 10b. COUNTY MARYLAND CHARL		10c. (	CITY, TOWN OR LO	ALDORF			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
10e. STREET AND NUMBER 2310 OLD WASHINGT	ON ROAD			101. ZIP CODE 2060	1		TED STATES
11, MARITAL STATUS 1 Never Merried 2XX Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 X YO FEVES GIVE WAR OF KOREAN &	ES 2 NO	13. WAS If yet 1	DECENDENT OF HISPA , specify Cuben, Mexic YES 2XX NO Speci	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	e or No 14	RACE — American Indian, Black, White, etc. Specify: WHITE
15. DECEDENT'S EDU( (Specify only highest grade) Elementary/Secondery (0-12)	CATION completed)  College (1-4 or 5 +)	(Give kind life. Do NO	r'S USUAL OCCUP of work done during r use retired.)	most of working	DEPAR		OF THE NAVY
17. FATHER'S NAME (First, Middle, Last) ROSCOE E. DEWEY					AME (First, Middle, Melder	n Surname)	
190. INFORMANT'S NAME (Type/Print)  JOYCE DEWEY					OAD, WALDO		RYLAND 20601
20 METHOD OF DISPOSITION 1X Sourist 2 Cremetion 3 Remarks Department 5 Disposition 1 Remarks Disposition 1 Remarks Department 1 Remarks Disposition 1 Remarks Department 1 Remark	oval from State	JARY L'AND	VETERAN	IS CEM., M		96 CHE	LTENHAM, MD
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	bDUE TO (OR A	AS A CONSEQUENCE	OF):				
PART II. Other significant condition  DID TOBACCO USE CONTI					PERFO	PRMED?	24b. WERE AUTOPSY FINDING AMSILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO
25, WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	26. PLACE OF D	OTHER:				
27. MANNER OF DEATH  1 X Netural 5 Pending	26e. DATE OF INJU (Month, Day, Ye	RY 26b.	TIME OF 280	NJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCU	RED
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJ building, atc. (	URY At home, tar Specify)	m, street, tectory,	office	281, LOCATION (Stree City or Yown, State	t end Number or e)	Rurel Route Number,
000)	ICIAN: To the best of my k						couse(a) end menner ee atsted.
(Check only AA CERTIFTING PHTS	ER: On the beele of examin	etion end/or investig	ation, in my opini	29c. LICENSE N	ne time, date and place,	29d. DATE S	signed (Month, Day, War)

State of Maryland / Department of Health and Mental Hygiene 96

Mental Hygiene 96 07500

					Certificate	UI Dealii		Reg. No.		
01		1. Decedent's Neme (First, Middle, Las	t)				2. Date of De Month	eth		Time of Death
Physic /Medi		NORMAN J.	DORSEY				FEBRUAL	RY 14, 1	Year 996 3:	30 P
Exami		4e. Fecility Neme (If not institution, give	street end number)			4b. City, Town, o	r Location of Deet	h 4c. County	of Deeth	
		THE JOHNS HOPKINS	S HOSPITAL			BALTIMORI				
Funeral Director		222 01 8037	7. Age	(In yrs. last b		eys Hours Mi		9 1920	9. Birthplece Country) PA	(Stete or Foreign
rms 23s or 28s-f show	2	Usuel Residence of Decedent  10a. Stete 10b. County  DEL • SUSSEX			wn or Location AFORD					nside City Limits
Office P	ecto	10e, Street and Number			144 70 0					165 2010
23a or	Funeral Director	LIBERTY 709			10f. Zlp Co	19973		10g. Citizen of V		
tem 27 is marked other than "natural", or frema 23a or 28a-f show other trsumatic event, the Madical Examiner must be notified at	by	11. Maritel Stetus  1 Never Married 2 Married  3 Widowed 4 Divorced	12. Wes Decedent E Armed Forces? 1 Yes 2 No If Yes, Give Yeer or Detes:	0	13. Wes Deceden If Yes, specify  1 ☐ Yes 2  ✓	t of Hispanic Origin? Cuban, Mexicen, Pue No Specify:	(Specify Yes or No erto Ricen, etc.)		e - American Inck, White, etc.	
in the	ted	15. Decedent's Ed (Specify only highest great	ucetion	16	a. Decedent's Usuel C	ccupation fone during most of w	ndina	16b. Kind of Bu	usiness/industry	
the Mad	Completed	Elementery/Secondary (0-12) 9th	College (1-4or 5-	SF	iffe. DO NOT use	etired)_	rorking	SANITA	TION	
othe ont	BeC	17. Fether's Neme (First, Middle, Last)				18. Mother's N	ame (First, Middle	, Meiden Sumen	ne)	
arked o	TOE	ALONZA DORSEY				MAR	Y HARMO	N		
=	1	19e. Informant's Neme/Reletionship (7	ype, Print)	19	b. Meiling Address (S				Stete, Zip Code	9)
em 27 i other tr		BRUCE GAINES			709 LIBER	RTY ST. S	SEAFORD	DEL.	19973	
the r		20e. Method of Disposition	Damas al from Chair	20b. Plece	of Disposition (Neme	of	Dete	20c. Location -	City or Town, S	Stete
iry o		1 Buriel 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specify		MACEI	DONIA		1	Seafor	rdDEL.	
Important: if Item 2 any injury or other once.		21. Signeture of Funerel Service Licens	500	1	YOUNG		RAL HOM	ES	1.00	973
/sician		23a. Pert1. Enter the disease, or comp shock, or heart feilure. List only of	ilications that the bank in	he death. Bo	308 N.	FRONT S f dying, such es cerd	ST. SEA.		App	roximate val Between et and Deeth
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State Registrar 31. Dete filed (Month, Dey, Year)
FEB 2 0 1996

32. Registrar's Signeture

